# HOUSE STAFF POLICIES AND PROCEDURES MANUAL

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INTRODUCTION

Medical education is divided into three major components including undergraduate medical education, graduate medical education and continuing medical education. Each component provides physicians with the requisite knowledge and skills to be an effective practitioner in the art and sciences of medicine.

Pursuant to the educational mission of the Emory University, the Woodruff Health Sciences Center Board of Trustees is responsible for the maintenance of the undergraduate, graduate and continuing education programs within the School of Medicine.

The Board of Trustees of the Woodruff Health Sciences Center, the Executive Vice President for Health Affairs of the Emory University and the Dean of the Emory University School of Medicine affirm their commitment and support, on behalf of the faculty and staff, to the Graduate Medical Education Program at Emory University.

Emory University School of Medicine is committed to providing quality graduate medical education through its residency training programs. The major functions of the programs are education, patient care, and research. The programs are administered for the School of Medicine by the Office of Graduate Medical Education (OGME) and the Graduate Medical Education Committee (GMEC).

The purpose of this House Staff Policies and Procedures Manual is to provide residents and fellows ("residents") participating in Emory University School of Medicine's Graduate Medical Education with a general understanding of the policies and procedures governing the training programs. The policies and procedures described in the Manual supersede and replace all prior and published and unpublished policies and procedures. While the information provided in this Manual should help familiarize and inform residents about the training programs, it cannot detail every situation or answer every question. NEITHER THIS MANUAL NOR ANY PROVISION IN THIS MANUAL CONSTITUTES A CONTRACT. Emory University must demonstrate flexibility in the administration of its policies and procedures and reserves the right to revise them without notice when such action is deemed necessary. Emory University shall interpret all provisions of this Manual, and its interpretations shall be final and binding.

Residents with questions or comments regarding information contained in this manual should contact their Program Director or the OGME.

The Office of Graduate Medical Education is located in Suite 327 of the School of Medicine Building. The Office serves as the principle administrative office for all residency programs. A partial list of the services offered to residents include:

- Completion of forms verifying dates of training for licensure and for medical staff privileges.
• Completion of loan deferment forms
• Upon written request from the Program Director, issues position appointment agreements and completion certificates
• Maintains the permanent administrative record, including immunizations

SECTION 1: HOUSE STAFF GENERAL RESPONSIBILITIES

Each resident participating in the Emory University School of Medicine Residency Training program (TRAINING PROGRAM) has the responsibility to:

1.01 Provide compassionate, timely, and appropriate patient care; accept the duties, responsibilities and rotations assigned by the resident's department Chair or the Chair's designee; abide by the rules, regulations and policies of Emory University, Emory University School of Medicine, and the hospitals to which the resident is assigned; and conform to the ethical and professional standards of the medical profession;

1.02 Develop a personal program of self-study and professional growth with guidance from the teaching staff;

1.03 Participate fully in educational activities, accept and follow direction provided by faculty members and more senior residents and, as directed, assume responsibility for teaching and supervising other residents, medical students, and other health care students;

1.04 Participate, as appropriate, in institutional committees and councils, especially those that relate to patient care review and activities;

1.05 Apply reasonable cost containment measures in the provision of patient care;

1.06 Obtain a GA Temporary Postgraduate Permit or a GA Medical License. Each PGY 1- PGY 7 resident/fellow participating in Emory University Residency Training program has the responsibility to obtain a GA Temporary Postgraduate Training Permit. If you already have a GA Medical License, you are not obligated to get a permit. If you are PGY 8 or higher, you must obtain a GA Medical License. Refer to sections 5.04, 5.05, and 5.06.

1.07 Maintain complete and up-to-date immunity and health records in the OGME (See Section 3);

1.08 Inform OGME and the Program Director of changes in address and personal phone number;

1.09 Inform the Benefits Section of Emory University's Human Resources Department (404.727.7613) of any events requiring a change of benefits or tax status (e.g., change in marital status, birth or the adoption of a child).
SECTION 2: SCHOOL OF MEDICINE’S GENERAL RESPONSIBILITIES

2.01 The ultimate responsibility for the oversight of all aspects of a department's residency training program rests with the Chair of that department. The department Chair may appoint a Program Director that will act in whatever capacity and with whatever authority that is delegated by the Chair. The department Chairs meet regularly as the "Council of Chairs" to address matters affecting the operation of the overall residency training program.

2.02 The Dean of the School of Medicine annually appoints a Graduate Medical Education Committee upon the recommendations of the Associate Dean for GME. This committee is composed of Program Directors, faculty members, residents, CEOs from affiliated hospitals, the Assistant and Associate Deans for GME and others selected by the Dean. The Committee monitors the quality of the training programs, makes recommendations and advises the Dean on all aspects of Graduate Medical Education. Section 10 of this Manual provides a more detailed description of the GME Committee.

2.03 The School of Medicine provides the Office of Graduate Medical Education with staff to perform the global administrative functions related to residency training, including compensation of the house staff, management of the resident's fringe benefits (health care coverage, life insurance, disability insurance, dental insurance), maintenance of all personnel records and related functions.

2.04 To the extent possible, the School of Medicine, through the Emory University affiliated hospitals, assures the availability of meals for purchase by residents in the hospital cafeterias and snack bars, on-call facilities and support facilities conducive to the residency educational process.

2.05 The School of Medicine designs departmental training programs to meet all applicable board eligibility requirements established by the appropriate certifying examination boards and all requirements set by the appropriate Residency Review Committees (RRCs) from the Accreditation Council for Graduate Medical Education (ACGME).

SECTION 3: SUMMARY OF BENEFITS

Each resident attends a comprehensive administrative orientation session at the beginning of the training program. A portion of this orientation session is devoted to reviewing all elements of the benefits package and to answering any questions about these benefits. The benefits package is also summarized on Emory’s Human Resources website at the following address http://emory.hr.emory.edu/rtpbenplans.nsf

The Residency Training program provides each eligible resident, at no cost, the following group benefit plans:

- Health Care Coverage
- Term Life Insurance
- Dependent Term Life Insurance
- Long Term Disability Insurance
- Accidental Death and Dismemberment Insurance

Group Dental and Emory Vision Care Plans are available at a minimal cost.

Each resident may also enroll his/her eligible dependents for health, dental and vision coverage, with the cost paid by deductions from the resident's stipend.

3.01 Life Insurance

The Residency Training program provides each eligible resident:

- $50,000 Term Life Insurance
- $50,000 Accidental Death and Dismemberment Insurance
- $25,000 Term Life Insurance for spouses
- $5,000 Term Life Insurance for eligible children

3.02 Health Care

Two health care options are provided to residents.

Aetna POS:

A Point-of-Service (POS) plan allows members to choose to receive services from a participating or non-participating network provider or facility. The Emory Aetna POS is an open-access plan that provides the freedom to choose any provider and does not require a primary care physician (PCP) referral unless you see an Out-of-Network specialist. The plan features a network of providers and facilities. This plan has the lowest deductibles and co-pays. However, it has the highest employee contributions.

BCBS of GA PPO:

A Preferred Provider Organization (PPO) is a managed care plan that has arrangements with doctors, hospitals and other providers of health care. The plan does not require a primary care physician, but participants are encouraged to use network providers to receive higher benefit levels. This plan offers the broadest network of physicians in Georgia and has lower employee contributions.

House staff with family coverage can elect to pay the premiums for their family's coverage on a before-tax or after tax basis. Pre-existing conditions are covered under both options.

Dental Plan

The Emory University Residency Training program offers residents a dental plan. Details regarding the plan will be reviewed during orientation.

Premiums for the dental plan may be paid by the resident on a before-tax or after-tax basis. Residents must remain in the Dental Plan for one year.
3.03 Flexible Spending Accounts

These accounts are established to enable residents to accumulate money on a before-tax basis to pay eligible out-of-pocket health/dental and dependent care expenses. There are annual minimum and maximum contribution amounts. Flexible spending account details are available during orientation.

3.04 Auto/Homeowners/Renters Insurance

Emory University offers stipend deductions to residents for auto/homeowners and renters insurance through MetPay (Metropolitan Property and Casualty Insurance). The premiums are discounted, and the resident pays the entire cost.

3.05 Long-term Disability Insurance

Eligible residents unable to perform in their program due to a qualifying disability may qualify for long-term disability benefits through the long-term disability insurance coverage. These benefits will be provided to eligible residents in an amount equal to 60% of the resident's stipend, up to a maximum of $5,000 per month. There is a ninety-day waiting period before otherwise eligible residents may receive coverage and payments.

3.06 Retirement Plan

Each resident may contribute to Emory University's retirement plan upon his/her date of entry into the residency training program. Contributions can be on a before-tax basis, and may be designated for investment in either TIAA/CREF, or in mutual funds offered by The Vanguard Group or Fidelity Investments.

3.07 Old Age Survivor Disability Insurance (OASDI) and Medicare Participation

Participation in Medicare and the OASDI are conditions of participation in the residency training program for all residents. Emory University contributes an amount equal to 7.65% of each stipend for coverage, while the resident contributes an equal amount through automatic stipend deduction. In addition to retirement benefits, this program provides survivor and disability benefits.

3.08 Parking

The Office of Graduate Medical Education (OGME) pays a monthly fee for each resident to receive parking privileges at Emory University facilities. Although OGME pays the monthly parking fee, each resident must pay the initial cost of obtaining a parking/security card at Grady Memorial Hospital. Parking at the VA Medical Center is free but requires the resident to obtain a parking permit. This permit is obtained free of charge from the chief of service. Parking privileges for Children's Healthcare of Atlanta at Egleston are reserved for those in one of the pediatric training programs. The resident is required to go to the parking office at Egleston to complete the requisite paperwork. Emory University Hospital Midtown (EUHM) uses the
EmoryCard photo ID card to access the parking lots. The EmoryCard should be presented to the security office at (EUHM) to receive parking privileges.

3.09 Laundry

The OGME does not provide laundry service to residents.

3.10 Housing

The OGME can provide information about housing in the Atlanta area but does not provide housing for residents.

3.11 Meals

Emory University Affiliated Hospitals assure the availability of meals for purchase by residents in the hospital cafeterias and snack bars during the day. The hospitals provide meals to the residents during night and weekend rotations.

3.12 Additional Benefits Provided to Residents Include

- Direct Deposit of stipend checks
- Library privileges
- Membership in the Emory Federal Credit Union (located in the lobby of the Dobbs University Center)
- Benefits for same sex domestic partners
- Woodruff Physical Education Center privileges
- Use of call rooms at each hospital (the Program Director will provide further information regarding call rooms during department/program orientation)
- Lab coats [residents only]

Residents with questions about any aspect of the Group Benefit Plans should call the Benefits Office of the Human Resources Division at 404.727.7613. The main office of the Human Resources Division is located at 1599 Clifton Road, NE.

SECTION 4: LEAVE TIME

This section outlines general information concerning leave time. Specific questions regarding leave should be directed to the resident's Program Director. Each Program Director is responsible for maintaining accurate records of the amount of leave time his/her residents have used.

4.01 Paid Leave:

Emory University School of Medicine provides three weeks of paid vacation/holiday leave during an annual academic contract period to each resident receiving a stipend in the Graduate Medical Education Program. More restrictive Board requirements override university permitted
leaves. Those registered in the training program without a stipend are NOT eligible for any paid vacation/holiday leave time. A resident's unused vacation/holiday leave during one annual contract period does NOT transfer to the following appointment year. A resident shall not be paid for unused vacation/holiday leave if the resident voluntarily or involuntarily leaves the program during the contract period. Residents MUST follow the policies of their training program in requesting and scheduling vacation/holiday leave. Failure to follow departmental policies may result in the request being rejected. In general, each resident must submit a leave request in writing to his/her Program Director. Program Directors, or their designees, have the final authority to approve or reject leave time requests.

4.02 Paid Sick Leave

The School of Medicine provides paid sick leave to residents who are enrolled in training programs and who receive a stipend. This paid sick leave is intended for residents who are unable to complete their duties for a short period of time due to illness or injury. Most programs have specific times by which residents are required to notify the Program Director or Chief Resident of absence or tardiness prior to reporting to work. It is the responsibility of each resident to know and understand his/her program's notification procedures.

Residents have up to twelve (12) calendar days of paid sick leave during the academic year contract period. More restrictive Board requirements override university permitted leaves. Residents participating in the program on less than a full time schedule have their sick leave determined on a pro rata basis. Unused sick leave does NOT transfer to a resident's appointment for additional training year(s). Residents shall not be compensated for unused sick leave balances upon voluntary or involuntary removal from the program, either during a contract period or at the end of the contract period. It is the responsibility of the resident to follow the policies of their department in using sick leave. The resident will be expected to provide evidence of the need for sick leave as required by his/her Program Director.

4.03 Funeral Leave

Paid funeral leave is provided to residents to attend funeral services for relatives, same-sex domestic partner, or close personal friends. A resident's Program Director may approve up to five (5) days for funeral leave per occurrence. A resident should notify his/her Program Director as soon as possible of the need for funeral leave so that appropriate scheduling may occur. During individual departmental orientation, each resident will be informed of any other departmental requirements in completing the funeral leave request.

4.04 Paid Medical Leave

Paid medical leave is to be used by eligible (i.e., those receiving a stipend) residents who are unable to complete their responsibilities for a prolonged period of time due to serious illness, injury, or pregnancy. This leave is to be used in conjunction with Family and Medical Leave Act (FMLA sub-section 4.05). When a resident qualifies for FMLA leave, the paid medical leave provisions described in this sub-section are used concurrently with the FMLA leave, so that approved time away from the residency training program is credited against a resident's
maximum amount of paid medical leave and FMLA leave. A FMLA qualifying resident must apply for FMLA leave when seeking paid medical leave described in this sub-section.

In the event of pregnancy, a disabling illness or injury, an eligible resident may receive up to six weeks paid medical leave for the purposes of recuperation or convalescence. The resident's personal physician must document the condition necessitating leave. The documentation must include (a) a statement that the resident temporarily cannot perform the responsibilities of the training program, (b) an explanation for the resident's needed leave, and (c) the expected length of time before the resident can resume his/her duties. The six weeks of paid medical leave includes the resident's use of all available paid sick leave, followed by the use of two of the three weeks of the resident's vacation/holiday leave (if needed and available). If a resident needs to exhaust vacation/holiday leave for medical reasons, the resident will be granted one week of vacation time after returning from leave if he/she had one or more weeks of vacation/holiday time when the leave began. If the resident has exhausted his/her vacation/holiday time before beginning medical leave, the resident will not have any vacation/holiday leave available when returning from leave. Before returning from leave, the resident must provide documentation from a treating physician verifying that the resident is medically fit to resume responsibilities in the training program. This documentation must be addressed to the resident's Program Director.

4.05 Family and Medical Leave

Family and Medical Leave Act (FMLA) is intended to promote the well-being of residents and their families by allowing eligible residents an unpaid leave of absence for the birth of a child, to care for a new child, seriously ill family member, or for their own recuperation or convalescence.

Residents are eligible for (FMLA) leave if they have been in the residency training program for at least twelve (12) months and have worked in the program at least 1,250 hours during the twelve (12) month period immediately preceding the leave.

Subject to the requirements set forth below, eligible residents may request and receive up to twelve (12) workweeks of leave during a 12-month period (measured backward from the date on which the leave begins) for any of the following reasons:

- the birth and care of a newborn child of the resident;
- the resident's adoption of a child or the placement of a child for foster care in the resident's home;
- the care of the resident's child, spouse/same sex domestic partner, or parent (but not in-laws) with a serious health condition;
- the serious health condition of a resident which renders the resident unable to perform the essential functions of his/her position in the resident training program.

General Provisions

An eligible resident is entitled to up to twelve (12) work weeks of leave during a 12-month period for a qualifying reason. If a resident's spouse is also a resident or employee at Emory, the resident and spouse are limited to a combined total of twelve (12) workweeks of FMLA leave during the period if the reason for the leave is the birth and care of a newborn child, the foster
care placement or adoption of a child, or the care of a parent or child with a serious health condition. However, for the purpose listed above, if one of the spouses has a serious health condition, each is entitled to twelve (12) workweeks of FMLA leave.

FMLA leave for the birth/care of a newborn child or for the placement of a child for adoption or foster care must be taken and conclude within twelve (12) months of the birth or placement. Unless specifically permitted, FMLA leave for these purposes cannot be taken on an intermittent basis or reduced leave schedule.

**Payment Provisions and Use of Paid Leave**

Residents who are granted FMLA leave must use any accrued paid leave beginning with the effective date of the leave. Specifically, in conjunction with the Paid Medical Leave described above, the first six weeks of FMLA leave may run concurrently with any available paid leave. As detailed in the Paid Medical Leave sub-section, the six weeks of paid leave include all accrued, available sick leave and two of the three weeks of vacation/holiday leave, if available. Upon exhaustion of any applicable paid leave, the remainder of any FMLA leave during the academic year will be unpaid. The combination of paid and unpaid leave may not exceed twelve (12) workweeks in the 12-month period.

**Required Documentation from the Resident**

A resident who foresees that he/she will need a leave for the birth and care of a newborn child or for the foster care placement or adoption of a child must notify his/her Program Director in writing and provide a completed healthcare provider's statement not less than thirty (30) calendar days in advance of the start of the leave, or generally within two (2) working days of learning of the need for leave. If not foreseeable, the resident must provide as much written notice as is practicable under the circumstances. A certification from a healthcare provider is required for leave requests related to the birth and care of a newborn child. Appropriate supporting court documents are required for leave requests related to the foster care placement or adoption of a child.

A resident who foresees that he/she will need a leave due to his/her planned medical treatment or to care for his/her spouse, same-sex domestic partner, child or parent with a serious health condition must notify his/her Program Director in writing as early as possible so that the absence can be scheduled at a time least disruptive to the training program. Such notice should be at least thirty (30) calendar days in advance of the start of leave, unless impracticable, in which case the resident must provide written notice, as early as circumstances permit, generally within two (2) working days of learning of the need for leave. A completed certification of the necessity of the leave from a health care provider is required. Preliminary designation of FMLA leave may be made pending receipt of this certification.

Subject to the limitation and certifications allowed by the FMLA, leaves taken to care for a spouse, same-sex domestic partner, child, parent or for the resident's own illness, may be taken on an intermittent or reduced leave schedule when medically necessary, provided a health care provider certifies the expected duration and schedule of such leave. The resident may be required to transfer temporarily to an available alternative position for which the resident is qualified but
has equivalent pay and benefits and better accommodates recurring periods of leave than the resident's regular position.

A resident must inform his/her Program Director every thirty (30) days regarding his/her status and intent to return to the training program upon conclusion of the leave. A resident is required to submit to his/her Program Director a Return-to-work Certification from a health care provider before returning to the training program. Where there is reason to doubt the validity of the health care provider's statement of certification for leaves taken to care for a spouse, same-sex domestic partner, child, parent, or for the resident's illness, Emory may, at its own expense, require second and third opinions, as specified by the FMLA to resolve the issue.

Benefits

A resident on FMLA leave may elect to continue participation in his/her health, dental, and Beneflex and other benefit plans for the duration of the FMLA leave. In that circumstance, the resident will be responsible for paying his/her share of the benefits contributions as if he/she was actively performing in the training program, and Emory will continue to provide the benefits and pay the portion of premiums it provides for the resident when actively participating in the program. Emory will continue to provide its premium contributions and benefits throughout the FMLA leave, whether such leave is paid or unpaid.

While on paid leave, the resident's contributions (if any) will be deducted from his/her stipend check. While on an unpaid leave, the resident will be responsible for submitting his/her premium contributions on or before the date specified by the Human Resources Department. If a resident does not pay the required premium contributions, coverage will be canceled. However, the resident will be given fifteen (15) days notice before coverage is canceled. When a resident returns from FMLA leave, Emory may elect to recover the resident's share of contributions paid by Emory for maintaining coverage(s) for the resident while on FMLA leave.

Residents who elect not to continue benefits' participation while on FMLA leave, must notify Human Resources to cancel the coverage. If the resident returns to the program work in an eligible status, the resident has thirty-one (31) days from that date to reinstate coverage.

4.06 Unpaid Personal Leave of Absence

A leave of absence without compensation is intended for those residents who need an extended period of time away from their training program but have no vacation/holiday leave balance and do not qualify for or have expended their sick leave, Paid Medical Leave, and FMLA leave balances. An unpaid personal leave of absence may be requested and granted for compelling personal reasons. Requests for this leave must be submitted, in writing, to the resident's Program Director for his/her consideration. The duration of the unpaid personal leave of absence is limited to the time approved by the Program Director, but in no event longer than 120 days.

During an unpaid personal leave of absence, health care coverage, dental, and life insurance shall be continued ONLY if full payment for this coverage is made by the resident each month while on leave. It is the sole responsibility of the resident to assure that premium payments are made on
a timely basis. Coverage arrangements must be made with the Benefits Department of Emory University's Human Resources Division, which may be reached at 404.727.7613.

**4.07 Leave for Jury/Witness Duty**

Jury/Witness duty leave is provided to residents who are subpoenaed to serve on a jury or as a witness in a litigation proceeding. Each resident must notify his/her Program Director of jury/witness duty by submitting a copy of the subpoena. Jury/witness fees received by the resident for jury/witness duty may be retained by the resident. Time served on jury/witness duty will not count against the resident's vacation/holiday time.

**4.08 Leave for Military Duty**

Residents will be granted an unpaid military leave of absence to serve or train in the Armed Forces, the Army National Guard, the Air National Guard, or the commissioned corps of the Public Health Services, as required by the federal Uniformed Services Employment and Reemployment Rights Act (USERRA) and state law. Residents may elect to use available paid leave to receive compensation during their military leave until such pay entitlement expires. The resident may be entitled to continue health insurance coverage for a period of time. Residents MUST notify their Program Director as soon as is practicable when military leave will be required, and must provide their Program Director with appropriate documentation of their military service.

**4.09 Effect of Leave of Absence on Board Eligibility**

To meet the training requirements of various certifying Boards, residents may be required to spend additional time in training to make up training time lost while on a prolonged leave of absence. The residents' Program Director determines if and how much additional residency training time is required in each prolonged leave of absence circumstance.

Information regarding the medical specialty certification process by the American Board of Medical Specialties can be found at the following website:
http://www.abms.org/About_Board_Certification/means.aspx

**4.10 Reinstatement after Leave**

A resident who obtains a Family Leave of Absence or Unpaid Personal Leave of Absence will be reinstated to the same or equivalent position within the same academic year, except where there has been a reduction in the number of positions during the leave period due to lack of funding, a reduction of, or reorganization in, the clinical service. Reinstatement in the following academic year will require a new letter of appointment.
SECTION 5: REQUIREMENTS FOR APPOINTMENT

All new residents receive a formal offer and appointment agreement to the Emory University Affiliated Hospitals' Residency Training program. The appointment is contingent upon successful completion of all requirements of the Office of Graduate Medical Education prior to assuming training program duties, as well as all requirements specified by the department offering the house staff appointment. See Appendices A and B.

5.01 Appointment/Reappointment

Initial appointments are usually offered within the framework of the National Resident Matching Program (NRMP). The maximum appointment period is twelve months, and residents are typically offered appointments covering a July 1 through June 30 academic year period.

The number of available house staff positions in each training program is determined each year by the Chair of each department, in consultation with the Dean of the School of Medicine and the chief executive officers of affiliated hospitals. This number is determined by the number of ACGME approved positions and, in part, by available funding. In addition, each year, department Chairs and their designees determine which current residents should be offered re-appointment in the program during the next academic year, or portion thereof. Official offers of re-appointment and re-appointment agreements for those residents continuing in the training program after the expiration of an earlier appointment period will be mailed by the OGME to the home address of the resident. Residents who choose to accept re-appointment offers must sign and deliver the re-appointment agreement to the OGME. Program Directors must notify the GME Office by February 1st or whenever possible of their decision to not renew a position appointment agreement. Residents will be notified, in writing, by March 1st or four months prior to the expiration of their position appointment agreement whenever this early notification is possible, of the decision to not renew their position appointment agreement.

The decision not to offer a resident re-appointment may be due to a variety of reasons, including but not limited to the resident's unacceptable performance, unacceptable conduct of the resident, and/or lack of available funding.

5.02 Stipends

The amount of the stipend offered to residents in each post graduate year level is reviewed annually by the School of Medicine, the affiliated hospitals, and the Graduate Medical Education Committee. Adjustments in the stipends are announced to the residents by letter, memoranda, or via the Residency Appointment Agreement. Stipend amounts are based on post graduate year level, are identical for all programs, and increase for each additional year of training completed by the resident. Residents are paid on the last day of each month. It is the responsibility of the resident to plan his/her budget accordingly.
Stipends for Program Year 2010-2011:

<table>
<thead>
<tr>
<th>PGY</th>
<th>Annual Salary</th>
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<tr>
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</tr>
</tbody>
</table>

5.03 Direct Deposit

All residents are required to have direct deposit for their stipend checks. Forms to initiate direct deposit are completed during orientation.

5.04 USMLE Policy

- PGY-1 residents who are enrolled in training programs at Emory University School of Medicine will not be promoted to PGY 2 positions unless they have provided Program Directors evidence by January 1st of the PGY 1 year that they have passed USMLE Step two (2).

- Residents transferring from a program in another institution will not be accepted into a PGY 2 position at Emory University School of Medicine unless they have provided evidence that they have passed USMLE Step 2.

- PGY 3 residents will not be promoted to a PGY 4 position at Emory University School of Medicine unless they have provided evidence that they have passed USMLE Step 3.

- Residents will not be accepted into an Emory PGY 4 or higher position from another program unless they have passed USMLE Step 3.

- If an Emory Residency training program is 3 years in length, then a resident must pass USMLE Step 3 in order to receive a certificate from Emory University School of Medicine signifying satisfactory completion of residency training.

- The GME office does not reimburse for USMLE Step 3.

5.05 Georgia License Requirements

All residents must have a Temporary Postgraduate Training Permit or a Medical License from the State of Georgia to participate in the Emory University School of Medicine Residency
Training Program. A copy of the current GA Training Permit or Medical License must be in the GME office. Residents are not permitted to provide clinical care unless they have their permit or license.

5.06 License Reimbursement Policy

Residents/Fellows (PGY 1 - PGY 7) will be reimbursed up to $100 to OBTAIN a Temporary Postgraduate Training Permit to practice as a resident in facilities associated with Emory University School of Medicine Residency Training Program. Residents will be reimbursed up to $50 to RENEW their training permits. Residents will not be reimbursed the cost to issue a new training permit if he/she allowed the permit to lapse.

If a resident/fellow (PGY 1 – PGY 7) elects to obtain a GA Medical License instead of a Postgraduate Training Permit, the resident will be reimbursed up to $100 toward the cost of obtaining the license without additional reimbursements. If a resident has a GA Postgraduate Training Permit and elects to obtain a GA Medical License, there will be no additional reimbursement.

Residents/Fellows (PGY 8 or higher) who are PGY 8’s or higher are required to obtain a license to practice medicine in the state of Georgia even though they remain in training positions at Emory University School of Medicine. Residents/Fellows will be reimbursed up to $400 toward the cost of the license and up to $50 for each renewal period. To receive reimbursements when it is required at the PGY 8 level or higher, the fellow must provide copies of the cancelled check (both sides) and the license.

The GME office will not reimburse residents who obtain a GA Medical License to moonlight.

To receive reimbursement for a permit when processed directly, residents must provide the GME office with a photocopy (both sides) of the personal check used to obtain a Georgia training permit and a photocopy of their permit. All residents who enter the Residency Training program are required to have a valid Georgia training permit or medical license at the time they begin their training at Emory.

Once a permit is obtained, each resident must maintain a valid permit to participate in the Emory University School of Medicine Training Program throughout his/her residency training for a period not to exceed seven (7) years. Failure to do so will result in disciplinary action up to and including termination from the training program. Also, the GME office will not issue the contract for the subsequent year.

For more information or to obtain application forms for training permits or licensure, visit the website for the Georgia Composite Medical Board: http://www.medicalboard.georgia.gov/portal/site/GCMB/
5.07 Immunization Records Required at the Start of the Program

All residents entering Emory's training program MUST provide the OGME with documentation indicating vaccinations or serologic data showing immunity to the following:

- MMR (measles, mumps, and rubella) - 2 doses if born after 1957
- diphtheria-tetanus (Td) - within the past 10 years
- hepatitis B (3-dose series) This documentation must come from the student health service at the medical school attended by the resident, from a personal physician or from a county health department.

In addition, residents must be immune to chickenpox—either by previously having the disease or by vaccination. When a resident either believes that he/she is not immune to chickenpox or is uncertain of chickenpox immunity, a serology must be drawn to check the immune status. Residents showing no immunity must be vaccinated with the varicella vaccine (2 doses - four weeks apart).

PPD Testing Requirement

Residents MUST have a PPD skin test completed prior to the start of training at Emory, and must provide proof of such skin test to the OGME. Residents starting training on July 1st, who cannot provide documentation of a timely test or who have not had a recent PPD skin test will be given the test during residency training orientation. Residents entering the training program who have not had a PPD done in the past year will need a baseline test done and if that is negative, a second test should be performed in 1 to 4 weeks.

Residents entering the training program who have a previously tested PPD positive must provide documentation of the positive PPD test. This documentation must reflect when and where the skin test was performed and what follow-up action was taken (e.g., chest radiograph date and results and any medications prescribed). Individuals who have a history of a positive PPD skin test and who have received adequate follow-up care will not be required to take any other skin test or further action unless they are, or become symptomatic. However, these residents must seek medical treatment if the following symptoms develop: cough greater than two weeks, weight loss, fever, or night sweats. House staff who previously tested positive for PPD and have not received adequate preventive therapy will be referred to a physician for evaluation.

Subsequent PPD Skin Testing of Residents

All residents who do not have documentation of a prior positive PPD skin test result must be tested annually while participating in Emory's training program. Residents will be notified in writing of the dates and place(s) where the testing will be done. The test must be administered, read and the results documented by a member of the Employee Health Department from one of Emory's five major teaching hospitals.
Residents with a History of BCG

Residents entering the training program with a history of BCG must have a PPD skin test at the start of the training program, regardless of whether they have tested positive in the past. This skin test will be administered in the first week of the resident's participation in the training program. If the test is read as positive, the resident must complete the actions as described in the provisions of the sub-section entitled "Resident Who Convert to a Positive PPD Skin Test". If the test is read as negative, a second test is required 2-4 weeks later. If the second test is negative, the resident must be tested annually.

Residents Who Convert to a Positive PPD Skin Test

Any resident who converts to a positive PPD test while in the training program MUST have a chest x-ray completed within 24 hours of the time the PPD test is documented as positive. If the chest x-ray is abnormal, the resident must be evaluated immediately by an attending physician; if the chest x-ray is unremarkable, the resident must be evaluated for preventive therapy by an attending physician within 2 weeks from the time the test was documented as positive. Any resident converting to a positive PPD must follow through with the treatment plan established by an attending physician.

Failure to Supply Records or Obtain Testing/Immunization

A resident who fails to supply the immunization and health records required by the program or fails to comply with any testing or immunization requirement will be placed on Administrative Notice.

5.08 Advanced Cardiac Life Support (ACLS)

Each new member of the house staff is required to provide his/her training program with documentation that he/she has received advanced cardiac life support training and that such training is up-to-date. To be considered up-to-date, ACLS training must have been completed within two years of the first day of residency training for those incoming residents who are immediate medical school graduates and three years for all others. Each new member of the house staff without prior training is required to obtain training in advanced life support techniques. The OGME provides access to ACLS through residency programs. Each resident is then required to ensure that their ACLS training remains up-to-date throughout his/her residency training.

Additionally, some departments require residents to be certified in other advanced training such as pediatric advanced life support. Residents must contact their Program Director to discuss program specific requirements.

5.09 Medical Records

For every order written, residents are required to: include the date and time; legibly print their name, and; include their pager number (PIC) after their signature. Residents must comply with the medical records completion requirements at each hospital where they train. Residents who do
not comply with the medical records completion requirements will be subject to disciplinary action up to and including termination from the training program. All entries into medical records must be legible. Careless, unclear handwriting could negatively impact patient care; e.g., prescription that is for 1.0 mg, if written illegibly, could be interpreted as 10 mg. A resident who displays repeated illegible handwriting may be subject to disciplinary action up to and including termination from the training program.

5.10 Photo Identification Cards

All residents are required to obtain and display an Emory University photo ID card produced by the EmoryCard office. This card must be displayed while on duty at all hospitals except Grady Memorial Hospital. Residents are required to wear a photo ID card produced by Grady Memorial Hospital while on duty at that hospital. Residents may be denied entry into the clinical areas of the various hospitals without the appropriate photo ID card displayed.

Residents are prohibited from using either their Grady produced photo ID card or their EmoryCard while moonlighting outside the Grady Healthcare or EMORY HEALTHCARE facilities.

Residents may replace a lost EmoryCard photo ID at the EmoryCard office located on the first floor of the Boisfeuillet Jones Building, Room 101. The office is open Monday thru Friday from 8:30am until 4:30pm and can be contacted at 404-727-6095. A lost Grady photo ID card may be replaced at the Human Resources office at Grady Hospital. This office is located in Room 108, Georgia Hall (across the street from Hughes Spalding Hospital).

The EmoryCard identification badge is also used as an access card to enter the Woodruff Physical Education Center, the Emory University libraries, and the parking facilities at Crawford Long Hospital.

5.11 Physician Code Number

Upon first entering the graduate medical education program, each resident is issued an alphanumeric physician code. This code is used at Grady Hospital every time the resident makes an entry into a patient's medical record.

5.12 International Medical Graduates (IMG)

International Medical Graduates seeking appointment to a residency position must be certified by the ECFMG and enter the training program on a J-1 or H-1B1 visa, unless a citizen of the United States or holding an Alien Registration Card. All such documentation must be verified by the Graduate Medical Education Office before the resident starts in the training program. For J-1 visas visit the ECFMG website for further information: www.ecfmg.org. For information on H-1B1 visas, visit Emory University’s International Student and Scholar Programs at www.emory.edu/ISSP/.
5.13 Policy on communicating with residents via email

Email is the primary medium for official communication with residents/fellows at Emory University. Each resident/fellow is assigned an official email address by the University. All University communications will be sent via email to this address.

Residents/Fellows are expected to maintain their accounts and check their email regularly so that new email can be properly received and read. Certain communications may be time-critical. While residents may redirect email from their official University email address to another address (e.g. @hotmail.com, @aol.com) the University is not responsible for the delivery of email by other service providers.

SECTION 6: DUTY HOURS AND MOONLIGHTING POLICIES

6.01 DUTY HOURS POLICY

It is the policy of Graduate Medical Education to follow guidelines established by the ACGME regarding duty hours for residents in accredited training programs. Specific details can be found at the ACGME website, acgme.org.

- Residents must not work more than 80 hours per week averaged over a month,
- Residents must receive at least 10 hours between shifts,
- Residents must not work more than 24 continuous with 6 additional hours for patient transfer or brief didactic sessions,
- Residents must not take in-house call more frequently than once every third night, and
- Residents must receive at least one day in seven away from clinical duties.

All programs must have policies for duty hours that at minimum meet the ACGME’s institutional and program requirements. Programs must monitor in-house and from-home duty hours on an ongoing basis in a way that provides accurate data. The Associate Dean, the GMEC Executive Committee and the GMEC will review program data resulting from internal reviews, annual administrative processing sessions, random audits and at other times as determined by the Associate Dean for GME or by the Duty Hour Sub-committee of the GMEC. If a program has received approval from the ACGME to extend the 80-hour rule, if the program received a duty hour citation or if an internal review reveals a duty hour issue, then these training programs must send reports to the sub-committee at a minimum of every other month.

Program Directors must monitor call-from-home duty hours in terms of frequency and characteristics to assure that residents and fellows are following basic guidelines established by the ACGME.

Program Directors must provide information to residents and fellows regarding effects of loss of sleep and chronic fatigue.
REPORTING STRUCTURE FOR OFF-SERVICE ROTATIONS

It is the intention of this policy to establish a process that will address duty hour compliance in a rapid and timely manner. Problems regarding compliance with duty hour guidelines should be reported to the Chief Resident of the accepting training program. If that Chief Resident does not respond to the report of noncompliance, then the resident should report to the Program Director of the sending program. The Program Directors of the two programs must address the issues that led to the violation of the guidelines. The resident may notify the GME Office at any time. The Associate Dean for GME will report to the Chairs of the two training programs and has the option of reporting to the Dean if the issues are not settled on an immediate basis.

6.02 DUTY HOUR EXTENSION

On occasion, individual programs could determine a need to extend the 80-hour work rule to a maximum of 10% above the current limit or a total of 88 hours per week. No other extension of the ACGME guidelines is permitted unless specifically stated by the ACGME. Not all RRC’s accept applications to extend the 80-hour guideline.

If the request to extend work hours has been approved by the GMEC, then Program Directors must petition the RRC for permission to extend hours. The letter from the GMEC must be used when communicating to the RRC.

Program Directors must use the following guidelines to petition the GMEC.

1. Program Directors requesting an extension of duty hours must do so in writing to the Associate Dean for GME.
2. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. The letter must include the following information.
   - A description of the resident’s work week to delineate specific problem areas,
   - A clear explanation of why the program cannot maintain the 80-hour limit,
   - A clarification of the RRC requirements the program will not meet if residents work 80 or fewer hours,
   - Planned monitoring procedures to assure that residents will not work greater than 88 hours per week,
   - Information describing how the program will monitor, evaluate and ensure patient safety with extended resident work hours,
   - A sound educational rationale that should relate to the program’s stated goals and objectives for the particular assignments, rotations and levels of training for which the increase is requested,
   - The program’s moonlighting policies and how the program will assure that it is accounting for these hours,
   - Call schedules for the rotation in question and
   - Evidence of faculty development activities regarding the effects of residents fatigue and sleep deprivation.
4. The GMEC Sub-committee on Duty Hours will serve as the ad hoc committee to review requests for extensions of duty hours. The Associate Dean will review the membership of the GMEC Sub-committee to assure that conflicts of interest do not enter the decision process.

5. The written findings and recommendations of the Sub-committee will be presented at the next regularly scheduled meeting of the GMEC.

6. Members of the GMEC, based on the letter from the Program Director and the findings and recommendations of the Sub-committee, will develop its report and send this report to the Program Director.

7. The decision of the GMEC is final.

8. Program Directors will not implement the extension of duty hours until approved by the ACGME.

9. Program Directors must monitor resident work hours on a more intense basis if the ACGME has granted an extension.

6.03 MOONLIGHTING POLICY

“Moonlighting” refers to a service performed by a resident in the capacity of an independent physician, completely outside the scope of his/her residency-training program. “External moonlighting” refers to moonlighting at a facility that is not part of the resident’s training program. “Internal moonlighting” refers to moonlighting at an Emory facility or any other facility where the resident is receiving training as part of the residency-training program.

Residents are not required to engage in moonlighting.

Residents are prohibited from external or internal moonlighting UNLESS they have the written approval of the Chair of the Department or his/her designee. The requirements necessary for such approval are set forth below under “External Moonlighting” and “Internal Moonlighting.”

Residents do not have insurance coverage through Emory’s Residency Training Program for any moonlighting services, whether external or internal.

In addition to the requirements below, the Chair or his/her designee’s decision to approve or deny a resident’s request to moonlight will depend on a number of factors including, but not limited to, interference with the resident’s responsibilities in the training program and the individual circumstances of the resident.

6.04 External Moonlighting Requirements:

1. The Resident must submit a written request for approval to externally moonlight by completing the “Request to do External Moonlighting” form obtained either from the Program Director, Program Coordinator or from Appendix D in this House Staff Manual.

2. In order to be considered for external moonlighting, the resident must meet the following requirements:

   a) Residents must agree to obtain a signed contract with the external facility and provide a copy of the signed contract to the Program Director. The contract must state that the
facility will provide professional liability insurance coverage for the resident’s moonlighting services and that the resident has received privileges. If the facility does not provide insurance coverage, residents must obtain their own professional liability insurance and provide proof of such insurance to the Program Director before moonlighting begins.

b) Residents must be fully licensed to practice medicine in the state where the moonlighting will occur. A residency-training permit is not a license to practice medicine outside the scope of residency training.

c) Residents on J-1 Visas are prohibited from moonlighting.

d) Residents must not wear identifiers as trainees in Emory University School of Medicine residency-training programs.

e) External moonlighting does not count toward the 80-hour limit set by the ACGME. The Chair of the Department and the Program Director are expected and required to assess the resident’s progress in the program and ask the resident to stop moonlighting if performance does not reach an expected level. The resident must be aware of these expected levels of academic and clinical performance before beginning the moonlighting experience.

6.05 Internal Moonlighting Requirements:

1. The Resident must submit a written request for approval to internally moonlight by completing the “Request to do Internal Moonlighting” form obtained either from the Program Director, Program Coordinator or from Appendix D in this House Staff Manual.

2. In order to be considered for internal moonlighting, the resident must meet the following requirements:

a) Residents must agree to obtain a signed contract with the facility and provide a copy of the signed contract to the Program Director. The contract must state that the facility will provide professional liability insurance coverage for the moonlighting services and that the resident has received privileges. If the facility does not provide insurance coverage, residents must obtain their own professional liability insurance and provide proof of such insurance to the Program Director before moonlighting begins.

b) Internal moonlighting services may occur only in an OUTPATIENT SETTING or in the EMERGENCY DEPARTMENT. Federal Medicare regulations are very clear on this point. (42 CFR 415.208)

c) Residents must be fully licensed to practice medicine in the State of Georgia. A residency-training permit is not a license to practice medicine outside the scope of residency training.

d) Residents on J-1 Visas are prohibited from moonlighting.
e) Resident must not wear identifiers as trainees in Emory University School of Medicine residency-training programs

f) Residents must assure the Program Director in writing that the total hours in residency training and the moonlighting commitment DO NOT EXCEED the limits set by the ACGME. Fabrication of the duty hour information could result in termination from the training program.

SECTION 7: DISCIPLINARY ACTIONS

The School of Medicine expects all residents to fulfill their responsibilities and conduct themselves in a competent, professional manner, and to follow the rules, regulations and policies of Emory University and affiliated hospitals, as well as federal and state law. In the event a resident falls short of these expectations, and/or engages in misconduct, violates rules, or fails to satisfactorily perform in the training program, the resident will be counseled and/or disciplined for his/her actions or inactions. This Section outlines some of the common disciplinary actions available to each residency training program. Typically the steps involved in corrective discipline of a resident include one or all of the following: verbal warnings, written warnings, probation, suspension, and termination. However, depending on the circumstances of the resident and his/her misconduct or other inappropriate action, the School of Medicine may choose any of the described disciplinary actions for a single infraction including immediate termination from the training program without first providing the resident lesser disciplinary actions. All discipline received by a resident will be taken into account in determining whether the resident will receive a reappointment offer.

7.01 Administrative Notice:

Administrative Notice is a remedial action by which a resident is temporarily relieved of clinical duties without pay for violation of university, institutional, or departmental policy pertaining to administrative matters. Examples of inappropriate action triggering an administrative notice include, but are not limited to, failure to maintain an active medical license in the GME office, failure to provide evidence of training in basic life support techniques, failure to obtain PPD tests, and failure to provide OGME with a copy of his/her medical school diploma or ECFMG certificate. Administrative Notice is not necessarily considered censure, and the Chair or Program Director will decide whether it will become a part of the resident's permanent academic file.

The department Chair, Program Director, or their designee may impose an Administrative Notice upon a resident for failure to appropriately discharge his/her administrative responsibilities. Administrative Notice may not be invoked for deficiencies in academic performance, patient care, or any other non-program related administrative action or conduct, as those deficiencies should be addressed through verbal warnings, written warnings, probation, suspension, and/or termination. The resident may not appeal his/her receipt of an Administrative Notice.
The resident will be notified promptly of his/her placement on Administrative Notice. Such notice shall, if possible, be hand-delivered (with the resident signing and dating a copy to acknowledge receipt) or sent by certified mail (return receipt requested) to the resident's address of record. The department Chair, Program Director, or their designee will also, if possible, verbally inform the resident of the action. The Administrative Notice shall clearly delineate the resident's area(s) of deficiency and establish a reasonable period of time no longer than 10 calendar days within which the resident must correct his/her deficiencies. During the period of Administrative Notice, the resident is relieved of all clinical responsibilities without pay. Failure to appropriately address the areas of deficiency in the appropriate time frame as outlined in the letter of notification is considered grounds for additional disciplinary action, up to and including termination from the residency program.

7.02 Verbal Warning

A verbal warning, which may be given to a resident by a departmental Chair, Program Director, or other faculty member, is designed to identify a resident's minor or initial infraction of policies, standards, or expectations. The warning should be firm and fair, with the faculty member assuring that the resident understands the policies, standards, and expectations. A written record of the date and content of the discussion, as well as the underlying situation which precipitated the warning, shall be maintained in the resident's academic file.

7.03 Written Warning (Letter of Reprimand)

A written warning may be issued only by a resident's department Chair or Program Director. A written warning is appropriate when a prior verbal warning has not resulted in the needed improvement or when the initial misconduct violation or performance inadequacy indicates a need for action stronger than a verbal warning. The written warning should note the unacceptable conduct or action that caused the warning, as well as the program's improvement expectations. The written warning must be signed by the resident and a copy given to him/her. A copy must be placed in the resident's academic file.

7.04 Probation

A department Chair or Program Director may place on probation a resident who is unable to meet the academic expectations of the training program (failing to progress at the expected pace), who experiences a serious lapse in complying with the responsibilities of the program, or for other serious misconduct and/or performance problems. A department Chair or Program Director should notify the Associate Dean for Graduate Medical Education or his/her designee before placing a resident on probation.

Probation is usually the second step of a series of disciplinary actions for a resident. Usually a resident will have one or more counseling sessions or receive a verbal or written warning about his/her deficiency prior to being placed on probation. In placing the resident on probation the Chair or Program Director should:

- Review the policies and expectations of the program;
- Identify the area of deficiency;
• Identify the improvement(s) that must be achieved during the probation period;
• Identify the length of the probationary period; and
• Inform the resident what action(s) may be taken if the stated improvements are not met in the established time frame.

A resident will receive this probation notification in writing. Copies of the probation notice will be placed in the residents' academic file and in his/her administrative file located in the Office of Graduate Medical Education. A probation period occurring during training will be noted in all letters of reference.

7.05 Suspension

The Dean of the School of Medicine or his designee, department Chair, and Program Director have the authority to suspend a resident for the most serious violations of policies, rules, laws and misconduct, performance problems, and/or recurring administrative lapses such as violations of medical records requirements. Prior to suspending a resident from the training program, the department Chair or Program Director must notify the Associate Dean for Graduate Medical Education or his/her designee. In addition, the Program Director will inform the OGME, in writing, of the cause for suspension, the length of suspension, whether the time lost while on suspension will be added to the resident's training requirements at the conclusion of his/her program, and any other pertinent information.

When suspending a resident, the Program Director or his/her designee must inform the resident, in writing, of the following:

• Action(s) that precipitated the decision to suspend the resident;
• The length of the suspension;
• The fact that the resident will not be paid while on suspension;
• The fact that the suspension will NOT be counted toward the completion of the training time required to be eligible for board examination(s);
• An indication of what the resident may/may not do while on suspension (for example, no moonlighting);
• The program's expectations for the resident upon his/her return from suspension.

Copies of the suspension notice will be placed in the resident's academic file and in his/her administrative file located in the Office of Graduate Medical Education. Suspensions will be noted in all letters of references.

7.06 Termination

If a residency appointment is terminated during the appointment period, the terminated resident may appeal the decision by following the procedures outlined in Section 33, "Hearing and Appellate Review Procedures for Termination of a Resident."
SECTION 8: COUNSELING AND SUPPORT SERVICES

When a resident needs private counseling or professional assistance to address an issue which is, or may affect his/her ability to live or work fully and productively, assistance is available through the Faculty Staff Assistance Program (FSAP) at the main office location at the Emory Wellness Center, or any of the following satellite offices: Orr Bldg.-Emory University Hospital Midtown (EUHM), Steiner Bldg.- Grady campus and Cox Hall next to Emory University Hospital. To schedule an appointment please call the main number at 404.727.4328. The FSAP facilitates the ability of its clients to discover options and manage resources that enhance health, productivity, and behavior. FSAP services are available to residents at no charge. Immediate family members who play a significant role in the life of a resident may also receive services.

A change in productivity, attendance, or behavior is often the first indicator of the need for help. The FSAP offers confidential and professional consulting, brief counseling, education, and referral services covering areas such as:

- Marital, family, or relationship issues
- Health and wellness
- Abuse of alcohol or other drugs
- Financial obligations
- Anger management and Lateral Violence
- Addictive disorders
- Stress and depression
- Child care and parenting issues
- Career concerns
- Eldercare
- Work systems and quality of work life
- Critical incident stress debriefing (processing traumatic events)

When a resident takes the initiative to call or visit, the FSAP can help the resident:

- Discover and manage available options and resources
- Sort through a problem or concern and identify the core issues
- Develop a plan for dealing with identified issues
- Obtain professional assistance to complete the plan

FSAP is available 24 hours per day, 7 days per week for residents who are in crisis and need assistance during off hours. To reach a counselor on call, residents can call the main number for FSAP at 404.727.4328. Press option “2” to reach the answering service who will page the appropriate counselor.

SECTION 9: BEHAVIORAL HEALTH STATEMENT

The School of Medicine acknowledges and understands the demands associated with residency training. It has created, through the Faculty Staff Assistance Program (FSAP), a support system
for residents, which all residents are invited and encouraged to utilize. Section 8 of this Manual describes the services available from the FSAP and how to access these services. If a resident experiences excessive stress or anxiety, or if a resident begins to over use alcohol or use other mood altering drugs, or if a resident recognizes these behaviors in colleagues - don't hesitate, get help by contacting the program director or by calling FSAP at 404.727.4328.

This Section outlines the Behavioral Health Policy and Procedures adopted by the School of Medicine, along with the requisite steps a resident must follow in asking for a release from duty to address behavioral health issues. (Physical health issues, like behavioral health concerns, may quality for Medical and/or Family Medical leave. Leaves of absence for health concerns should be requested pursuant to the procedures detailed in Section 4 of the Manual.) Information is also included on the steps required for a resident to return to duty. Read this important information closely and remember that the School of Medicine is committed to providing appropriate assistance to the resident suffering from a behavioral health issue as well as its commitment to provide a safe environment for patients, hospital staffs, visitors, and other physicians.

9.01 Behavioral Health Policy and Procedure

The Emory University School of Medicine is committed to providing, through its Residency Training Program, the highest levels of graduate medical education, patient care, and research. To realize this commitment, the School of Medicine has developed programs and policies dedicated to advancing the personal and professional development, health, and well being of its residents.

The purpose of this policy is to ensure that all residents are fit for duty and work free from harm to themselves and others. The School of Medicine is committed to providing appropriate and compassionate support to any resident who experiences mental, emotional, or physical health problems, including those who also require professional assistance to deal with substance abuse, psychiatric, or behavioral health issues. It is therefore the policy of the Emory University School of Medicine and its Residency Training Program (RTP) that residents be afforded the opportunity to seek and obtain professional assistance at the earliest indication of need. In addition, it is the policy of the School of Medicine and the Residency Training Program to grant a resident a release from duty when such release is medically recommended and medically necessary to support the resident's health and recovery. These policies are designed to create an environment where residents are encouraged to request assistance whenever they believe they are suffering from an impairment that affects their fitness for duty. Specific guidance for releases from duty for behavioral health issues is provided because behavioral health impairments are not always readily identifiable, yet create the same safety concerns as those created by any other impairment.

When a release from duty is needed in order for the resident to obtain inpatient or outpatient treatment for a behavioral issue, including a psychiatric condition, psychological issue, or substance abuse, such a release shall be requested and processed as stipulated in the provisions of this policy.

The Faculty Staff Assistance Program (FSAP) is available to assist residents as well as Emory faculty and staff in dealing with any issue or concern that is affecting or may affect that
individual's ability to live or work in a healthy, productive manner. The FSAP facilitates the ability of its clients to discover options and manage resources that enhance health, productivity, and behavior.

**Referral and Assessment Provisions**

Emory encourages residents to seek professional assistance at the earliest indication of physical or emotional problems related to job performance or safety. Professional assistance is generally accessed in one of the following ways:

- Self-referral by the resident
- Referral by the resident's department chair or program director

The FSAP is available to provide coaching and consultations on when and how to make a referral, and to assist leadership as well as peers and colleagues on ways to encourage self-referral. Emory reserves the right to mandate a resident's participation in this process where circumstances indicate that a fitness for duty examination is appropriate. Residents are expected to fully cooperate in Emory's efforts to receive a fitness for duty examination. Disciplinary action, including termination from the Residency Training Program, may result from a resident's refusal to cooperate with the process.

When a resident comes to the FSAP through self-referral or other means, the FSAP will work with the resident in confidence, to the extent appropriate or permitted by law, to assess the nature of the concern or issue, to determine the cause, and to identify a plan of action. When the result of an assessment leads to the determination that a release from duty is indicated to obtain further evaluation, inpatient or outpatient treatment for a substance abuse, psychiatric, or behavioral health issue, the following provisions will apply.

**Requesting a Release from Duty - Procedure**

It is the responsibility of the resident to request in writing an authorized release from duty as soon as possible. The request shall be submitted to the resident's department chair or program director, shall be accompanied by a certification from the health care provider attesting to the medical necessity of the release, and shall specify the beginning date of the time away from duty and the anticipated return date.

The request shall also acknowledge that the resident is aware of and will follow the policy and provisions set forth by the School of Medicine and Residency Training Program for returning to duty. This includes a provision related to the resident's responsibility to arrange to have his/her treating provider supply the FSAP and the chairperson (or program director by designee) with timely and sufficiently detailed information regarding his/her condition and any restrictions to the resident's performance when he/she returns. This also includes a provision explaining that the chairperson will determine the resident's ability to safely and effectively continue training within the residency training program based upon the consideration of medical evidence.
Authorizing a Release from Duty

The resident's department chair shall review the request and supporting documentation, and determine whether to grant the resident's request for a release from duty. In the absence of a specific request, the department chair or program director may release a resident from duty where objective evidence suggests that the resident's continuation of work would pose a direct threat to him/herself or others. In such circumstances, the resident shall be referred to the FSAP for a fitness for duty evaluation as otherwise described in this policy. The resident is expected to fully cooperate in these efforts to obtain a fitness for duty evaluation. Disciplinary action, including termination from the Residency Training Program, may result from a resident's lack of cooperation.

9.02 Return to Duty Policy

When an Emory University resident is absent from the training duties of his/her residency training program (RTP) to obtain assistance for behavioral health concerns, including inpatient or outpatient psychiatric treatment, psychological treatment, treatment for substance abuse (including but not limited to treatment for alcohol abuse), or a similar condition that may impact job performance or safety, that resident may resume duties in the RTP based on medical evidence demonstrating the ability to perform the essential functions of his/her duties. Each qualifying resident may be required to submit a return to duty plan prior to his/her return to the RTP in the event that medical evidence demonstrates an ongoing restriction that may impact job performance. This plan must be developed and approved in accordance with the guidelines provided in this policy. The FSAP will serve as the liaison between the resident, the RTP, and the resident's treatment team during the development, implementation, and management phases of the return to duty plan.

Creation and Approval of the Return to Duty Plan

The chairperson of the resident's department or the resident's RTP program director by designation of the chairperson will work with the FSAP in developing any applicable return to duty plan. The chairperson, program director, and FSAP may consult with the Associate Dean for Graduate Medical Education or his/her designee of Emory University's School of Medicine at any time during the process of developing and implementing the return to duty plan. The chairperson will make the final decision as to the contents of the return to duty plan based on medical evidence. Prior to making this decision, the Chairperson may, when deemed appropriate, engage the services of a medical consultant external to the University for the purpose of obtaining additional medical evidence concerning the individual's fitness for duty. Communication with the medical consultant will be coordinated through the FSAP. Discussions among the resident, the chairperson, the program director, and FSAP will occur before the resident resumes training program responsibilities to assure the resident's signed agreement and commitment to complying with each provision of the return to duty plan.

Content of the Return to Duty Plan
At a minimum, each return to duty plan should include some, or all, of the following elements, as appropriate to the particular resident's needs and the needs of the RTP:

- the resident's commitment to ongoing care for an appropriate period of time with an addictionologist, psychologist, psychiatrist, or other appropriate professional, chosen by the resident and endorsed by the FSAP and with whom the resident agrees to fully cooperate
- the resident's agreement to submit to clinical testing and/or serum levels as deemed appropriate
- participation by the resident in an appropriate support group, such as the Caduceus Club, another impaired-professionals group, or another appropriate group endorsed by the treatment provider when applicable
- the resident's acknowledgment of responsibility to assure that his/her treating provider supplies the FSAP and the RTP chairperson (or the resident's program director by designation) with timely and sufficiently detailed status reports concerning the resident's ongoing ability to safely and effectively train within the RTP if applicable, at intervals to be determined by the FSAP, the chairperson, and the treatment provider
- commitment by the resident to perform each of his/her training duties and to conduct himself/herself in a satisfactory manner, and commitment by RTP to periodically evaluate the resident to assure that the resident's performance and conduct are satisfactory and render him/her eligible to continue training within the RTP
- commitment to maintain full compliance with Emory University's Substance Abuse/Drug Free Workplace Policy
- if the resident has received treatment for substance abuse, the resident's commitment to abstain from all mind altering substances, including prescriptive medicine, that are not approved in writing by the resident's substance abuse recovery program treatment provider
- agreement by the resident and the RTP to work cooperatively with the Composite State Board of Medical Examiners in all matters involving the Board to assure compliance with any additional or different restrictions or requirements placed on the resident by the Board.

Responsibility of Resident

Any resident who is absent from his/her training duties to obtain psychiatric, psychological or substance abuse treatment and who desires to return to the RTP may be required to meet the following responsibilities. Any resident desiring to return to the RTP may be required to arrange to have his/her treatment provider release in a timely manner information to the chairperson, program director, and the FSAP concerning the nature and scope of the resident's condition as it relates to job performance, any limitations on the resident's ability to perform essential job functions, evidence suggesting that the resident may pose a direct threat, and the provisions of the resident's continuing care program as it relates to or impacts his/her RTP duties. This information will be used to assist the determination of whether the resident is eligible to resume training in the RTP. The resident's failure to meet these responsibilities will result in his/her inability to return to the RTP.
If a resident is allowed to return to the RTP and if that resident has a return to duty plan, he/she must comply with each provision in the return to duty plan until he/she has fulfilled the requirements for release from any continuing care program and any other treatment coordinated by the resident's treatment provider. In addition, the resident must comply with each provision of his/her continuing care program, as developed by the resident's treating provider, and must have arranged to have the treating provider release information to the resident's chairperson, program director, and FSAP concerning the resident's compliance with the continuing care program, if applicable. The RTP and FSAP will make reasonable efforts to coordinate the resident's training schedule and responsibilities with his/her continuing care program commitments. Finally, the returning resident is expected to meet each of the RTP's performance and conduct standards. The resident's failure to meet any of these responsibilities may result in discipline, up to and including the dismissal of the resident from the RTP.

Residency Credit

Upon returning to the RTP after receiving treatment, each resident's eligibility to receive credit for any portion of the residency year in question will be evaluated by the resident's chairperson and program director. In determining the resident's qualification to receive training credit, the chairperson and program director will evaluate the resident's performance prior to receiving treatment, the length of time the resident performed within the residency year prior to leaving the RTP for treatment, the length of the treatment, the length of time remaining in the residency year upon the resident's return to duty, the training received by the resident, and the training missed by the resident while receiving treatment.

Confidentiality

All medical information concerning the resident's absence from the RTP to receive treatment and his/her subsequent return to the RTP, including information provided by the resident's treating provider, will be treated as a confidential record. Medical information concerning the resident, including psychiatric and/or psychological information, will only be disclosed by the chairperson, program director, and FSAP to the resident's other supervisors when, and if, an accommodation or work restriction may be needed by the resident. However, the chairperson, program director, and FSAP will continue to have the right and may have the duty to disclose additional medical information to the appropriate entities and individuals for any other lawful purpose.

Record Keeping

All medical records and other documentation concerning the resident's absence from the RTP to receive treatment and the resident's return to the RTP, including information from the resident's treating provider, will not be maintained in the resident's personnel file, Graduate Medical Education file, or RTP file. Instead, the documentation will be collected and maintained in a separate medical file, which is secured in a locked area in the University's Department of Human Resources or the FSAP.
SECTION 10: GRADUATE MEDICAL EDUCATION COMMITTEE

10.01 Structure - GMEC/Standing Committees/Internal Review Committees

The Graduate Medical Education Committee (GMEC) serves as the organizational vehicle for the house staff. The missions of the GMEC are:

- To serve as a forum to discuss concerns and issues identified by the house staff;
- To evaluate and monitor the activities and quality of the training programs;
- To advise the Office of Graduate Medical Education on matters involving the administration of the training program; and
- To advise and make recommendations to the Dean on all aspects of Graduate Medical Education.

GMEC recommendations approved by the Dean which will materially change the program are presented by the Dean to the Council of Chairs for their final approval.

The Document Review Subcommittee (DRS) is a standing committee of the GMEC which meets at least quarterly to review Internal Reviews completed in the previous quarter, to review all letters sent to or received from ACGME during the quarter and to compile and organize the various documents for efficient review by the GMEC. The Chair of this committee is the DIO or his designee. In addition to the Chair, the DRS will consist of at least three members of the GMEC including a resident representative.

The Duty Hours Subcommittee is a standing committee of the GMEC. The Chair of this committee is a Program Director from the GMEC appointed by the DIO. In addition to the Chair, members of this committee includes at least three members of the GMEC including a resident representative.

Ad-hoc Internal Review Committees are formed from members who serve on the GMEC and other faculty and residents as necessary. The purpose of these committees is to complete internal reviews on all training programs and to report their findings to the GMEC for its final consideration.

Other sub-committees of the GMEC may be formed from time to time to address the needs of our residency training programs.

10.02 Membership

The GMEC, which is chaired by the Associate Dean for GME/DIO or designate, administratively includes the Assistant Dean for GME, Program Directors, Chief Residents and representatives of each of our hospitals. Residents from each core program and fellows from the mainstay of the membership. They must be peer elected, but they can be from any level of training. The House Staff Organization elects two of its members to join the GMEC and, like the other elected resident representatives, take an active part in discussing and voting on the issues.
Any resident or fellow may attend the GMEC meeting to present ideas and concerns after notifying the GME Office to provide time on the agenda. These additional residents and other occasional invited guests are not voting members; however, they are expected to fully discuss their areas of concern.

10.03 Meeting Schedule/Agenda

The GMEC meets at noon on the third Wednesday of each month. All members of the house staff, any Program Director or faculty member may recommend agenda items and may attend the meeting. Agenda items should be sent to the Committee Chair through the OGME (Suite 327 SOMB) at least five days prior to the next regularly scheduled committee meeting.

10.04 Open Meeting

Committee meetings are open to all residents, Program Directors and faculty. Residents should contact their Program Director and the Committee Chair regarding their plans to attend.

10.05 Records and Minutes

All minutes of the GME Committee meetings, along with associated reports and records, are available for review by members of the house staff, Program Directors and faculty.

10.06 Residents' Suggestions

Residents are invited and encouraged to contact the Assistant or Associate Dean for GME to discuss issues related to the School's policies for graduate medical education or the overall quality of the GME programs.

10.07 GMEC Responsibilities

The specific responsibilities of the GMEC are required by the ACGME in the Institutional Requirements effective 7/1/07, III.B, and include the establishing and implementation of policies and procedures addressing the following:

1. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions
2. Communication with program directors: The GMEC must:
   a. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.
   b. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites
3. Resident duty hours: The GMEC must:
   a. Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty specific Program Requirements.
b. Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.

4. Resident supervision: Monitor programs’ supervision of residents and ensure that supervision is consistent with:
   a. Provision of safe and effective patient care;
   b. Educational needs of residents;
   c. Progressive responsibility appropriate to residents’ level of education, competence, and experience; and,
   d. Other applicable Common and specialty/subspecialty specific Program Requirements.

5. Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
   a. The annual report to the OMS;
   b. Description of resident participation in patient safety and quality of care education; and,
   c. The accreditation status of programs and any citations regarding patient care issues.

6. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty specific Program Requirements.

7. Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.

8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.

9. Management of institutional accreditation: Review of the Sponsoring Institution’s ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.

10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:
    a. All applications for ACGME accreditation of new programs;
    b. Changes in resident complement;
    c. Major changes in program structure or length of training;
    d. Additions and depletions of participating institutions;
    e. Appointments of new program directors;
    f. Progress reports requested by any Review Committee;
    g. Responses to all proposed adverse actions;
    h. Requests for exceptions of resident duty hours;
    i. Voluntary withdrawal of program accreditation;
    j. Requests for an appeal of an adverse action; and,
    k. Appeal presentations to a Board of Appeal or the ACGME.

11. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty specific Program Requirements, including:
    a. Approval prior to submission to the ACGME and/or respective Review Committee;
    b. Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures; and,
c. monitoring quality of education provided to residents for the duration of such a project.

12. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:
   a. Individual programs;
   b. Major participating institutions; and,
   c. The Sponsoring Institution.

13. Vendor interactions: Provision of a statement or institutional policy (not necessarily GME specific) that addresses interactions between vendor representatives/corporations and residents/GME programs.

SECTION 11: PERSONNEL FILES

A resident may review his/her administrative file by making an appointment with the Assistant Dean for Graduate Medical Education.

The resident should understand that information in his/her file might be reported to licensing board or hospitals when the resident is applying for medical staff privileges. Information that may be reported includes any disciplinary action including, but not limited to, action taken as a result of delinquent medical records, conduct, clinical and academic performance and non-compliance with hospital or University policy or procedure.

SECTION 12: OTHER SERVICES

12.01 Child Care - Elder Care - Family Care Referral

The Faculty Staff Assistance Program (FSAP) contracts with a work/family consulting firm, to assist residents in finding solutions to child care and elder care needs. The FSAP provides these family referral services at no charge. Interested residents should call 404.727.FSAP for more information.

12.02 Clifton Child Care Center

Clifton Child Care Center is a child-care center conveniently located on the Emory University campus. For more information on enrollment procedures and tuition rates, residents should contact the Center Director at 404.626.4073.

12.03 George W. Woodruff Physical Education Center

The Woodruff Physical Education Center is a state-of-the art physical fitness center located on the Emory University campus. It includes a 35,000-square-foot gymnasium, swimming pool, racquetball courts, weights area, dance studio, and indoor track. The facility also has an outdoor track and tennis courts. Residents should call 404.727.6547 for membership details.
12.04 Earle B. & Stephanie S. Blomeyer Health Fitness Center

The Earle B. & Stephanie S. Blomeyer Health Fitness Center is another Emory University-related fitness center located in the Emory 1525 Clifton Road Building. Interested residents should call the Earle B. & Stephanie S. Blomeyer Health Fitness Center at 404.727.4600 for membership details.

12.05 Emory Shuttle

Emory provides a shuttle service between the Emory University parking decks and the Emory, Crawford Long and Grady hospitals. Shuttle routes and times vary. A complete list of route information is available in the public safety department at Emory University Hospital in room B125 and at the Emory University Hospital main lobby concierge desk. At Crawford Long Hospital, shuttle schedules are available in the Public Safety Department and at the guest services desk in the main lobby.

12.06 Dobbs University Center Ticket Desk

The Dobbs University Center (DUC) offers discount tickets to many area attractions, concerts, and amusement parks as well as video rentals and TicketMaster tickets. Call 404.727.TICK.

12.07 Emory Federal Credit Union

Residents may wish to open an account at the Emory Federal Credit Union. Call 404.329.6415 or 404.686.2559 for more information on available financial services.

SECTION 13: WORKERS' COMPENSATION

13.01 General Information and Procedures

Residents in the Emory training program are covered under Emory Healthcare and Emory University Workers' Compensation program. All incidents, regardless of type, should be documented and reported when the event occurs. Types of injuries include, but are not limited to, sprains and strains, lacerations, abrasions, burns, needle sticks, blood and body fluid exposures, tuberculosis conversions, chemical exposures and occupationally related dermatitis. It is extremely important to notify Emory Healthcare, Occupational Injury Management department as soon as possible. This ensures that the resident receives appropriate treatment through the approved panel of physicians if indicated, and services provided under workers' compensation paid.

13.02 Commonly asked Workers' Compensation Questions
1. WHAT IS WORKERS' COMPENSATION?
Workers' Compensation is an accident insurance program that provides medical and income benefits to employees/residents injured on the job.

2. WHEN ARE RESIDENTS COVERED UNDER WORKERS' COMPENSATION?
A resident's coverage begins on his/her first day of training in the residency training program.

3. WHEN SHOULD A JOB INJURY OR ILLNESS BE REPORTED?
Any training program related injury or illness should be reported immediately to Occupational Injury Management at Emory University Hospital or Emory University Hospital Midtown, and to the resident's program director or other faculty member so that the resident receives timely treatment and the incident is appropriately documented. An Emory STARS report (online event reporting system) must be completed (http://www.app.emory.edu/pel/?stars). A STARS report may also be completed when reporting to Occupational Injury Management. FAILURE TO REPORT THE INJURY MAY RESULT IN LOSS OF BENEFITS.

4. HOW DOES THE RESIDENT SEEK TREATMENT?
Initially, injured residents are to complete an Emory STARS report and report to the Occupational Injury Management Nurse Practitioner for assessment and treatment. If further evaluation is needed, the resident will choose a panel physician. Listings of our panel physicians are posted in various locations throughout Emory University, and Emory Healthcare. Evaluation by Emory Healthcare, Occupational Injury Management will ensure appropriate payment of all bills.

5. WHAT MEDICAL TREATMENT WILL BE PAID?
For work-related injuries and illness, all AUTHORIZED doctors' bills and hospital bills are paid. Medications, testing or diagnostic procedures, and rehabilitation appointments such as physical therapy are also paid if ordered by the treating "panel" physician or Occupational Injury Management Nurse Practitioner.

QUESTIONS?
See section 13.04, Workers’ Compensation Contact Information for any questions.

13.03 Illness/Injury Reporting Directions

If a resident has a work-related injury or illness, he or she must:

1. Complete a STARS Report, regardless of forms required at the facility where the work-related injury occurred. This report is available at http://www.app.emory.edu/pel/?stars. The STARS Report will be electronically transmitted to Occupational Injury Management. You will be contacted by Occupational Injury Management by the next business day.

2. Notify the Residency Program Director/Coordinator.

1. If emergency treatment is needed, report to the Emergency Department in the facility where the injury occurred. If a blood/body fluid exposure occurs after hours and the source is HIV+ or has HIV risk factors, seek immediate treatment in the emergency room. A consult with an Infectious Disease physician must be sought prior to initiating PEP treatment. Failure to do so may result in non-payment of medications.
3. After initial emergency treatment, follow-up with the Nurse Practitioner in Occupational Injury Management at either EUH (HB 53) or EUHM (WW Orr Building, 6th floor) to notify them of the incident and any information regarding work status changes. The EUH NP may be contacted directly at 404-686-7941. The EUHM NP may be contacted directly at 404-686-7106.

4. If additional treatment is needed, the Occupational Injury Management Nurse Practitioner will coordinate any medical follow-up required.

5. If non-emergent treatment is needed, contact Occupational Injury Management at EUH 404-686-8589 or EUHM at 404-686-2537.

6. For questions regarding benefits information, please contact the Amtrust Group, the third party administrator for Workers’ Compensation at 678-258-8327.

7. Original medical reports and all work status documents should be brought with you to Occupational Injury Management or mail them to Emory University Hospital, Employee Health, Room HB 53; 1364 Clifton Road, NE, Atlanta, GA 30322. This should be done as soon as possible after the incident occurs.

8. All authorized medical treatment in connection with a work-related injury or illness, including emergency room treatment, will be covered under the workers’ compensation program. For the purposes of this program, authorized medical treatment must be from one of the physicians posted on the Pink Panel of Physicians.

9. Refer questions regarding bills to the Occupational Injury Management Case Manager at, (404) 686-7780 (EUHM) or (404) 686-9237 (EUH).

13.04 Contact Persons in the Emory University Workers' Compensation Program

Questions related to your treatment, medications, or follow-up, Emory Healthcare, Occupational Injury Management has 24/7 on-call coverage to assist you.
(404) 686-5500 Pic # 50464
Residents, injured on the job, should report to Occupational Injury Management for evaluation, treatment and follow-up.

ROSEBUD TUCKER, FNP-C

Occupational Injury Management Nurse Practitioner
Located: Occupational Injury Management, EUHM, WW Orr Building, 6th Floor

Office: (404) 686-7106
Fax: (404) 686-4938 PIC # 10675
ARLENE MADHERE, FNP-C

OCCUPATIONAL INJURY MANAGEMENT NURSE PRACTITIONER

Office: (404) 686-7067  
Fax: (404) 727-5405  
PIC # 15494

Located: Occupational Injury Management at EUH, Room HB 53.

HENRY INTILI, FNP

OCCUPATIONAL INJURY MANAGEMENT NURSE PRACTITIONER

Office: (404) 686-7941  
Fax: (404) 727-5405  
PIC # 12514

Located: Occupational Injury Management at EUH, Room HB 53.

CONNIE WILBANKS, RN, COHN-S

OCCUPATIONAL NURSE CASE MANAGER

Located: Occupational Injury Management, EUHM, WW Orr Building, 6th floor  
Office: (404) 686-7780  
Fax: (404) 686-4938  
PIC # 12208

Karen Keltner

OCCUPATIONAL NURSE CASE MANAGER

Located: Occupational Injury Management at EUH, Room HB 53  
Office: (404) 686-9237  
Fax: (404) 727-5405  
PIC # 14781

PAULA DESROCHES, ANP-C, MSN, COHN-S

DIRECTOR, Occupational Injury Management  
Office: (404) 686-2382  
Fax: (404) 686-4938  
PIC # 12367
TAMMY WOODY
CLAIMS ANALYST, THE AMTRUST GROUP
The Amtrust Group handles payments for all workers’ compensation claims.

Claims questions and inquiries on Georgia Workers’ Compensation.

Located off-site
Office:  (678) 258-8327
Fax:  (678) 258-8393

What to do in the Event of a Blood or Body Fluid Exposure
(EUH, EUHM, WWC, EUOSH, TEC -Clifton campus and MOT)

Exposure Incident Occurs

Employee thoroughly washes exposed area or flushes eyes with water for 15 minutes.
Notify supervisor and complete an incident report on STARS. Immediately notify Occupational Injury Management (OIM).
If Employee Health (EH)/OIM Office is closed, page the Administrative Nursing Supervisor as below.

During EH/OIM Office Hours
Monday – Friday
7:15 A.M. – 4:00 P.M.
Page the On Call NP at PIC # 50464 and then report to EH/OIM immediately

For ALL WW and EUOSH exposures, the Charge Nurse or Administrative Nursing Supervisor should page the On Call NP at PIC # 50464 for further counseling.

After EH/WC Office Hours
4:00 P.M. – 7:00 A.M.
and weekends and holidays - contact Administrative Nursing Supervisor (ANS) for initial exposure management
CLH: PIC #11917
EH: PIC #13084
EUOSH: PIC #50464
Nursing Supervisor may page EHOIM NP on-call as needed. As indicated, nursing supervisor will refer employee to ED where treatment measures may be instituted per post-exposure protocol.

Employee will complete an Employee Incident Report on STARS.

EHOIM will institute treatment and follow-up based on identified risk using the Bloodborne Pathogens Exposure Protocol

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Emory University Hospital Midtown
OIM Needlestick Line
(404) 727-5405
Fax (404) 728-6431

Emory University Hospital
OIM Needlestick Line
(404) 727-5405
Fax (404) 728-6431

Wesley Woods Center
(404) 728-6431
Fax (404) 728-6431

Emory University
Orthopedic and Spine Hospital
PIC #50464
Fax (404) 727-5405

OIM Nurse Practitioner
On Call PIC #50464
SECTION 14: INFECTION CONTROL

A. NEEDLESTICKS AND OTHER BLOOD/BODY FLUID EXPOSURES

1. Always observe Standard Precautions.

2. If you have a significant exposure to blood or other body fluids (e.g., needlestick, cut), immediately clean the wound with soap and water.

3. Exposed oral and nasal mucosa should be decontaminated by vigorously flushing with water. Exposed eyes should be irrigated with clean water or sterile saline.

4. Follow the protocol of the hospital in which the incident occurred to the fullest including all follow-up (through the hospital's Employee Health Service). If you are uncertain of the hospital’s post-exposure protocol, you may call the WHSC Needlestick Hotline for guidance (404-727-4136). It is especially important that you report your exposure to the hospital’s Employee Health Service as soon as possible so that a timely evaluation can be performed. If prophylactic medications are indicated, it is recommended they be initiated as soon as possible after the exposure.

5. Acute serology should be drawn at the Employee Health Service to establish your baseline antibody titers to hepatitis B virus (if you have not previously been determined to be HBsAb positive [immune to Hepatitis B]) and, if indicated, to HIV and/or Hepatitis C Virus [HCV].

6. Depending on the results of your serology and the baseline serology of the source patient (from whom the exposure occurred), you may need follow-up serologies and additional testing as per the hospital protocol where the injury occurred.

7. If the source patient is HIV-infected, the administration of post-exposure prophylaxis (PEP or "prophylactic" antiretroviral medications) to decrease the risk of patient to health care worker transmission should be strongly considered. Medications may be initiated pending results of HIV serology on the source patient. If used, these medications should be taken as soon as possible after the exposure. The hospitals have protocols and will counsel you and give advice as needed. PEP regimens are complicated; therefore be sure that the individual who manages your exposure consults with the Hospital Epidemiologist. Call/page the Hospital Epidemiologist or ID service if you have any questions about management of the needlestick or other occupational exposure.

8. The following list of specific areas and/or individuals should be contacted at the facility in which the exposure occurs:
GRADY MEMORIAL HOSPITAL AND AFFILIATED SITES:
Daytime hours, Monday thru Friday:
Employee Health Service call 404-616-7849 (STIX)
or 404-616-4600
After hours and on weekends: Needlestick Hotline
Call 404-616-7849 (STIX)

Dr. Henry Blumberg, Hospital Epidemiologist; Division of Infectious Diseases
Office: 404-616-6145; Pager: 404-686-5500; ID# 15029; Home: 404-377-5095

Dr. Susan Ray, Associate Hospital Epidemiologist, Division of Infectious Diseases

If you are unable to reach any of the above individuals, ask the paging operator at 404-616-4307
to contact the Infectious Diseases Attending on call; if not available contact the Infectious
Diseases Fellow on call.

VA MEDICAL CENTER:
Daytime hours, Monday thru Friday:
Infection Control/Employee Health,
Room 611, Debbie Hawkins RN:  404-321-6111, Ext. 6471

After hours and on weekends: Emergency Room  404-321-6111, Ext. 6640

Dr. Robert Gaynes, Division of Infectious Diseases
Office:  404-321-6111, ext. 17508; Pager: Pager 404-485-7918

Dr. David Rimland, Division of Infectious Diseases
Office: 404-321-6111, ext. 16165; Pager: 404-722-3122; Home: 770-393-8951

Abeer Moanna, MD, Division of Infectious Diseases

If you are unable to reach any of the above individuals, ask the paging operator at 404-321-6111
to contact the Infectious Diseases Attending on call; if not available contact the Infectious
Diseases Fellow on call.
EMORY UNIVERSITY HOSPITAL MIDTOWN:
Daytime hours, Monday thru Friday (7 am to 4 pm):
Employee Health Service--Orr Bldg 6th floor, 478 Peachtree St. 404-686-2352

After hours, and on weekends:
Page Administrative Nursing Supervisor (PIC#11917)

Dr. Jesse Jacob, Associate Hospital Epidemiologist, Division of Infectious Diseases
Office: 404-686-1564; Pager: 404-686-5500, ID# 16623; Mobile: 404 402-5110,

Dr. Carolyn Gould, Associate Hospital Epidemiologist, Division of Infectious Diseases
Office, 404-686-1564, Pager 404-686-5500, ID# 15897;

If you are unable to reach any of the above individuals, ask the paging operator at 404-686-1000
to contact the Infectious Diseases Attending on call; if not available, contact the Infectious
Diseases Fellow on call by dialing 404-686-5500, PIC# 50260.

EMORY UNIVERSITY HOSPITAL
Daytime hours, Monday thru Friday (7 am to 4 pm):
Employee Occupational Health Services, HB 53 Emory Hospital  404- 686-8587

After hours and on weekends:
Page Administrative Nursing Supervisor (PIC#13087)
Emergency Room 404-712-7100

Dr. Bruce Ribner, Hospital Epidemiologist, Emory University Hospital and Emory Division of
Infectious Diseases

If you are unable to reach any of the above individuals, ask the paging operator at 404-727-4611
to contact the Infectious Diseases Attending on call; if not available, contact the Infectious
Diseases Fellow on call.

CHILDREN'S HEALTHCARE OF ATLANTA (EGLESTON OR SCOTTISH RITE)
Daytime hours, Monday thru Friday:
Employee Health, Digital Pager 1-800-682-4549 or Needlestick Hotline (ext 4444 at Egleston
and ext 824444 at Scottish Rite)

After hours and on weekends: same as above.

Dr. Harry Keyserling, Pediatric Infectious Diseases
Office: 404-727-5642; Pager 404-686-5500, ID# PIC 17123; Home: 404-377-8535

If you are unable to contact any of the above individuals, ask the paging operator at
404-325-6000 to page the Infectious Diseases Fellow on call.
9. Any of the following physicians may be contacted for assistance and additional advice, but the injury should first be reported as outlined in #9, above, for immediate help.

   Henry M. Blumberg, M.D., Grady Memorial Hospital, 404-616-6145
   Harry Keyserling, M.D., Egleston Hospital, 404-727-5642
   Susan M. Ray, M.D., Grady Memorial Hospital, 404-616-6139
   David Rimland, M.D., VA Medical Center, 404-321-6111, Ext. 16165
   Robert Gaynes, M.D., VA Medical Center, 404-321-6111 Ext 17508
   Jesse Jacob, M.D., Emory University Hospital Midtown, 404-686-1564
   Carolyn Gould, M.D., M.Sc., Emory University Hospital Midtown, 404-686-1564
   Bruce Ribner, M.D., M.P.H. Emory University Hospital, 404-727-1580
   James R. Zaidan, MD, Graduate Medical Education, 404-727-5658

10. The cost of the follow-up and necessary medications will be borne by Emory University Affiliated Hospitals.
What To Do In The Event of a Blood-Borne Pathogen Exposure
(Needle-stick)
Emory Resident working at Grady

BBP Exposure Occurs
Call the Grady Exposure Hot Line
Ext 7849

After Office Hours
Grady Employee Health
(after 5:00 PM or weekends)

Resident or Faculty goes to Grady’s ECC for evaluation and treatment

Resident or Faculty is to follow-up with Grady Employee Health, Room 15A the next business day

Grady Employee Health will then refer the Resident or Faculty to EUH or ECLH Employee Health for all remaining follow-up care.

During Office Hours
Grady Employee Health
Mon – Fri 7:00 AM – 5:00 PM

Resident or faculty completes a Grady Incident Report (IR) and reports to Grady Employee Health, Room 15A. Initial evaluation and treatment is provided by Grady Employee Health Room 15A.

Follow-up management is referred to EUH or ECLH Employee Health.

Grady EHS marks on the incident report that the resident or faculty member is an employee of Emory and FAXES the Incident Report to (404) 727-5405. Grady Employee Health instructs the Resident or Faculty member to follow-up with EUH or ECLH Employee Health.

EHS - Employee Health Services
EHNP - Employee Health Nurse Practitioner
IR - Incident Report
EUH - Emory University Hospital Employee Health (404) 616-8589
ECLH - Emory Crawford Long Hospital Employee Health (404) 686-2537
Grady Employee Health Room 15A
Office Hours, Mon-Fri 7:00 AM – 5:00 PM
***Emory Employee Health Nurse On-Call 24/7 (404) 686-5500 Prio #50464

EUH or ECLH Employee Health Nurse Practitioner contacts the resident or faculty upon receipt of a copy of the Grady Incident Report, and provides follow-up treatment/management.

If a referral is needed, the EHNP at EUH OR ECLH will review the panel of physicians and have resident or faculty choose one.

Invoices received by the resident or faculty must be sent to Emory Employee Health/Workers' Compensation.

Effective 2/15/01, Revised 3-5-04

Revised June 2010
What to do in the Event of a Blood or Body Fluid Exposure

(EUH, EUHM, WWC, EUOSH, TEC -Clifton campus and MOT)

Exposure Incident Occurs

Employee thoroughly washes exposed area or flushes eyes with eyewash for 15 minutes. Notify supervisor and complete an incident report on STARS. Immediately notify Occupational Injury Management (OIM).

If Employee Health (EH)/OIM Office is closed, page the Administrative Nursing Supervisor as below.

During EH/OIM Office Hours
Office Hours
Monday – Friday
7:15 A.M. – 4:00 P.M.
Page On Call NP at PIC # 50464 and then report to EH/OIM immediately

For ALL WW and EUOSH exposures, the Charge Nurse or Administrative Nursing Supervisor should Page the On Call NP at PIC # 50464 for further counseling.

After EH/WC Office Hours
4:00 P.M. – 7:00 A.M.
and weekends and holidays - contact Administrative Nursing Supervisor (ANS) for initial exposure management
CLH: PIC #11917
EUH: PIC #13084
EUOSH: PIC #50464

Nursing Supervisor may page EH/OIM NP on-call as needed. As indicated, nursing supervisor will refer employee to ED where treatment measures may be instituted per post-exposure protocol.

Employee will complete an Employee Incident Report on STARS.

EH/OIM will institute treatment and follow-up based on identified risk using the Bloodborne Pathogen Exposure Protocol.

Emory University Hospital Midtown
OIM Needlestick Line
(404) 686-2352
Fax (404) 686-4938

Emory University Hospital
OIM Needlestick Line
(404) 686-8587
Fax (404) 727-5405

Wesley Woods Center
(404) 728-6431
Fax (404) 727-5405

Emory University Orthopedic and Spine Hospital
PIC#50464
Fax (404) 727-5405

OIM Nurse Practitioner
On Call PIC# 50464

p:\human resources\ehs\BBP data\ BBP forms – hospital.ppt 12-7-09

Revised June 2010
SECTION 15: EQUAL OPPORTUNITY

The requirements and protections of Emory University's official Equal Opportunity Policies, Disability Anti-Discrimination Policy for Programs and Services, Handling Complaints of Discriminatory Harassment Policy, and Handling employee Complaints of Discriminatory Policy apply to residents participating in Emory University's Residency Training program. These policies are appended at the end of this manual. See Appendix C.

SECTION 16: LIABILITY INSURANCE AND RISK MANAGEMENT PROGRAMS

Residents enrolled in a GME sponsored residency training program are provided with professional and general liability insurance for activities falling within the course and scope of their training program. The Emory Liability Program also responds to a claim made after a resident leaves the training program, so long as the claim arises out of an activity that fell within the course and scope of the training program. The Emory Liability Program will not respond to a claim arising out of an incident or activity that precedes the resident's enrollment in the Emory training program even if the claim is made once the resident has begun his or her training at Emory.

Residents rotating within the Emory system have a responsibility to report any adverse occurrence or circumstance to an Emory Healthcare Risk Manager as well as their Program Director and Department Chair.

A Risk Manager can be contacted at the following numbers, after hours and weekends call the paging operator at 404-686-1000 and ask for the Risk Manager on call:

Emory University Hospital and Emory Children's Center  404.686.2470
          Fax:  404.712.7941

Emory University Hospital Midtown  404.686.2470
          Fax:  404.686.5901

The Emory Clinic, Inc.  404.686.2470
           Fax:  404.778.7935

Wesley Woods  404.686.2470
          Fax:  404.712.7941

Currently, Emory residents assigned to Grady Memorial Hospital, VA Medical Center, CHOA at Egleston and Scottish Rite Hospitals are insured by the hosting institution, rather than by Emory Healthcare. For a description of the liability coverage at Emory Healthcare affiliated hospitals refer to Appendix E. All questions regarding insurance coverage should be directed to Ms. Cheryl Ritchie, Emory Healthcare's Director of Insurance and Loss Control Programs at 404-778-7933.
Requests for verification of coverage must be submitted in writing to Ms. Lori Gamble-Wood at Emory Healthcare, Office of Risk & Insurance Services, 101 West Ponce de Leon Avenue, Suite 600, Decatur, GA 30030, fax number 404-778-7935.

Requests for claims history information should be submitted in writing to Ms. Glinia Beebe at Emory Healthcare, Office of Risk & Insurance Services, 101 West Ponce de Leon Avenue, Suite 600, Decatur, GA 30030, fax number 404-778-7935.

SECTION 17: STANDARDS OF CONDUCT

As a leader of the health care team, each resident is expected to maintain the highest level of professional and courteous conduct when working with patients, families, faculty, other residents, staff, and visitors. The action, inaction, or other conduct of any resident that is unprofessional, discourteous, disruptive, illegal, or that adversely affects the patient care environment or is considered an illegal activity may result in disciplinary action, up to and including termination from the residency training program.

SECTION 18: The Health Insurance Portability and Accountability Act

The information collected from and about a patient is very sensitive. It is used to care for the patient and should be shared only with those involved in the patient’s care. The School of Medicine is committed to maintaining patient privacy and confidentiality. The only exceptions to this rule are when the patient consents to or authorizes release of the information or when a law or regulation requires or authorizes use or disclosure. While all patient information must be protected, certain laws require additional security for extremely sensitive records such as those relating to alcohol or substance abuse, mental health treatment and human immunodeficiency virus.

The Health Insurance Portability and Accountability Act of 1966 [HIPAA] provides federal patient privacy and security rules. Residents should all be familiar with these rules and the policies regarding patient confidentiality, privacy and security. Residents will be provided information regarding HIPAA during orientation.

Patients have rights to keep health care information about themselves from being inappropriately used and/or disclosed.

CONFIDENTIALITY is the responsibility for limiting use or disclosure of private matters such as health care matters and releasing the information with the authorization of the patient.

PRIVACY is the right to be free from intrusion into one’s private affairs and to maintain control over personal information.

SECURITY is the ability to control access to patient information and protect it from destruction, loss or unauthorized access.
Failure to abide by the policies regarding patient confidentiality, privacy or security are grounds for discipline up to and including termination from the residency training program.

If you have questions or concerns about patient confidentiality, privacy or security, call the office of compliance programs @ 404-778-2757.

SECTION 19: RELEASE OF INFORMATION TO THE MEDIA

No resident may communicate any patient- or hospital-related information to newspapers, radio, television, or other media without prior approval from hospital administration or an authorized public relations representative of the relevant hospital. A resident must also receive permission from a patient before making any patient-related statements to the media.

SECTION 20: CONFLICT OF INTEREST

The School of Medicine, in accordance with University policy, requires residents to avoid any business or financial relationship, transaction, or event which may be viewed, internally or externally, as a conflict of interest. The Emory University School of Medicine conflict of interest policy can be found at the following site:

http://www.med.emory.edu/dean/facultyaffairs_policies_industryrelations.pdf

SECTION 21: NO SOLICITATION

To avoid any disruption of health care operations and/or disturbance of patients, the following rules apply to solicitation and distribution of non-medical literature on the property of any of the Emory-affiliated hospitals through which residents rotate. Non-residents and persons not employed by the hospital may not solicit or distribute literature on the hospital property at any time, for any purpose. Residents may not solicit or distribute literature during working time for any purpose. Working time includes any period during which either the resident doing the soliciting or distributing or the resident to whom the solicitation and distribution is aimed is or should be on hospital property engaged in the performance of residency training programs duties. Break periods and lunch periods are not working time. Residents may not solicit or distribute at any time for any purpose in immediate patient care areas such as patients' rooms, operating rooms, places where patients receive treatment, x-ray and therapy areas, or corridors in patient treatment areas and rooms used by patients for consultations with physicians or meeting with family or friends.

Residents may not distribute non-medical literature at any time for any purpose in the working areas. Working areas are all areas in the hospital where employees, residents and other health care providers are performing work, except cafeterias, staff lounges, lobbies and parking areas.
This policy does not apply to the solicitation or distribution of material by or through residency training program sponsored activities.

SECTION 22: WEAPONS

Emory University is committed to providing a safe and secure environment for its faculty, residents, patients, visitors, and staff. Accordingly, the possession of firearms or other dangerous weapons at any location is strictly prohibited.

SECTION 23: SMOKE-FREE WORKPLACE

To promote the health, safety, and comfort of all individuals, smoking is prohibited within Emory University or any affiliated hospital building or in the immediate vicinity of all building entrances and exits, except select designated areas. To further promote a smoke-free workplace and healthy lifestyles, Emory offers smoking cessation programs through FSAP.

SECTION 24: DRUG-FREE WORKPLACE

As a recipient of federal grants and contracts, Emory adheres to the provisions of the federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1988. Accordingly, Emory University prohibits all employees and residents from unlawfully possessing, using, being under the influence of, manufacturing, dispensing, or distributing alcohol or illegal drugs on Emory-owned property, Emory-sponsored activities, including the performance of duties on rotations in the training program at all affiliated hospitals and other healthcare facilities. Violation of this policy is grounds for disciplinary action, up to and including immediate dismissal from the program.

SECTION 25: DRESS CODE

Residents are expected to be neat, clean, and orderly at all times during the performance of training program activities. Residents are expected to dress according to generally accepted professional standards appropriate for the resident's particular program. Where safety is a factor, residents should use common sense in choosing clothing and shoes for training activities. Jewelry, clothes, and hairstyle should be appropriate for the performance of duties in the hospitals. Program Directors may require a particular, reasonable dress code for their residents, depending on the needs of the service, for public image, and safety. Photo identification tags must be worn at all times while on duty.

SECTION 26: TIPS/GIFTS

Residents are not allowed to accept gifts of significant monetary value (defined by Emory as in excess of $40.00) from patients, or patient family members. Gifts from industry to individual residents should be primarily for the benefit of patients or educational in nature and should not be of extraordinary value. Accordingly, textbooks, modest meals and similar gifts are appropriate. Cash payments should not be accepted. Diagnostic equipment primarily benefits the patient and therefore such gifts are permissible as long as they are not of extraordinary value. Individual gifts of minimal value such as pens and notepads are permissible as long as the gifts
are related to the physician’s work. Scholarships or other special funds to permit residents and fellows to attend major educational conferences may be permissible as long as selection of the residents who attend is made by their academic Department and the subsidy is provided to the Department rather than to the individual resident. The general guiding principles that apply are those of Emory University and the AMA Council on Ethical and Judicial Affairs as they relate to gifts to physicians from industry. Emory Hospitals, Department of Pharmaceutical Services has developed a policy that applies to pharmaceuticals company representatives; their policy is also applicable to residents and fellows working in Emory Hospitals. In general, these guidelines are similar to those of the University and AMA; an additional stipulation is that pharmaceutical representatives may provide a light meal or snacks for house staff in conjunction with an in-service program in hospital conference room space. Residents are encouraged to discuss any questions regarding these policies with their Program Director.

SECTION 27: CARE AND USE OF PROPERTY/EQUIPMENT

Residents are responsible for the proper care and use of hospital equipment and supplies. Any damaged or unsafe equipment, repairs, and replacements should be reported to the appropriate hospital manager. Computer hardware and software are the property of the applicable hospital. Illegal copying of software and unauthorized entry into the data processing system is prohibited. Software originating from an external source must be examined for viruses and approved by Information Services department staff of the appropriate hospital before installing on hospital systems and networks.

Residents are not permitted to share computer sign-on security codes with each other or other health care providers.

SECTION 28: PASTORAL SERVICES

The pastoral services department at Emory University Hospital and Emory University Hospital Midtown have full-time chaplains available to meet with any resident on a confidential basis to discuss personal problems. The office is located on the second floor of Emory University Hospital and on the first floor of the Davis-Fischer building at Emory University Hospital Midtown.

SECTION 29: SECURITY

The Emory University-affiliated hospitals have public safety departments with officers on duty twenty-four hours each day. Residents are encouraged to notify the Public Safety Department at 404.712.5598 (Emory University Hospital), 404.686.2597 (Crawford Long Hospital), or 404.616.4024 (Grady Hospital) concerning any activity which may compromise the resident's safety and/or the safety of other physicians, residents, hospital employees, patients, and visitors.

Revised June 2010
SECTION 30: TEACHING RESPONSIBILITIES

Residents are responsible for teaching and supervising other residents, medical students, and other health care professionals. Each resident has the responsibility to participate fully in all educational activities.

SECTION 31: DEPARTMENT ORIENTATION

Individual department/program orientation will familiarize each resident with his/her program-specific responsibilities, departmental processes, and systems for each of the hospitals where the residents will be assigned. Each Program Director will inform their residents of the details regarding this orientation session. It is each resident's responsibility to participate in department orientation and to clearly understand the training program's expectations of the resident as well as the resident's specific responsibilities.

SECTION 32: POLICY ON CONSENSUAL TEACHER (FACULTY OR RESIDENT)-STUDENT (RESIDENT OR STUDENT) RELATIONSHIPS

The relationship between teacher and student is the foundation of the academic mission of the University. This relationship vests considerable trust in the teacher, who, in turn, bears the responsibility to serve as mentor, educator, and evaluator. In discharging this responsibility, teachers are accountable for behaving in a manner that reflects the highest levels of professional responsibility, recognizes the dignity and worth of each person at the University, and protects the integrity of the student-teacher relationship.

Teacher-student relationships carry risks of conflict of interest, breach of trust, abuse of power, and breach of professional ethics. For these reasons, teachers must not engage in any consensual sexual relationships with a student while the teacher is in a position of supervisory academic authority with respect to the student. Nor may a teacher assert any supervisory academic authority with respect to a student who was the subject of a previous consensual sexual relationship. This prohibition extends to consensual sexual relationships between a graduate or professional student and an undergraduate when the graduate or professional student has some supervisory academic responsibility for the undergraduate, to consensual sexual relationships between department Chairs and students in that department, to consensual sexual relationships between graduate advisors, Program Directors, and all others (each of whom is considered a teacher) who have supervisory academic responsibility for a student and that student.

When a teacher-student consensual sexual relationship exists, has previously existed, or develops, the teacher must decline to participate in any evaluative or supervisory academic activity with respect to the student.

The deans, department Chairs, and other administrators should respond to reports of prohibited sexual relationships by inquiring further and, if such reports appear to be accurate, initiating
appropriate disciplinary action or remedial measures against the teacher involved. Egregious breach of this policy is adequate cause for termination under paragraph 12(C) of the Statement of Principles Governing Faculty Relationships.

Non-consensual sexual relationships are prohibited by the non-discriminatory harassment policy.

SECTION 33: GRIEVANCE

A resident who has an unresolved significant dispute or complaint with the residency training program, his/her Program Director, or other faculty member may grieve the dispute or complaint in the manner described in the following Grievance Procedure. A resident may use the Grievance Procedure outlined in this Section only when he/she is a participant in an ACGME or Board accredited, Emory University School of Medicine graduate medical education program and possesses a valid, signed currently applicable GME contract for such participation. Once the grieving resident’s participation in the relevant Emory graduate medical education program ends via expiration of contract term or otherwise, the resident’s right to initiate or to continue this Grievance Procedure ends, and the Grievance Procedure immediately terminates regardless of any pending status of the grievance process. If the resident’s participation in the Emory graduate medical education program ends while the grievance is being considered at a particular step outlined below, that consideration will immediately terminate, and any decision reached by the immediately prior decision-maker in the Grievance Procedure will be the final, non-appealable resolution of the grievance.

Only residents currently undergoing training in Emory’s graduate medical education programs may utilize this Grievance Procedure. Therefore, a former Emory University School of Medicine resident is not eligible to initiate or to utilize this Grievance Procedure.

Note that this Grievance Procedure does not cover controversies or complaints arising out of the termination of a resident from an Emory graduate medical education training program during a contract period. Residents may appeal a residency appointment termination during a contract period pursuant to the procedures described in Section 34 of this Manual. Equal Opportunity Policies and procedures found in Appendix C of this Manual address the manner in which a resident may raise a complaint of discriminatory harassment.

33.01 Grievance Procedure

The Grievance Procedure has an Informal Resolution Process and a Formal Resolution Process. Each of these processes is explained below. The resident must utilize the Informal Resolution Process first, and then, if needed, advance to the Formal Resolution Process. Once the resident has used the informal and formal processes as described below, the resident cannot re-initiate the process for the same issue.
A. Informal Resolution Process

An aggrieved resident shall notify his/her Program Director, in writing, of the grievance. If the resident's grievance is with the Program Director, the resident should submit his/her grievance to the Chair of the Department. If the Chair of the Department is the subject of the grievance, the resident should submit his/her grievance to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education is the subject of the grievance, the resident should submit his/her grievance to the Executive Associate Dean for Clinical Affairs.

This notification shall include all pertinent information and evidence that supports the grievance. The resident and the Program Director, the Chair, the Associate Dean of Graduate Medical Education or Executive Associate Dean of Clinical Affairs, as appropriate, hereinafter (“the Informal Resolution Process Decision-maker”) or his/her designee shall set a mutually convenient time to meet to discuss the grievance and to attempt to reach a resolution. The aggrieved resident and the Informal Resolution Process Decision-maker should make a good faith effort to resolve the grievance at this informal level. Additional meetings may be scheduled either with the resident or with others during the Informal Resolution Process to attempt to resolve the grievance.

The Informal Resolution Process of this Grievance Procedure shall be deemed complete when the Informal Resolution Process Decision-maker informs the aggrieved resident, in writing, of his/her decision concerning the grievance. A copy of this decision shall be sent to the Program Director, Department Chair and the Associate Dean for Graduate Medical Education.

B. Formal Resolution Process

Upon completion of the Informal Resolution Process, the aggrieved resident may choose to proceed to the Formal Resolution Process.

1. The aggrieved resident must start the Formal Resolution Process by presenting his/her grievance, in writing, along with all pertinent information and evidence related to the grievance, to the Department Chair within fifteen (15) days of the conclusion of the Informal Resolution Process. [If the Department Chair is a subject of the resident’s complaint or was the Informal Resolution Process Decision-maker, the aggrieved resident should submit the written grievance to the Associate Dean for Graduate Medical Education within the time deadline, and the Associate Dean for Graduate Medical Education, or his/her designee, will take the actions described in this subsection in the place of the Chair. If the Associate Dean for Graduate Medical Education is a subject of the resident’s complaint or was the Informal Resolution Process Decisionmaker, the resident should submit his/her grievance to the Executive Associate Dean for Clinical Affairs by the deadline.]

A resident’s failure to submit the grievance within the fifteen-day deadline will result in the resident's waiving his/her right to proceed further with this Grievance Procedure. In this situation, the decision of the Informal Resolution Process Decisionmaker would be final.
Upon timely receipt of the written grievance, the Department Chair or his/her designee will contact the aggrieved resident to set a mutually convenient time to meet to discuss the resident’s complaint. The Chair or his/her designee will review and carefully consider the material presented by the resident. In addition, the Chair/designee may engage in any further investigation and gather and review any additional information he/she believes to be appropriate and relevant when considering the resident’s complaint. Ultimately, the Department Chair/designee will provide the aggrieved resident with a written grievance determination within a reasonable period of time after the meeting.

2. Any individual who is unsatisfied with the Chair's written decision regarding the grievance may seek an appeal by submitting all grievance-related material and a written appeal request to the Associate Dean of Graduate Medical Education within fifteen (15) days after receipt of the Chair’s written decision. [If the Associate Dean of Graduate Medical Education assumed the role of Chair as outlined in sub-section B.1., the individual should submit his/her grievance appeal to the Executive Associate Dean for Clinical Affairs. If the Associate Dean of Clinical Affairs assumed the role of Departmental Chair in sub-section B.1., the grievance appeal should be submitted to the Office of the Dean.] Failure to submit the grievance appeal within fifteen days after receipt of the Chair’s written decision will result in the individual waiving his/her right to proceed any further with this Formal Grievance Procedure. Upon timely receipt of the grievance appeal, the Associate Dean of Graduate Medical Education or designee will review relevant information and may ask the aggrieved individual to meet and discuss the claims. The review and meeting, if desired, will be done within a reasonable time period, and the Associate Dean of Graduate Medical Education or designee will thereafter make a grievance appeal determination after taking any additional desired steps to review and address the grievance appeal.

3. Any individual who is unsatisfied with the grievance appeal determination may seek a final review by submitting all grievance-related material to the Dean of the School of Medicine within fifteen (15) days after receipt of the grievance appeal determination. Upon timely receipt of the grievance, the Dean will appoint an ad hoc grievance committee comprised of at least two faculty members from School of Medicine departments not involved in the grievance, and at least one resident who is not in the department of the aggrieved resident. The Associate Dean for Graduate Medical Education shall serve as an ex officio committee member. A quorum shall be three (3) committee members. The ad hoc committee shall hold a meeting and review relevant information provided by interested individuals as soon as feasible. This meeting shall be attended by all of the individuals directly involved in the dispute. The aggrieved resident may be asked to answer questions or present any other evidence concerning the grievance. Before, during, and after the meeting, the committee may gather and review additional relevant information pertaining to the dispute. Within a reasonable period of time after meeting with the resident, the committee will render its decision and inform the aggrieved resident, Program Director, Chair and Associate Dean for GME in writing of the decision. The decision of this ad hoc committee is final, and the entire Grievance Procedure, both the Informal Process and the Formal Process, terminates upon the ad hoc committee’s rendering of a decision.
SECTION 34: HEARING AND APPELLATE REVIEW PROCEDURES FOR TERMINATION OF A RESIDENCY APPOINTMENT

I. Right to Hearing and Appellate Review

These procedures apply only to the termination of a residency appointment during the annual position agreement period. A resident whose appointment is terminated during the annual position agreement period shall be entitled to a hearing before the Residency Review Committee. The Residency Review Committee shall be an ad hoc committee appointed by the Associate Dean for Graduate Medical Education, or the Dean's designee, and shall consist of the Associate Dean or the Dean's designee, one department Chair, one faculty member other than a department Chair, and two (2) residents. The Associate Dean for Graduate Medical Education, or the Dean's designee, shall serve as Chairperson of the Residency Review Committee. A quorum shall be three members, one of whom must be a resident.

II. Initiation of Hearing

A. The Chairperson of the Residency Review Committee shall give the resident against whom a termination action has been taken written notification of the action by certified or registered mail, return receipt requested, or by hand delivery. The notice shall:

1. Advise the resident of the action taken;
2. Advise the resident of the grounds upon which the action is based;
3. Advise the resident of the right to a hearing;
4. Specify the number of days (not less than 30) following the date of receipt of notice within which a request for a hearing must be submitted;
5. State that failure to request a hearing within a specified time period shall constitute a waiver of the right to a hearing and to appellate review of the matter;
6. Advise the resident that he/she has the right to representation by counsel; to have a record made of the proceedings; to call, examine, and cross-examine witnesses; to present evidence; and to submit a written statement at the close of the hearing; and
7. State that upon receipt of a timely hearing request, the resident shall be notified of the date, time and place of the hearing.

B. A resident shall have no more than thirty (30) calendar days following the receipt of the notice of termination to file a written request for hearing. The request must be delivered to the Associate Dean for Graduate Medical Education either by hand delivery or by certified or registered mail. Failure to request a hearing within the specified time period shall constitute a waiver of the right to a hearing and to appellate review of the matter.
III. Hearing Prerequisites

A. Within seven (7) calendar days after receipt of a timely hearing request from a Resident entitled to a hearing, the Associate Dean for Graduate Medical Education, or the Dean's designee, shall schedule a hearing and shall give written notice to the resident of the time, place and date scheduled. The hearing shall be scheduled not less than thirty (30) calendar days from the date of receipt of a timely request for hearing. The notice of hearing shall state in concise language the grounds for the termination of the Resident, a list of specific or representative charts being questioned, and/or the other reasons or subject matter forming the basis for the adverse action which is the subject of the hearing, and shall provide a list of witnesses (if any) expected to testify at the hearing in support of the adverse action. This list may be supplemented at any time prior to three (3) business days prior to the hearing date.

B. No staff member who participated in the residency termination shall serve as a member of the hearing committee.

IV. Hearing Procedures

A. The personal presence of the resident who requested the hearing shall be required. If the resident fails, without good cause, to appear and proceed at the hearing, the resident shall be considered to have waived all rights hereunder in the same manner and with the same consequences provided above in connection with failure to request a hearing.

B. The Chairperson of the Residency Review Committee shall be the Presiding Officer of the hearing. The Presiding Officer shall maintain decorum and assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The Presiding Officer shall determine the order of the proceedings and shall make rulings on procedure and the evidence to be considered.

C. The hearing provided for in these procedures is for the purpose of resolving matters bearing on professional competency and conduct of the resident in the residency training program. Nevertheless, the affected resident, the department or entity involved, and/or the Committee shall be entitled to representation by an attorney or other person of their choice at any hearing held pursuant to these procedures. Likewise, the resident, the department or entity involved, and/or the Committee shall have the right to use legal counsel in preparing for the initial hearing or for appellate review.

D. During the hearing, each of the parties shall have the following rights: to call and examine witnesses, to present exhibits, to cross-examine any witness on any matter relevant to the issue, and to rebut any evidence. If the resident who requested the hearing does not testify, he or she may be called and examined by any member of the Committee or by the representative of the department or entity whose action prompted the hearing.

E. The hearing need not be conducted according to rules of law relating to examination of witnesses or receipt of evidence. Any matters deemed relevant by the Presiding Officer may be admitted regardless of the admissibility of this evidence in a court of law. Evidence merely cumulative or not so deemed relevant may be excluded. Each party shall, prior to, during, or at
the close of the hearing, be entitled to submit memoranda concerning any issue, and these memoranda shall become a part of the hearing record. The Presiding Officer may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by the Presiding Officer and entitled to notarize documents in the State of Georgia. The hearing shall be tape-recorded or, at the discretion of the Presiding Officer, be reported by a qualified court reporter. Copies of the tape recording or transcript may be obtained by the Resident upon payment of any reasonable charges associated with the preparation thereof.

F. The department recommending the residency termination shall have the initial obligation to present evidence in support of the termination showing that the termination action has been taken in the reasonable belief that it furthers the quality of health care or that the resident's conduct or actions were otherwise unacceptable. The resident then shall have the burden of supporting the challenge to the termination by showing that the evidence presented lacks any substantial factual basis or that such basis or the conclusions drawn therefrom is arbitrary, unreasonable, or capricious.

G. A quorum of the Committee must be present throughout the hearing and deliberations. If the Presiding Officer determines that a Committee member was absent from a substantial portion of the proceedings, that member shall not participate in the deliberations or the decision of the Committee.

H. Requests for postponement of a hearing shall be granted by the Committee Chairperson only upon a showing of good cause and only if the request for postponement is made as soon as reasonably practicable.

I. The Committee may recess the hearing and reconvene without additional notice for the convenience of the participants or to obtain new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Committee shall thereafter, at a time convenient to the members, conduct its deliberations. Deliberations shall not be recorded. Unless the Committee upholds the termination by a majority vote, the resident shall be reinstated. Upon conclusion of Committee deliberations, the Presiding Officer shall declare the hearing finally adjourned.

V. Hearing Committee Report and Further Action

Within ten (10) calendar days after the final adjournment of the hearing, the Residency Review Committee shall make a written report of its findings and decision on the matter and the Chairperson of the Committee shall send a copy of the findings and decision to the Resident and the department involved.

VI. Initiation of Appeal

A. A resident shall have seven (7) calendar days following receipt of the notice of an adverse decision of the Committee to file a written request for appellate review. The request shall be delivered to the Dean of the Emory University School of Medicine, by hand or by certified or registered mail, return receipt requested. Likewise, in the event of a ruling favorable to the resident, the department initiating the termination shall have seven (7) calendar days following
receipt of notice of the ruling to file a written request for appellate review. The department's
written request for appellate review shall be delivered to the Dean by hand.

B. If the resident or the department fails to request appellate review within the time period and in
the manner specified above, any right to review the Resident or department might otherwise have
had shall be deemed waived.

C. Upon receipt of a written request for appellate review from the resident or department, the
Dean shall schedule appellate review which shall occur not less than fourteen (14) calendar days
nor more than thirty (30) calendar days after receipt of the request. Irrespective of whether
appellate review is initiated by a resident or a department, at least seven (7) calendar days prior
to the appellate review, the Dean shall send, by hand, or by certified or registered mail, to the
resident and Chairperson of the Department, written notice of the time, place and date of the
review. The time scheduled for the appellate review may be changed for good cause by the Dean.
All appellate review shall be conducted by the Dean, or the Dean's designee, alone, or if the
Dean so desires, by a duly appointed ad hoc advisory appellate review committee, appointed by
the Dean, consisting of no less than two (2) faculty members and one Resident. If a committee is
appointed, the Dean shall be a member of the committee and shall serve as Chairperson or shall
designate a member to serve as Chairperson.

VII. Appellate Review Procedure

A. Proceedings by the Dean or by the ad hoc advisory appellate review committee shall include,
but not be limited to, consideration of the record of the hearing before the Residency Review
Committee, that Committee's findings, and subsequent actions thereon. The Dean, or the
committee, shall also consider any written statements that are submitted. Such review shall be for
the purpose of determining whether the adverse decision against the Resident or the department
was made in accordance with these procedures and not arbitrarily or capriciously.

B. As part of the request for appellate review, the resident or Chairperson of the department
seeking review shall submit a written statement detailing the findings of fact, conclusions and
procedural matters with which the resident or department disagrees and reasons for such
disagreement. This written statement should cover any matters raised at any step of the hearing
process, and Legal counsel may assist in its preparation. Prior to the appellate review, a written
statement in reply may be submitted by the Chairperson of the department, where review is
sought by a resident, or by the resident, where the department seeks review. The Dean shall
provide a copy of the statements to the opposing parties.

C. The Dean or the ad hoc advisory appellate review committee shall allow the parties and their
attorneys, if any, to appear personally and make oral statements in favor of their positions. Any
party or representative so appearing shall be required to answer questions asked by the Dean or
any member of the Committee.

D. The Dean or the Chairperson appointed by the Dean, shall be the Presiding Officer and shall
determine the order of procedure during the review, make all required rulings, and maintain
decorum.
E. New or additional matters of evidence, not raised or presented during the original hearing or in the hearing report, and not otherwise reflected in the record, shall be introduced at the appellate review only at the discretion of the Dean, or the appointed Chairperson, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier.

F. The appellate review shall not be deemed to be concluded until all the procedural steps provided above have been completed or waived.

VIII. Final Decision

A. Within fourteen (14) calendar days after the conclusion of the appellate review, the Committee, or the Dean, if acting without an advisory committee, shall deliberate and make a final decision in the matter, and shall send written notice thereof to the department or other entity involved and to the affected Resident.

B. Notwithstanding any other provision of these procedures, no resident shall be entitled to more than one hearing and one appellate review of the same matter.

IX. Reinstatement

Compensation and fringe benefits shall terminate as of the date on which the termination decision is made. Where a resident is reinstated by virtue of proceedings hereunder, the resident shall receive all back pay to which the resident would have been entitled but for the termination action and shall be reinstated to all fringe benefit programs, unless the resident elects to waive reinstatement. In such event, the resident shall receive the equivalent of back pay from the date of the termination decision until the date on which notice of the outcome of the hearing, if there is no appellate review, or if appellate review is sent to the resident, less any amounts received by the resident in a training program at another institution, and shall be deemed to have resigned from the Residency Program.
APPENDIX A: POLICY AND PROCEDURE ON RESIDENT RECRUITMENT & APPOINTMENT

Policy:

This policy sets forth Emory University School of Medicine's ("Emory's") guidelines regarding resident recruitment and selection. This policy is intended to establish valid, fair, effective, and ethical criteria for the recruitment and selection for Emory's graduate medical education program.

Procedure:

I. Resident Recruitment
   A. Applicants are required to meet one of the following qualifications to be eligible for a position in the graduate medical education program at Emory.
      1. Graduates of medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
      2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
      3. Graduates of medical schools outside of the United States and Canada who meet one of the following qualifications:
         a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates verifying final medical diploma, or
         b. Have a full, active and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
      4. Graduates of medical schools outside of the United States who have completed a Fifth Pathway Program provided by an LCME-accredited Medical School.
         a. International medical graduates who are non-U.S. citizens must enter the training program on an ECFMG sponsored J-1 visa.

   B. Non-eligible applicants will not be considered for selection in Emory's graduate medical education program.

II. Resident Appointment
   A. Eligible applicants will be considered for an appointment based on:
      1. academic credentials
      2. ability
      3. overall preparedness
4. communication skills
5. aptitude
6. personal qualities (such as motivation and integrity)
7. other written criteria developed by the Program Director and approved by the Associate Dean for Graduate Medical Education.

B. In selecting from qualified applicants, Emory may participate in an organized matching program such as the National Resident Matching Program.

III. In determining resident eligibility and appointment, Emory will not discriminate with regard to a resident's gender, race, religion, color, creed, national origin, disability, sexual orientation or veteran status.

IV. On behalf of Emory as the sponsoring institution, the Office of Graduate Medical Education will be responsible for periodically reviewing whether resident selection activities are consistent with this Policy. The Office of Graduate Medical Education may delegate these review activities to individual Program Directors or their designees.

V. Questions regarding this Policy and Procedure should be directed to the Office of Graduate Medical Education.
APPENDIX B

RESIDENCY APPOINTMENT AGREEMENT

Contingent upon your timely satisfaction of the following conditions, Emory University hereby offers you an appointment in the Emory University School of Medicine residency program conducted through its affiliated hospitals.

1) Receipt of a Georgia Temporary Postgraduate Training Permit (pursuant to O.C.G.A.43-34-47 and Rules 360-2.09 through 360-2.12 and the House Staff Policies and Orientation Manual) prior to July 1, ---- (you must submit a completed application for training permit to Emory’s Office of Graduate Medical Education at least 60 days prior to appointment date);

or

2) Receipt of a Georgia Medical License (pursuant to O.C.G.A. 43-34-26(5) & 43-34-27, and the House Staff Policies and Orientation Manual) prior to July 1, ---- (proof of which you must submit to Emory’s Office of Graduate Medical Education at least 60 days prior to appointment date). Georgia Medical Licenses are required for all residents who are PGY 8 or higher.

THESE LICENSURE/PERMIT OBLIGATIONS ARE CONTINUING THROUGHOUT THE TERM OF THIS AGREEMENT. The revocation or termination of your Georgia Temporary Post Graduate Training Permit or Georgia Medical License will constitute adequate grounds for the immediate termination of this Agreement.

You are offered an appointment as a Postgraduate Year in the Department of _________ effective for a period of ______, beginning ______ and ending _______. Compensation shall be paid in monthly installments at an annual compensation rate of __________. If less than a month is worked, compensation for that month shall be computed on a daily rate based on the compensation schedule in effect at that time.

All residents/fellows must follow the guidelines established by the ACGME and by the training program regarding resident duty hours.

The specific terms and conditions of your appointment as a resident/fellow in the Emory University School of Medicine residency program are described in and governed by the provisions of the House Staff Policies and Procedures Manual. A current copy of this manual can be found on http://www.med.emory.edu/GME/house_staff_policies.cfm. This Agreement, together with the House Staff Manual, shall also govern your relationship with each of the Affiliated Hospitals to which you are assigned. All items in Section III.D of the ACGME Institutional requirements are addressed in the House Staff Manual. The table below provides the location in the manual.

<table>
<thead>
<tr>
<th>Benefit, Condition, Policy referenced in the House Staff Manual</th>
<th>Location in House Staff Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident responsibilities</td>
<td>House Staff Manual, Section 1</td>
</tr>
<tr>
<td>2. Conditions under which living quarters, meals, laundry are provided</td>
<td>House Staff Manual, Section 3</td>
</tr>
<tr>
<td>3. Conditions for reappointment</td>
<td>House Staff Manual, Section 5</td>
</tr>
<tr>
<td>4. Grievance procedures and due process</td>
<td>House Staff Manual, Sections 33-34</td>
</tr>
<tr>
<td>5. Professional liability insurance</td>
<td>House Staff Manual, Section 16</td>
</tr>
<tr>
<td>6. Liability insurance coverage for claims filed after completion of program</td>
<td>House Staff Manual, Section 16</td>
</tr>
<tr>
<td>7. Health and disability insurance</td>
<td>House Staff Manual, Section 3</td>
</tr>
<tr>
<td>8. Leave of absence policy</td>
<td>House Staff Manual, Section 4</td>
</tr>
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<td>9. Vacation policies</td>
<td>House Staff Manual, Section 4</td>
</tr>
<tr>
<td>10. Parental leave of absence</td>
<td>House Staff Manual, Section 4</td>
</tr>
<tr>
<td>11. Sick leave policies</td>
<td>House Staff Manual, Section 4</td>
</tr>
<tr>
<td>12. Policy on effects of leaves on satisfying criteria for program completion and eligibility for certification by the relevant certifying board</td>
<td>House Staff Manual, Section 4</td>
</tr>
<tr>
<td>13. Duty-hour policies and procedures</td>
<td>House Staff Manual, Section 6</td>
</tr>
<tr>
<td>14. Policy on moonlighting</td>
<td>House Staff Manual, Section 6, Appendix D</td>
</tr>
<tr>
<td>15. Policy on other professional activities outside the program</td>
<td>House Staff Manual, Section 6</td>
</tr>
<tr>
<td>16. Counseling, medical, psychological support services</td>
<td>House Staff Manual, Sections 8-9</td>
</tr>
<tr>
<td>17. Policy on physician impairment and substance abuse</td>
<td>House Staff Manual, Sections 8-9</td>
</tr>
<tr>
<td>18. Policy on sexual harassment</td>
<td>House Staff Manual, Appendix C</td>
</tr>
</tbody>
</table>
Any conditions or provisions described in the Manual, which are dependent upon the availability of resources beyond the control of Emory University, Emory University School of Medicine, or Emory University Affiliated Hospitals shall not be binding upon Emory in the event of the unavailability or loss of those resources. Throughout your appointment, you are also required to follow and abide by the rules and regulations of Emory University, Emory University School of Medicine and all hospitals affiliated with your training.

The term of this Agreement is only for the period described herein. An appointment for this period does not guarantee an appointment for any subsequent period. Emory University reserves the right to terminate this Agreement and the medical residency appointment, when, in its sole discretion, it determines that you have not satisfied your obligations under the Agreement, you have not complied with the terms and conditions of the program (including following all rules and regulations) or you have not performed satisfactorily in the program.

James R. Zaidan, M.D., M.B.A.
Associate Dean for Graduate Medical Education
Emory University School of Medicine

I accept the above-described position in the Emory University School of Medicine Residency Training Program. I agree to abide by the rules and regulations of Emory University, Emory University School of Medicine, and the hospitals or facilities at which I will work during the course of my training. I have read, understand, and agree to abide by the terms and conditions set forth in the House Staff Policies and Orientation Manual. I understand that if I am a PGY 8 or higher, I must have a valid Georgia Medical License. I have attached a copy of my completed application for a Georgia Temporary Postgraduate Training Permit or a valid Georgia Medical License to this document.

__________________________________________
Signature

__________________________________________
Name

__________________________________________
Date
APPENDIX C: EQUAL OPPORTUNITY POLICIES

Emory University Equal Opportunity and Discriminatory Harassment Policy

I. INTRODUCTION AND STATEMENT OF PRINCIPLES

Emory University is an inquiry-driven, ethically engaged, and diverse community dedicated to the ideals of free academic discourse in teaching, scholarship, and community service. Emory University abides by the values of academic freedom and is built on the assumption that contention among different views is positive and necessary for the expansion of knowledge, both for the University itself and as a training ground for society at large. Emory is committed to the widest possible scope for the free circulation of ideas.

The University, as an employer, is also committed to following applicable laws and maintaining an environment that is free of unlawful harassment and discrimination.

Thus, in accordance with federal law and its commitment to a fair and open campus environment, Emory cannot and will not tolerate discrimination against or harassment of any individual or group based upon race, sex, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, veteran’s status, or any factor that is a prohibited consideration under applicable law. Emory University welcomes and values all who work on campus, in whatever capacity, and promotes an open and genuinely diverse environment.

II. EQUAL OPPORTUNITY POLICY

Emory University is dedicated to providing equal opportunities to all individuals regardless of race, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, veteran’s status, or any factor that is a prohibited consideration under applicable law. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor outlined above or prohibited under applicable law. Students, faculty, and staff are assured of participation in University programs and in the use of facilities without such discrimination. Emory University complies with all applicable equal employment opportunity laws and regulations, and follows the principles outlined above in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training.

III. DISCRIMINATORY HARASSMENT POLICY

In keeping with its commitment to maintaining an environment that is free of unlawful discrimination and in keeping with its legal obligations, Emory maintains a policy prohibiting unlawful harassment (and discouraging conduct that, while not unlawful, could reasonably be considered harassment as defined below). Discriminatory harassment of any kind is not appropriate at Emory, whether it is sexual harassment or harassment on the basis of race, color,
religion, ethnic or national origin, gender, age, disability, sexual orientation, veteran’s status, or any factor that is a prohibited consideration under applicable law. At the same time, Emory recognizes the centrality of academic freedom and the University’s determination to protect the full and frank discussion of ideas. Thus, discriminatory harassment does not refer to the use of materials about or discussion of race, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, etc. for scholarly purposes appropriate to the academic context, such as class discussions, academic conferences, or meetings.

A. Definitions and Description of Prohibited Conduct.

1. Sexual Harassment

Harassment on the basis of sex is a violation of Section 703 of Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment (or a student’s status)

- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions (or academic decisions) affecting such individual or

- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance (or a student’s academic performance) or creating an intimidating, hostile, or offensive work (or academic) environment.

Under the law, sexual harassment does not refer to occasional compliments or conduct of a socially acceptable nature. Nor does it refer to the use of materials or discussion related to sex and/or gender for scholarly purposes appropriate to the academic context. It does refer to any non-academic remarks or actions of a sexual nature that are not welcome and are likely to be viewed as personally offensive. This can include but is not limited to any of the following activities that are unwelcome by the recipient: physical or verbal advances; sexual flirtations; propositions; verbal abuse of a sexual nature; vulgar talk or jokes; degrading graphic materials or verbal comments of a sexual nature about an individual or his or her appearance; the display of sexually suggestive objects outside a scholarly context and purpose; and physical contact of a sexual or particularly personal nature. Cartoons, pictures, or other graphic materials that create a hostile or offensive working environment may also be considered as harassment. In addition, no one should imply or threaten that an employee’s, applicant’s, or student’s “cooperation” with unwelcome sexual advances or requests for sexual favors (or refusal thereof) will have any effect on the individual’s employment, assignment, compensation, advancement, career development, grades, or any other condition of employment or status as a student.
2. Discriminatory Harassment of a Non-Sexual Nature

The regulations defining sexual harassment clearly state that the same principles apply to harassment on the basis of any characteristic that is protected by law. Thus, Emory’s policy prohibits discriminatory harassment of a non-sexual nature, which includes verbal, physical, or graphic conduct that denigrates or shows hostility or aversion toward an individual or group on the basis of race, color, religion, ethnic or national origin, gender, age, disability, veteran’s status, or other status protected by applicable law and that

- Has the purpose or effect of creating an intimidating, hostile, or offensive employment, educational, or living environment; or

- Has the purpose or effect of unreasonably interfering with an individual’s work performance or a student’s academic performance. ²

Emory also adopts these principles with regard to discrimination or discriminatory harassment on the basis of sexual orientation. As affirmed in the “Statement of Ethical Principles” adopted by the University in November 2004, “Emory seeks to uphold the dignity and rights of all persons through fair treatment, honest dealing, and respect. Emory is committed to creating an environment of work, teaching, living and learning that enables all persons to strive toward their highest potential.”

Prohibited behavior may, for example, include conduct or material (physical, oral, written, or graphic, including e-mail messages posted or circulated in the community) involving epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts, that serves no scholarly purpose appropriate to the academic context and gratuitously denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, veteran’s status, or any factor protected by applicable law.

¹Words or phrases in italics reflect language appearing in applicable statutes or regulations. See Code of Federal Regulations, 29 C.F.R. Section 1604.11.

²See 29 C.F.R. Section 1604.11.

3. Applicability of Policy

In determining whether the conduct at issue is sufficient to constitute discriminatory harassment in violation of this Policy, the conduct will be analyzed from the objective standpoint of a “reasonable person” under similar circumstances. No violation of the Policy should be found if the challenged conduct would not create a hostile environment (i.e., substantially affect the work environment of a “reasonable person.”) See EEOC Policy Guidance on Current Issues of Sexual Harassment at www.eeoc.gov.

All harassing conduct prohibited by this Policy, whether committed by faculty, staff, administrators, or students, is strictly prohibited and will bring prompt and appropriate disciplinary action, including possible termination of employment or permanent exclusion from the University. This Policy shall apply to any Emory-sponsored event or program,
whether on or off campus, or other situations in which the Respondent is acting as a member of the Emory community.

The level of discipline imposed will depend upon the severity and pervasiveness of the conduct, which may be determined by the existence of prior incidents of harassment or discrimination. Depending upon the severity of the offense, however, a single violation of this Policy may be sufficient for termination of employment.

**B. Prohibition Against Retaliation**

Retaliation against an individual who, in good faith, complains about or participates in an investigation of an allegation of discrimination or harassment is prohibited by University policy. Any individual who feels he or she has been retaliated against, or has been threatened with retaliation, should report that allegation immediately to the Office of Equal Opportunity Programs (EOP).

**C. False Accusations**

Anyone who knowingly makes a false accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions. However, failure to prove a claim of discrimination, harassment, or retaliation does not, in and of itself, constitute proof of a knowing false accusation.

**IV. RESOLUTION PROCESS**

Emory is committed to the values of respect, civility, and community as set forth in the Statement of Ethical Principles. In addition to being unlawful, sexual and discriminatory harassment interfere with the University’s educational mission and the practice of community. Individuals who believe that they have experienced or witnessed acts of discrimination or discriminatory harassment may seek resolution through several pathways. Any or all of the following steps may be pursued in resolving an incident of alleged discrimination or harassment.

**A. Communicate Directly with the Alleged Harasser**

If the person feels comfortable speaking directly with the alleged offending person to address concerns and obtain an appropriate resolution, he or she is encouraged to do so. Please understand that, while this method of resolution may be successful in solving the immediate problem, Emory will be unaware of the problem and thus unable to take any additional steps that might be necessary to address broader concerns. Individuals who choose not to address the alleged harasser directly, or who have not obtained a satisfactory resolution following such a discussion, are encouraged to utilize one of the other methods outlined below for addressing their concerns.

**B. Enlist the Assistance of a Community Facilitator**

An individual also has the option to pursue informal investigation, clarification and mediation through a Community Facilitator. To facilitate early resolution of alleged discrimination or harassment, and to encourage engagement by individuals familiar with the
context of the complaint, the Community Facilitator will be chosen by the aggrieved individual from a pool of Community Facilitators. The Provost or his/her designee, in consultation with Deans, Department/Program chairs, division heads, and the President of the University Senate, will select the members of the pool from across the University. There shall be 15 to 20 Community Facilitators in the pool, at least one member from each school or business unit within Emory. They shall serve three year terms, with approximately one third of the members rotating out of the pool each year.

To ensure a high quality of peer support across units, all Community Facilitators will undergo training on dispute resolution and issues related to harassment and discrimination. As mechanisms for informal dispute resolution, the Community Facilitators do not have the right to sanction or punish, but rather to discuss the alleged conduct with the alleged harasser, to act as a mediator, and, if warranted, to seek a commitment from the alleged harasser to comply with this Policy. If in the opinion of the Community Facilitators, all good faith efforts to resolve the situation have been exhausted, the Community Facilitator may end the process and refer the matter to EOP.

As members of the University community, Community Facilitators have the obligation to report all allegations of discrimination or harassment to EOP and the Provost or his/her designee. Such reporting will allow Emory University to monitor and react to trends related to allegations of discrimination and harassment, and to recommend further action, if necessary.

**If at any point in this process, the complainant determines that this method of resolution is unsatisfactory, he/she has every right to file an internal complaint with EOP or an external complaint with EEOC. The Respondent also has the right to refuse to participate in the Community Facilitator process.**

C. File an internal complaint

If an employee or student believes that he or she has been the victim of discrimination or discriminatory harassment, he or she may promptly report, without fear of reprisal, the facts of the incident and the name(s) of the individual(s) involved to the Office of Equal Opportunity Programs, located in Room 110 of the Administration Building. Dr. Robert W. Ethridge is the Vice President of Equal Opportunity Programs and he may be reached at (404) 727-6016. This initiates a complaint. Alternatively, the employee or student may report the situation to his or her immediate supervisor, department head, or Dean, who will immediately notify EOP of the complaint. Supervisors must immediately report any complaints they receive or incidents of alleged harassment or discrimination they witness to the Vice President of Equal Opportunity Programs, Robert W. Ethridge. However, if the complaint relates to the Vice President of Equal Opportunity Programs, the complaint should be directed to the Provost, or his designee, who shall appoint an appropriate investigator. The Office of Equal Opportunity Programs (or an alternate investigator, where appropriate) will investigate all timely claims of harassment and discrimination, regardless of whether such complaints are reduced to writing. All complaints of discrimination and harassment will be treated in the strictest confidence possible under the particular circumstances.
All complaints of discrimination or harassment should be filed as soon after the offending conduct as possible, but in no event more than 180 calendar days after the most recent conduct alleged to constitute discrimination or harassment.

Emory will not retaliate or take any adverse action against anyone for truthfully reporting conduct that he or she believes to be in violation of this Policy, or for participating in good faith in an investigation of alleged discrimination or harassment, or for participating in any proceeding or hearing relating to such complaints.

Upon receipt of a complaint, the Vice President for Equal Opportunity Programs (or an appropriate alternate investigator) will assign an investigator who will, within thirty calendar days, investigate the circumstances of the allegations. However, if additional time is needed to conduct a thorough investigation, EOP may, in its discretion, extend the time for completing the investigation as reasonably necessary. In this case, EOP will notify the Complainant and the Respondent of the extension.

The investigation will include interviews with the complaining party, the Respondent, and any material witnesses identified, as well as a review of any documents or other evidence. The complaining party and the Respondent will be kept apprised of the conduct of the investigation and will be given the opportunity to provide any additional relevant information to the investigator, including the names of additional witnesses to contact and/or additional documents to review before the investigation is closed. At any time before the conclusion of the investigation, the Dean or equivalent division head of the unit of the University to which the Respondent is assigned may take interim emergency action (not involving reduction of compensation) until the conclusion of the investigation.

The final written determination will state only whether, based on EOP’s investigation, there was a violation of this Policy. The Complainant and Respondent will be promptly notified of the final determination. The Office of Equal Opportunity Programs shall have no independent authority to impose sanctions.

If EOP finds that there has been a violation of this policy and if the Dean or division head seeks advice as to the appropriate penalty, EOP may provide a recommendation as to the appropriate sanction. The Dean or division head will then be responsible for deciding upon and imposing disciplinary action as soon as reasonably possible, but no more than one month after receiving the final determination and advice of EOP. The Dean or deciding official shall notify EOP of the penalty imposed, if any.

Sanctions imposed on those employees who have been found to be in violation of the University’s Equal Opportunity Policy or its Discriminatory Harassment Policy shall be commensurate with the severity and/or frequency of the conduct, and shall be adequate and sufficient to prevent such conduct in the future. The sanctions may include, but are not limited to, an apology to the victim; a verbal or written reprimand; a requirement to attend remedial training; appropriate workplace restrictions; denial of a merit pay increase or other benefit; denial of promotion; or reassignment, suspension or separation from the University. Staff members who receive disciplinary penalties under this policy may consult Human Resources for information about the Grievance process, which may be used to challenge alleged violations, misinterpretations, or inequitable application of policies or procedures.
Issues Specific to Faculty

If at any time during the investigation, a bona fide question arises out of a conflict between the principles of academic freedom and the requirements of this Policy, the Respondent or the Vice President for Equal Opportunity Programs may request that the Provost or his/her designee appoint a Faculty Review Panel to review the evidence and to provide advice to the EOP as to whether there was a violation of Policy. If the Provost agrees that the situation involves a bona fide conflict between the principles of academic freedom and the requirements of this Policy, he/she shall appoint a Faculty Review Panel. The convening, investigation and recommendation of the Faculty Review Panel will be concurrent with the investigation of EOP. The Faculty Review Panel will consist of a group of 5 to 7 faculty members, 3 of whom are from the Respondent’s school, who will be chosen by the Provost from among a pool of eligible faculty members who are elected by University faculty. Once selected by the Provost, the Faculty Review Panel may question the Respondent, the Complainant, and any other witness necessary to adequately address the issue. The Faculty Review Panel may also review the EOP investigatory file and any other documentary evidence needed. The procedures shall be kept as confidential as possible so as to respect the rights of all involved parties. At the conclusion of its review, the Faculty Review Panel shall provide a recommendation to EOP as to whether they believe that there was a violation of the Discriminatory Harassment Policy. EOP shall include the recommendation of the Faculty Review Panel in submitting the final report to the Dean. The Dean shall make the final decision as to what, if any, sanctions may be appropriate under the circumstances.

Following a determination of sanctions, faculty may avail themselves of avenues of appeal as listed in the Statement of Principles Governing Faculty Relationships. Specifically, a faculty member shall be entitled to a hearing of the Faculty Hearing Committee when the sanction imposed by the Dean for violation of this Policy is the suspension, transfer, or termination of his/her employment.

D. File an External Complaint

An individual who believes that he or she has been subjected to unlawful discrimination, harassment, or retaliation has the right to file a complaint with an appropriate local, state, or federal agency, such as the Office of Civil Rights (OCR) or the Equal Employment Opportunity Commission (EEOC), within applicable time limits. In addition, any person who is dissatisfied with Emory’s internal procedures utilized for handling complaints, or who is dissatisfied with the result of the investigation or the sanctions imposed, may seek redress through the EEOC, to the extent allowed by law. The Complainant should be aware that filing a complaint with the University’s Office of Equal Opportunity Programs or other University resource does not extend or postpone the deadline for filing with external agencies. In the event that a complaint is filed with an external agency or court, the University reserves the right to determine, in its discretion, whether the University’s internal complaint resolution procedure should be discontinued or continued separately.
V. OTHER

A. Complaints Against Vendors, Contractors, and Third Parties

Emory’s commitment to providing members of its community with a working and learning environment that is free of discriminatory harassment includes freedom from inappropriate conduct by vendors, contractors, and third parties. If a member of the University community believes he or she has been subjected to harassing conduct by a vendor, contractor, or third party, he or she should report such conduct to the Office of Equal Opportunity programs, to his or her immediate supervisor or Dean, or to a higher University official. Such complaints should be forwarded to the Office of Equal Opportunity Programs immediately. EOP will work with the complaining party to investigate the complaint, and the University will take prompt corrective action if inappropriate conduct is found to have occurred.

B. Complaints Against Students

Students are bound by the principles outlined in this policy. However, complaints against students (when acting in the capacity as a student) shall be resolved under the Conduct Code provided by that student’s school or college (unless the student’s school or college conduct code provides otherwise.) Investigation of complaints against students who are acting in the capacity of an employee shall be conducted by the Vice President for Equal Opportunity Programs, or his/her designee, who shall report his/her findings and recommendations to the Vice President and Dean for Campus Life and the Dean of the school or college in which the student is enrolled.
Appendix D – MOONLIGHTING

Request to Moonlight at a facility outside the Grady Healthcare system or EMORY HEALTHCARE

• I submit this request to be approved to moonlight during the period __________________ (The period may not be longer than six months);

• I agree to have a signed contract to moonlight at ____________________________ (Name of hospital(s) or other facility). The contract must state that the facility will provide professional liability insurance coverage with respect to the services that I provide during my moonlighting assignment or that I have my own personal professional liability insurance to cover this moonlighting.

• I am fully licensed to practice medicine in the state where the moonlighting will occur;

• I am NOT in training on a J-1 visa;

• I agree NOT to wear anything identifying me as a trainee in the Emory training program (including, but not limited, to Emory photo ID cards, uniforms, lab coats);

• I agree not to exceed any restrictions the training program has regarding the total number of hours I may work per week;

• I acknowledge any activities, including moonlighting, which interfere with residency training or impact on my performance in the training program may be grounds for disciplinary action up to and including my dismissal from the residency program;

By signing below, I attest to the completeness and accuracy of the above information.

____________________________________________
Signature of resident requesting permission to moonlight          Date

____________________________________________
Print name of resident/ PGY

Request for moonlighting  is   is not  (circle one) approved

____________________________________________
Signature of Program Director          Date
Request to Moonlight in the EMORY HEALTHCARE system

- I submit this request to be approved to moonlight during the period ____________________
  (The period may not be longer than six months);

- I agree to have a valid contract to moonlight at ____________________ (Name of Emory Healthcare facility). The contract must state that the facility will provide professional liability insurance coverage with respect to the services that I provide during my moonlighting assignment.

- I am fully licensed to practice medicine in the state where the moonlighting will occur;

- I am NOT in training on a J-1 visa;

- I agree not to exceed any restrictions the training program has regarding the total number of hours I may work per week;

- I acknowledge any activities, including moonlighting, which interfere with residency training or impact on my performance in the training program may be grounds for discipline up to and including my dismissal from the residency program;

- I understand I may moonlight only in outpatient settings or in the Emergency Department;

By signing below, I attest to the completeness and accuracy of the above information.

_____________________________________________     ____________
Signature of resident requesting permission to moonlight                                   Date

___________________________________________
Print name of resident/ PGY

Request for moonlighting  is  is not (circle one) approved

____________________________________________                               ______________
Signature of Program Director                                            Date
APPENDIX E

EMORY HEALTHCARE
OFFICE OF RISK & INSURANCE SERVICES

EMORY RESIDENTS
PROFESSIONAL & GENERAL LIABILITY INSURANCE

Insurance Company: Clifton Casualty Insurance Company Ltd.

Policy No.: 1-00001-HE 2010

Limits:
- Professional Liability: $3,000,000 per claim
- General Liability: $1,000,000 per claim
- Policy Aggregate: Unlimited

Type: Claims Made

Policy Period: 09/01/09-09/01/10

Descriptions: Residents are insured while on rotation at Emory University Hospital, Emory University Hospital Midtown, The Emory Clinic, Wesley Woods Center, Piedmont Hospital, Inner Harbor Hospital, Autism Resource Center, Georgia Regional, Ridgeview Institute, Peachford Behavioral Health System of Atlanta, Metro Atlanta Residencies, Inc., Wellstar Kennestone Hospital, Northside Hospital, Inc., St. Joseph's Hospital of Atlanta, Inc., The Shepherd Center, Talbot Recovery Campus, A.G. Rhodes Nursing Home and GRN Community Service Board.

Conditions: Coverage applies only when residents are acting within the course and scope of their duties as outlined by the Emory University Residency Training Program.

Exclusions: Residents rotating through Grady Hospital, VA Hospital or Children’s Healthcare of Atlanta (CHOA) are not covered by this policy. Residents should call these institutions directly for insurance information.

Grady (404) 616-5147
Veterans Administration (404) 321-6111 x6240
CHOA (404) 785-7545

Other Info: Questions regarding insurance coverage verification should be directed to Cheryl France, Director of Insurance and Loss Control Programs, at 404-778-7932. Verification of coverage must be requested in writing to Emory Healthcare, Office of Risk and Insurance Services, 101 W. Ponce de Leon Ave., Suite 600, Decatur, GA 30030. The fax number is (404) 778-7935.

Requests for individual claims history information should be made in writing to Emory Healthcare, Office of Risk and Insurance Services, 101 W. Ponce de Leon Ave., Suite 600, Decatur, GA 30030, Attn: Sandi Borjas, Fax number (404) 778-7935, Phone number (404) 778-7930. Appropriate authorization must accompany the request.
APPENDIX F- Institutional Policies

All GME-related policies of Emory University School of Medicine are reviewed and approved on an annual basis.

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James R. Zaidan, M.D., M.B.A.
Associate Dean for GME and DIO
Emory University School of Medicine

Revised June 2010
Emory University School of Medicine
Office of Graduate Medical Education

RESIDENCY PROGRAM CLOSURE AND REDUCTION

POLICY STATEMENT

It is a goal of Emory University School of Medicine to avoid the reduction in the size of or the closure of ACGME accredited programs that are not on warning or probation. However, on occasion, business, training, or related circumstances require closures and/or reductions in the size of a particular program that is in good standing with the ACGME. If a program must be reduced in size or closed, this policy will apply.

The School of Medicine, in conjunction with Department Chairs, Program Directors and participating institutions, will make appropriate efforts to avoid the reduction in size of ACGME accredited programs. In the event a decision is made that a training program must decrease its size, the appropriate Department Chair and Program Director will inform the DIO, the GMEC, and trainees as soon as appropriate. Plans to reduce the complement of residents in the program will be made, where reasonable, by first reducing the number of positions available to incoming residents. If the reduction needs to include residents currently in the training program at advanced training levels, the GME Office will aid affected residents by attempting to help them indentify training position opportunities in other ACGME accredited programs. Additionally, the Program Director will inform applicants to the program of the reduced number of positions that will be available in the upcoming year.

In addition, the School of Medicine, in conjunction Department Chairs, Program Directors and with participating institutions, will make appropriate efforts to avoid closure of ACGME accredited programs. If a decision is made that a program must close, the appropriate Program Director and Chair must notify the GMEC, the DIO, and the residents as soon as appropriate. The School of Medicine prefers structuring a closure, when reasonable, that allows enrolled residents to finish the program. In the event a program must be closed for any reason and the enrolled residents cannot complete the program before closure, the DIO, Department Chair and Program Director will work closely with the residents by attempting to help them identify training position opportunities in other ACGME accredited programs.
Department Chairs and Program Directors will not require residents to sign non-compete agreements or any other form of restrictive covenant.
Emory University School of Medicine  
Office of Graduate Medical Education

INTERNAL REVIEWS

POLICY STATEMENT

It is the policy of the GMEC through the Office of GME at Emory University School of Medicine to assure that residency programs and fellowships are compliant with ACGME requirements and that all residents receive outstanding educational experiences. The institution will assure compliance by conducting internal reviews scheduled mid-cycle between RRC site visits, communicating with each program regarding ACGME requirements and mentoring Program Directors regarding preparation for RRC site visits.

GMEC GOALS FOR INTERNAL REVIEWS

1. Assure that each program is in compliance with all RRC requirements.
2. Assure that each program has addressed citations found in the most recent RRC letter and during previous internal reviews.
3. Assure that each program has defined the required specific knowledge, skills and attitudes and has provided educational experiences for residents to demonstrate competency in patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice.
4. Appraise the development and use of dependable outcome measures by the program for each of the six competencies.
5. Review evidence of the program’s use of assessment tools to ensure that residents demonstrate competence in each of the six competencies.
6. Appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement.
7. Appraise the program’s compliance with and monitoring of duty hours and the environment.

GENERAL PROCESS FOR INTERNAL REVIEWS

1. The GME office notifies the Program Director of the need for the internal review 3 months prior to the review, and, working in conjunction with the Program Director establishes the date, time and location for the review. The date that the GME Office uses to hold the review is midway between the effective date of accreditation and the projected date of the subsequent site visit. The mid point will occur as closely as possible to the GMEC meeting date for discussion of the report.
2. The GME office sends the Program Director the internal review document 3 months before the review. The Program Director must return this document to the GME office at least 2 weeks prior to the review.
3. The members of the review panel will be appointed primarily from the GMEC, although any faculty member and resident can serve on review panels.
4. After conducting the internal review, the panel will discuss the development of the internal review report.
5. The Associate Dean reserves the option of reassembling the Review Panel and the program representatives or of speaking with members of the department if questions remain after the review.
6. The Chair of the Review Panel will write the report, and the members of the panel and the Program Director will review the report within one week. The final report will be signed by the Associate Dean for GME and given to the Program Director with copies sent to the Chair of the Department and to the program file in the GME office.
7. The report will be presented at the next possible meeting of the GMEC. GMEC could accept and endorse or add/delete/alter the recommendations of the Review Panel. The GMEC will always offer the final recommendation.
8. The GMEC will expeditiously follow up with the program to assure that the Program Director is responding to the issues found at the internal review, and will continue to follow up until the Program Director has developed an action plan and has resolved the issues and absolved the concerns of the GMEC.

MEMBERS OF THE INTERNAL REVIEW PANEL
1. DIO or a faculty designee will chair the review panel
2. Assistant Dean for GME or faculty designee as the administrator
3. At least one additional faculty member from the GMEC or faculty at-large
4. Other faculty members as appointed by the DIO
5. One or more residents from the GMEC or residents at-large
6. An administrative assistant from the GME Office
7. Panel representatives must never be members of the training program under review

PROGRAM REPRESENTATIVES
1. The Program Director must attend.
2. The Associate Program Director when one has been appointed must attend.
3. The Department Chair or designee is welcome to attend.
4. At least one other faculty member must attend. Extremely small programs that use only one location such as those that could be found among the specialty fellowships could have only a Program Director representing the program. If the program utilizes more than one hospital, then a faculty member from each major teaching location listed on the updated ACGME WebADS should attend.
5. At least one, peer-elected resident interviewee from each level of training must attend.
6. Programs that do not have residents or fellows at the time of the review still must have internal reviews conducted as scheduled by the ACGME date. In addition, these programs must have an internal review in the second 6-month period after a resident or fellow begins the program.

CONDUCT OF THE INTERNAL REVIEW
1. Members of the Internal Review Panel and representatives from the program will receive identical information before the review.
2. The information will include
a. The document outlining the review process,
b. The Internal Review Document,
c. All letters from the ACGME, the GME Office and the program since the last site visit,
d. Program Letters of Agreement (PLA),
e. Citations from the last site visit,
f. Reports from the previous Internal Review of the program,
g. Program and common program requirements,
h. The ACGME resident survey,
i. A report regarding duty hours and monitoring systems,
j. The program’s WebADS information,
k. The program’s evaluation systems,
l. Policies,
m. Goals and objectives organized by rotation and competency,
n. A report of assessments,
o. A report of competency assessments’ link to program improvement and
p. Examples of using outcomes to improve educational experiences.

3. The members of the review panel will
   a. Document whether the Program Director has addressed each citation,
   b. Document whether required follow-up responses to the ACGME are up to date,
   c. Review policies, evaluation processes and PLA’s,
   d. Document that the program has written criteria and processes in compliance with institutional and RRC requirements,
   e. Discuss the ACGME survey,
   f. Document duty hour compliance and review the monitoring process,
   g. Document evidence of didactic and clinical curricula with goals and objectives linked to the core competencies,
   h. Document the use of assessments and outcome measures to evaluate residents’ attainment of the competencies,
   i. Evaluate the status of the program’s link between educational outcomes with program improvement,
   j. Discuss issues with the residents/fellows and
   k. Develop a report for the GMEC’s consideration.

4. Faculty members representing the program will be excused, and the panel members will discuss the current condition of the program with the residents.

5. The members of the panel will remain after residents leave to discuss the findings of the review and to develop a summary of the findings.

6. The Chair of the Review Panel will write the report to the GMEC, which should include the name of the program, date of the review, names and titles of internal review panel members, description of the process, list of interviewees and reviewed materials, sources of documentation and discussion related to program compliance with ACGME requirements, resolution of past concerns from internal reviews and site visits. The GMEC will review the report and add the date presented to the GMEC and final actions and recommendations of the GMEC. The Department Chair and the Program Director will receive copies of the final report. The Associate Dean for GME will provide quarterly reports to the Dean.
INTERNAL REVIEW DOCUMENT

When completing this form, please complete your answers in bold immediately after the question.

BASIC INFORMATION

1. Name of program
2. Departmental Chair
3. Program Director
4. List the faculty members/titles and residents/level of training who will attend the review. At least one resident from each level of training must attend the Internal Review.
5. Have there been administrative changes in the program or in the department since the last site visit?
6. List hospitals and training sites currently used and changes since last site visit. Explain differences between your list and the list available on WebADS.
7. List the current number of residents by level of training and compare this list with the ACGME approved number. Explain differences.

CITATIONS, AREAS OF CONCERN AND RESPONSES

1. List your citations from the last ACGME site visit.
2. Report your efforts to address each citation in bold after stating the citation

EVALUATIONS (Attachment A: provide each type of evaluation form)

1. How often do residents evaluate the faculty? Are these evaluations anonymous?
2. How often do residents evaluate the program? Are these evaluations anonymous?
3. How often do faculty members evaluate residents?
4. How often do faculty members evaluate program?
5. How often does the Program Director formally meet with residents to provide feedback and counseling?
6. Is there a final, written evaluation of each resident in the resident’s file?
7. Is there a 1-year and 5-year follow-up system in place?

SCHOLARSHIP (Attachment B: list of departmental publications for the last year and underline your residents/fellows names)

1. Do you have a committee that includes faculty members and residents/fellows who review the program including at least resident/fellow issues, goals and objectives, assessments, metrics, program improvement, policies and evaluations?
2. Does this committee meet at least annually?
3. When did this committee last meet to discuss the current program format?
4. Did you take minutes and record attendance for this meeting?
5. State your residents’ pass rate on board exams.
6. What kinds of practices do your residents enter?
7. Do your residents/fellows have access to IRB approved basic and clinical research and other scholarly activities?
8. Do your residents/fellows have opportunities to present at regional and national meetings?
9. Do your residents/fellows present at departmental conferences?
10. Is there a mentoring system for their presentations?

**DIDACTICS (Attachment C: list of conferences, presenters, topics for the last year)**
1. Provide a statement concerning the program’s compliance with conference and didactic lecture schedules required by the ACGME.
2. Explain differences between RRC requirements and your list.
3. Is attendance required for residents/fellows and faculty members?

**POLICIES (Attachment D: copy of each policy)**
1. Does the program have the following policies?
   a. Recruitment and selection,
   b. Promotion,
   c. Grievance and due process,
   d. Warning, probation and dismissal,
   e. Graded responsibility and supervisory lines of responsibility for patient care,
   f. Moonlighting and
g. Duty hours
2. Are these policies individualized for your program? Each policy must be on a different sheet of paper with the title of the policy, the name of the training program and the date of the last review of each policy at the top of each page.

**DUTY HOURS (Attachment E: raw data from latest monitored period)**
1. How often does your program monitor duty hours?
2. Are you in compliance with every duty hour guideline?
3. If you are out of compliance, which guidelines are problematic for your program?
4. What steps are you taking to bring the program into compliance?
5. Provide information regarding in-hospital hours worked when residents are on call from home.
6. What is your backup system should residents become overwhelmed with clinical work?

**GOALS/OBJECTIVES AND ASSESSMENTS (Attachment F: two representative sets of goals and objectives for major rotations organized by rotation then by competency. Assessments must be associated with each objective)**

**METRICS AND PROGRAM IMPROVEMENT**
1. Present your plan for program improvement using metrics.
2. Explain how you are linking the metrics to improvement initiatives.
RESIDENT/FELLOW ACGME SURVEY

1. Explain your initiatives to address each question in which greater than 15% of the residents answered in a negative sense. (Add the percentages in the gray areas and respond if the sum is greater than 15%.)
2. Please assure that your residents have taken the institution’s survey.

ATTACHMENTS

A. Evaluation forms
B. Publications (underline resident/fellow names)
C. List of conferences, presenters, subjects (please define your year: academic, calendar)
D. Policies
E. Duty hour data
F. Goals, objectives and assessment methods from two representative, major rotations

COMPETENCY DESCRIPTIONS

Practice-Based Learning and Improvement

1. Describe one learning activity in which residents engage to identify strengths, deficiencies and limits in their knowledge and expertise; set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals.

2. Describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise and assimilate evidence from scientific studies and apply it to their patients’ health problems. Organize the answer in the following sequence:
   a. Locating information
   b. Using information technology
   c. Appraising information
   d. Assimilating evidence information from scientific studies
   e. Applying information to patient care

3. Give one example and the outcome of a planned quality improvement activity or project in which at least one resident participated in the past year that required the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provision of faculty support and supervision that guided this process.

4. Describe how residents:
   a. Develop teaching skills necessary to educate patients, families, students and other residents;
   b. Teach patients, families and others;
c. Receive and incorporate formative evaluation feedback into daily practice.

Interpersonal and Communication Skills

1. Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals and health related agencies.

2. Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members and how team members communicate to accomplish responsibilities.

3. Explain (a) how the completion of comprehensive, timely and legible medical records is monitored and evaluated and (b) the mechanism for providing residents feedback on their ability to competently maintain medical records.

Professionalism

1. Describe at least one learning activity, other than lecture, by which residents develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.

2. How does the program promote professional behavior by residents and faculty members?

3. How are the lapses in these behaviors addressed?

Systems-Based Practice

1. Describe the learning activities through which resident achieve competence in the elements of systems-based practice: work effectively in various health care delivery settings and systems; coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in inter professional teams to enhance patient safety and are quality
2. Describe an activity that fulfills the requirements for experiential learning in identifying system errors.

**REVIEW OF YOUR PROGRAM REQUIREMENTS**

The questionnaire used by the site visitor will match your program’s requirements. You should review your requirements and determine if you can answer “yes” to each “must” or “should” statement. Please see the ACGME website and review the document *Program Directors Guide to the Common Program Requirements*.

List below up to five of the most important “must” or “should” statements in your requirements that you cannot answer with a YES. Include in your response what you are doing to correct these issues.

1.
2.
3.
4.
5.

**LIST OF ASSESSMENT TECHNIQUES FOR USE IN THE NEXT TABLE**

1. Clinical performance ratings
2. Evaluation committee
3. Focused observation
4. 360 evaluations
5. Structured case discussions
6. Stimulated chart recall
7. Review of case or procedure log
8. Review of patient chart
9. Standardized patient
10. OSCE
11. High tech simulators
12. Role play or simulations
13. Formal oral exam
14. In-training exam
15. In-house exams (pre- and post-tests)
16. Multimedia exams
17. Resident project reports (portfolio)
18. Resident experience narrative (portfolio)
19. Other portfolio
20. Audits of drug prescribing and patient outcome
21. Other (define)

LIST OF POTENTIAL EVALUATORS FOR USE IN THE NEXT TABLE
1. Patients
2. Family members
3. Faculty supervisors
4. Faculty members
5. Chief residents
6. Junior or senior residents
7. Medical students
8. Program Director
9. Chair
10. Clerical staff
11. Others as you see fit
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Emory University School of Medicine
Office of Graduate Medical Education

OFF-SITE ROTATIONS

POLICY STATEMENT

The GMEC endorses residents’ rotations to off-site U.S. and international locations to gain additional, specific educational experiences. It is the policy of the GMEC through the GME office to assure that residents enrolled in Emory University School of Medicine continue to receive stipends, benefits and ACGME-compliant educational experiences when they participate in non-Emory affiliated rotations. It is also the policy of the GMEC through the GME office to follow all guidelines established by the University regarding international travel. Program Directors may be obligated to notify their RRC when they contemplate sending a resident to a non-Emory affiliated rotation and are definitely obligated to notify the GME office when such consideration is given.

RRC:
Program Directors should notify their RRC’s to obtain prospective approval of the rotation, if required, and then follow guidelines established by the RRC. Program Director also should assure that the rotation is for the educational advancement of the resident. The resident should notify the respective Board to receive approval.

GME OFFICE:
1. Notify the GME office in writing or by email of the intent to assign a resident to a non-Emory rotation.
2. Notify the GME office of the source of funding for stipends, benefits and malpractice insurance, and assure the GME office that the resident has housing.
3. Assure the GME office that the off-site rotation will comply with ACGME guidelines regarding duty hours.
4. Assure the GME office that the resident’s rotation will not place other residents at jeopardy for excessive work.
5. Complete and send the GME office the attached Master Affiliation Agreement for non-Emory Facilities and Academic Agreement signed by the Program Director. [Agreement templates attached as attachment B]
6. Notify the GME office of the change in deployment. Residents cannot rotate to off-site locations and continue to receive Emory–affiliated, hospital-related stipends. Residents cannot rotate to other locations during vacation, because vacation days are paid for by hospitals in the Emory system. Be prepared to pay for the rotation out of departmental funds.

Revised June 2010
7. Assure the GME office that the Program Director will receive evaluations of the resident’s performance and of the rotation.

8. Assure the GME office that the resident has received appropriate vaccinations and travel advice for international rotations [resident must sign release form for international electives-Attachment C]

9. Inform the resident of the procedure for reporting work-related injuries. If Emory University is paying the stipend, then Emory covers the resident’s workers compensation. If the non-Emory location is paying the stipend, then Emory will not cover the resident’s workers compensation. If an Emory resident is injured in a work-related incident, the resident should seek medical attention and initial treatment from the hospital associated with the rotation. The resident must report the injury within 48 hours to the Emory Program Director and the Nurse Case Manager in Employee Health Services/Workers Comp at Emory University (404-686-7780); Payment for services provided cannot be made until this step is completed. The Nurse Case Manager will advise the resident and the Program Director.

10. The GME office will consider approving off-site rotations only with the approval of the Chair of the department.

11. The GME office will not pay for state licenses or permits outside of the guidelines found in the House Staff Policy and Orientation Manual and therefore will not pay for state licenses or permits required for non-Emory rotations.

Please use the attached memo [Attachment A] to address these issues. You may return the memo, Master Affiliation Agreement and Academic Agreement by email to mbond@emory.edu, or by hard copy to: Office of GME, Attention: Assistant Dean for GME, 327 SOMB.
ATTACHMENT A

Memo to the GME Office

Re: Rotation to a non-Emory affiliated rotation
Date of memo

Emory Department Chair’s name
Emory Program Director’s name
Emory program’s name
Resident’s/Fellow’s name

Start and completion dates of the non-Emory rotation
Name and address of the location for the non-Emory rotation
Name, title, address and department of the non-Emory Program Director
Name, title and address of the Institutional Official from the non-Emory location who is responsible for signing the Master Agreement [this should be noted in the Agreement].
Is the non-Emory program ACGME accredited?
What is the non-Emory training program’s ACGME number?
Is your training program required to obtain prospective approval from your RRC?
If the answer is yes, then copy the GME office on your letter to the RRC and attach that letter to this memo.

Who will be responsible for the resident at the non-Emory location?
Will the off-site program assure compliance with all ACGME guidelines including but not limited to work hours?
Will this rotation place excessive work on residents who remain at Emory?
Will the off-site program provide the resident medical assistance for a work-related injury?
Will the off-site program complete evaluations of the resident?
Will the resident complete evaluations of the rotation?

What will be the source of funding for the resident’s stipend and benefits? This source of funding will not be an Emory-related hospital.
Who will provide the malpractice coverage?
Does the resident have housing?
Did you inform the resident of the procedure for reporting work-related injuries?
Does the receiving state require a license or permit? Who will pay this cost?

If this rotation is international, has the resident received vaccinations, travel advice and the correct visa?

Please attach your signed Program Letter of Agreement for this rotation. The Associate Dean for GME and the Program Director will sign the agreement.

Please attach a letter signed by the Chair of the Department giving approval for the off-site rotation and detailing funding for the rotation.
Copy: Program Directors of other affected Emory program and the resident
ATTACHMENT B

MASTER AFFILIATION AGREEMENT
EMORY RESIDENTS/FELLOWS RECEIVING CLINICAL EXPERIENCE
AT NON-EMORY AFFILIATED HOSPITAL

THIS Master Affiliation Agreement shall be effective as of this 1st day of __________, 2009, between Emory University through its School of Medicine (“EUSM”), and the [insert the name of the institution and specific program] (“Institution”) with its principal place of business located at [insert address of institution].

WHEREAS, the EUSM conducts educational activities through its various medical residency programs which are approved by the Accreditation Council for Graduate Medical Education (“ACGME”); and

WHEREAS, the EUSM desires to have certain of its residents/fellows (“Residents/Fellows”) who are enrolled in a GME program in __[insert name of program]_ at the EUSM receive certain clinical experiences at the Institution; and

WHEREAS, the Institution is willing to allow these Residents/Fellows from the EUSM to use its facilities for the purposes and upon the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and intending to be legally bound hereby, the parties agree as follows:

1. CLINICAL PROGRAM

1.1 Residents/Fellows shall receive clinical education and experience in the specialty [insert name of program] under the direction and supervision of [insert name of program director], and other qualified medical staff.

1.2 The goals and objectives and rotation period at the Institution shall be mutually agreed to in writing by the Institution and EUSM and included in the Program Letter of Agreement (Attachment A.1).

1.3 At least thirty (30) days prior to the commencement of each rotation period, EUSM shall submit in writing to Institution the names, addresses, phone numbers, Social Security numbers, license numbers and rotation schedules of Residents/Fellows to be assigned to Institution for the coming rotation period and shall notify Institution in writing within a reasonable time prior to any change in the rotation scheduled.

1.4 Each party shall designate an authorized representative who will work together to develop a detailed program of clinical education and experience for the Residents/Fellows. The program that is developed by the authorized representatives must be placed in writing in the Program Letter of Agreement and shall address all relevant aspects of the rotation at the
Institution as required by the Accreditation Council for Graduate Medical Education including, without limitation: the educational goals for the rotation; the teaching staff responsible for instruction and supervision of the Residents/Fellows while at the Institution; the criteria and period for assignment of Residents/Fellows to rotation at the Institution; and a process and frequency for regular communication between the EUSM and the Institution to discuss and evaluate the rotation in general, as well as specific Residents/Fellows participating therein. The Institution’s authorized representative is __[insert name]____________ and the EUSM’s authorized representative is the Residency/Fellowship Program Director, Department of __________, with oversight and ultimate approval by the Associate Dean for GME.

1.5 At the conclusion of each rotation, the Chairman of the Institution Department/Division or a qualified designee shall provide to EUSM’s authorized representative in a confidential manner a written evaluation of each Resident’s/Fellow’s educational and professional performance. The form of such evaluation shall be agreed upon by the parties as shall the procedure for reviewing the evaluation with each Resident/Fellow and shall be specified in the Program Letter of Agreement.

2. QUALIFICATIONS AND REQUIREMENTS

2.1 EUSM shall be responsible for the Residents’/Fellows’ compliance with the licensure requirements and the professional and educational standards of the Accreditation Council for Graduate Medical Education. No Resident/Fellow shall be allowed to participate in any clinical program at Institution unless he or she is appropriately licensed in accordance with Georgia and California law and shall comply with all applicable Institution licensure policies and procedures.

2.2 It is specifically understood and agreed that EUSM shall advise its Residents/Fellows to abide by all applicable Institution bylaws, policies, directives, rules and regulations as promulgated and made known by Institution from time to time. Institution shall provide information and/or orientation for Residents/Fellows with respect to applicable Institution bylaws, policies, directives, rules and regulations.

2.3 EUSM understands and agrees that all of its Residents/Fellows shall meet all reasonable health standards that are imposed by law or that are imposed by Institution and of which EUSM is aware.

2.4 Any Resident/Fellow who Institution reasonably determines does not meet the program criteria or the required health standards, who does not abide by an applicable bylaw, policy, directive, rule or regulation, or whose conduct, performance or health is detrimental to patients, to the effective operations of the Institution or to the achievement of the objectives of the program, may be rejected from the program at Institution at any time by the Institution with reasonable prior notification to the EUSM.

3. INDEMNIFICATION AND INSURANCE

3.1 EUSM and Institution agree to indemnify and hold harmless each other, its respective officers, directors, agents, employees and representatives from and against any and all
costs, demands, liabilities, settlements or verdicts, including reasonable attorney’s fees, arising out of any claim, demand, action or suit for any damages, injuries or death to persons or property caused by any act or omission of EUSM or Institution or their respective officers, directors, agents or employees.

3.2 In the event that any claim, demand, action or suit occurs because of any action or inaction related to this Master Affiliation Agreement and both EUSM and Institution are involved, then EUSM and Institution agree to cooperate and reasonably assist each other in the investigation, evaluation, resolution and/or defense of same by their respective attorneys, employees, agents or representatives.

3.3 Notwithstanding Sections 3.1 and 3.2 above, EUSM need not indemnify or defend Institution in connection with any claim, suit, loss, damage, cost or defense for which Institution is responsible.

3.4 EUSM shall provide and maintain throughout the educational training program professional and general liability with limits of not less than $1 million per occurrence and $3 million in the annual aggregate to cover their activities at the Institution and its affiliated hospitals and facilities, for all of its participating Students and Faculty Members. Should any of the insurance policies be written on a claims-made basis, insurance requirements shall survive the expiration of this Agreement and extended coverage shall be afforded for at least two (2) years after the expiration of this Agreement. Certificates of insurance showing the required coverage shall be provided to Institution by EUSM by request.

3.5 Institution shall provide and maintain throughout the term(s) of this agreement professional and general liability with limits of not less than $1 million per occurrence and $3 million in the annual aggregate to cover the Institution and its affiliated hospitals and facilities. Should any of the insurance policies be written on a claims-made basis, insurance requirements shall survive the expiration of this Agreement and extended coverage shall be afforded for at least two (2) years after the expiration of this Agreement. Certificates of insurance showing the required coverage shall be provided to EUSM by Institution by request.

3.6 EUSM will provide Workers’ Compensation Insurance coverage for its participating Residents/Fellows.

4. CONFIDENTIALITY OF INFORMATION

4.1 All material, information and/or knowledge received or gained through the participation of a Resident/Fellow in any clinical program at Institution, including but not limited to patients’ identities and information contained in patient medical records, will be kept confidential and will be disseminated only in accordance with Institution policy.

5. RELATIONSHIP OF PARTIES

5.1 Residents/Fellows will not be considered employees of the Institution for any purpose, including, but not limited to, workers’ compensation, insurance, bonding or any other benefits afforded to employees of the Institution. As trainees working under the direct control of the Institution’s clinical instructors, Residents/Fellows...
will be part of Institution’s “workforce” for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 132d (“HIPAA”). Neither party has any express or implied authority to assume or create any obligation or responsibility on behalf of or in the name of the other party.

6. HIPAA COMPLIANCE

6.1 The parties will comply with the applicable provisions of HIPAA and any current and future regulations promulgated there under, including without limitation, the federal privacy regulation, the federal security standards, and the federal standards for electronic transactions (collectively, the “HIPAA Requirements”). The parties will not use or further disclose any Protected Health Information or Individually Identifiable Health Information (as such terms are defined in the HIPAA regulations), other than as permitted by the HIPAA Requirements and the terms of this Agreement.

6.2 EUSM will ensure that Residents/Fellows have been provided training with regard to the HIPAA Requirements. Additionally, the Institution may require each Resident/Fellow to sign a Confidentiality Agreement and an Acknowledgement that the Resident/Fellow has received Institution’s Notice of Privacy Practices. Institution shall provide Residents/Fellows with specific training in Institution's HIPAA policies upon Residents/Fellows’ arrival at Institution.

7. TERM AND TERMINATION

This Master Affiliation Agreement shall be effective as of the date first written above and shall continue for an initial term of one year; provided, however, that either party may terminate this Master Affiliation Agreement without cause by providing at least six (6) months prior written notice to the other party of its intention to do so. Any Resident/Fellow already at Institution at the time of the termination of this Master Affiliation Agreement will be allowed to complete the rotation at Institution in accordance with the terms of this Master Affiliation Agreement.

8. GENERAL PROVISIONS

8.1 EUSM will continue at all times to pay the full cost of the actual salary and fringe benefits for the resident receiving clinical education at that Institution.

8.2 EUSM and Institution agree that for purposes of direct and indirect medical education reimbursement the full-time equivalent pro rated positions will be counted by Institution and not EUSM.

8.3 EUSM shall instruct each participating Resident/Fellow about all of the terms and conditions of this Master Affiliation Agreement that are relevant to the participating Residents/Fellows.

8.4 EUSM and Institution both agree that no person shall, on account of race, color, religion, creed, national origin, ancestry, sex, age, marital status, familial status, sexual
orientation, disability, status as a disabled veteran or a veteran of the Vietnam era, be
discriminated against or unlawfully excluded from participation in the program established by
the Master Affiliation Agreement.

8.5 Neither party shall use in any publicity, advertising or news release the name of the other party without the prior written consent of the authorized representative of the other party.

8.6 This Master Affiliation Agreement and any authorized exhibit contain the entire understanding of EUSM and Institution regarding the subject matter hereof and may be revised or modified only by a written amendment executed on behalf of EUSM by the Associate Dean for GME and on behalf of the Institution by the Institution’s designee.

8.7 This Master Affiliation Agreement shall not be assigned or transferred by either party without written approval of the other.

8.8 This Master Affiliation Agreement shall be governed by, construed and enforced in accordance with the laws of Georgia.

8.9 Nothing in this Master Affiliation Agreement, express or implied, is intended to confer any rights, remedies, claims, or interest upon a person not a party to this Master Affiliation Agreement.

8.10 Each party agrees that they shall refrain from disclosing the resident’s educational records except with the resident’s consent or as permitted under the Family Educational Rights and Privacy Act and all regulations thereunder. EUSM agrees to have the resident complete the appropriate consent forms for the exchange/disclosure of educational records and medical records reference in this Agreement.

8.11 Any notices required to be sent under this Master Affiliation Agreement shall be sent by certified mail return receipt requested to the following addresses:

TO EUSM: James R. Zaidan, MD, MBA
Associate Dean for Graduate Medical Education
Emory University School of Medicine
1648 Pierce Drive, NE, Suite 327
Atlanta, GA 30322

With copy to: [insert Emory program director]

TO INSTITUTION: [insert institutional official]

With copy to: [insert institution’s program director]

Revised June 2010

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IN WITNESS WHEREOF, each party hereto has caused this Master Affiliation Agreement to be executed:

For EUSM:

By: ________________________________________
James R. Zaidan, MD, MBA
Title:  Associate Dean for Graduate Medical Education
Designated Institutional Official
Emory University School of Medicine

WITH ACCEPTANCE BY THE [insert name of Emory program] TRAINING PROGRAM

By: ________________________________________
Title:  Director, [insert name of program] Program Director

For Institution:

By:___________________________________________
[insert title of institution official]
MEMO

To: Local Director, Participating Site
From: Program Director, Sponsoring Institution’s Residency/Fellowship Program
Subject: Required Resident/Fellow Assignments
Date:

This memo serves as an Agreement between Sponsoring Institution’s Residency/Fellowship Program and Participating Site involved in resident/fellowship education for required assignments and is effective from __/__/____, and will remain in effect until __/__/____.

The following person(s) are responsible for education and supervision:

______________________________________ Program Director at Sponsoring Institution
______________________________________ Program Director at Participating Site and the

following faculty members:
List other faculty by name or general group:

____________________________________
____________________________________

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at Participating Site.

The faculty at Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas.

The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements, and include the following goals and objectives:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

In cooperation with Program Director, Site Director and the faculty at Participating Site are responsible for the day-to-day activities of the Residents/Fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at Participating Site.

The duration(s) of the assignment(s) to the participating site is (are):

During assignments to Participating Site, resident/fellows will be under the general direction of the Sponsoring Institution’s Graduate Medical Education Committee’s and Program’s Policy and Procedure Manual and Participating Site’s policies.
For [insert name of program] Training Program

___________________________________
Program Director signature                   Date

For Emory University School of Medicine

___________________________________
DIO & Associate Dean for GME             Date

For Participating Site

____________________________________
Site Director signature                            Date
ATTACHMENT C - For International Rotation

THE SCHOOL OF MEDICINE AT EMORY UNIVERSITY RELEASE, COVENANT NOT TO SUE, AND WAIVER

The School of Medicine at Emory University ("SOM") understands that you have volunteered to further your educational experience by traveling to and spending time in a foreign country, specifically at the ____________________________ in _______________________________. Please read the following, and once you have thoroughly read and agreed to its contents, sign where indicated below.

I understand that there are inherent risks involved with study, research, and living abroad, and I acknowledge and voluntarily accept all of these risks. These risks include travel to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; local medical conditions; and local weather conditions. These risks also include the risk of violence and terrorist activity. I specifically acknowledge that I will abide by any warnings, travel alerts, and orders to evacuate that the U.S. Department of State has issued to all U.S. citizens.

In consideration for SOM allowing me to participate in the Training Program at __________-_________________, I hereby release, covenant not to sue, and forever discharge Emory University and its trustees, officers, agents, employees, students and volunteers, of any and all claims, demands, rights, and causes of action of whatever kind or nature, including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in this program and/or any travel incident thereto.

I expressly agree that the terms of this Agreement, including the terms of the "Release, Covenant Not to Sue and Waiver", shall be binding upon me and my heirs, executors and assigns, and all members of my family.

I expressly agree that this "Release, Covenant Not To Sue and Waiver" shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of laws principles. In the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

In signing this "Release, Covenant Not To Sue, and Waiver," I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it knowingly and voluntarily.

_________________________________________  Signature

_________________________________________  Printed Name

_________________________________________  Date

Revised June 2010
The GMEC endorses residents’ rotations from other U.S. training programs to Emory training programs to gain additional educational experiences. It is the policy of the GMEC through the GME office to assure that these non-Emory residents continue to receive stipends, benefits and ACGME-compliant educational experiences when they participate in Emory affiliated rotations. Emory Program Directors are obligated to notify the GME office when non-Emory residents are considering Emory rotations.

**RRC:**
Program Directors should determine if their RRC requires prospective approval of the rotation to temporarily increase the number of residents.

**GME OFFICE:**
1. Notify the GME office in writing or by email of the intent to assign a non-Emory resident to an Emory rotation.
2. Assure that the resident is currently enrolled in an ACGME accredited program and that both the resident and the sending program are in good academic standing.
3. Provide the GME office with a copy of a valid ECFMG certificate if the resident is an international graduate.
4. Notify the GME office of the source of funding for stipends, benefits and malpractice insurance. Generally, the non-Emory program should pay the stipend and benefits for the resident.
5. Assure that the resident’s rotation will not dilute the educational experience of Emory residents.
6. The Program Director from the sending program should send you a signed Program Letter Agreement. You may sign this agreement for your program and return it to the Program Director at the non-Emory site.
7. Do not sign Master Affiliation Agreements from the sending institution. Refer these agreements to the GME office to be reviewed by Office of Legal Counsel.
8. Consider work-related injuries. If Emory University is paying the stipend, then Emory covers the resident’s workers compensation. If the non-Emory location is paying the stipend, then Emory will not cover the resident’s workers compensation. If a non-Emory resident is
injured in a work-related incident, then the resident should seek medical attention and initial treatment from the Emory location. The resident must report the injury to their home institution within 48 hours.

9. Complete performance evaluations and return them to the sending program.

10. Assure that the resident is complying with the laws of the state of Georgia regarding licensure. The GME office will not pay for a Georgia license or permit for the non-Emory resident.

11. The Program Director must request the GME office to issue the visiting trainee a contract without compensation. The memo must include the following information:
   a. Full name
   b. Social Security Number
   c. CV
   d. Valid ECFMG certificate if the trainee is an international graduate
   e. The Trainee’s immunity record (must include a current PPD)
   f. Dates of the training period
   g. Locations of assignments while at Emory
   h. Georgia license or permit number (see House Staff Policy and Orientation Manual)
   i. NPI number
It is the policy of the Graduate Medical Education Committee to follow guidelines established by the ACGME regarding duty hours for residents in accredited training programs. Specific details can be found at the ACGME website, acgme.org.

- Residents must not work more than 80 hours per week averaged over a month including internal moonlighting,
- Residents must receive at least 10 hours off duty between shifts,
- Residents must not work more than 24 continuous with 6 additional hours for patient transfer or brief didactic sessions,
- Residents must not take in-house call more frequently than once every third night, and
- Residents must receive at least one day in seven away from clinical duties.

All programs must have policies for duty hours that at a minimum meet the ACGME’s institutional and program requirements. Programs must monitor in-house and from-home duty hours on an ongoing basis in a way that provides accurate data. The Duty Hour subcommittee will establish reporting requirements. Each monitoring period must be 4 weeks in length. With GMEC oversight, the DIO and the Chair of the GMEC Duty Hour Sub-committee will review program data resulting from internal reviews, annual administrative processing sessions, random audits and other times as determined by the DIO, the GMEC or by the Duty Hour Sub-committee of the GMEC. If a program has received approval from the ACGME to extend the 80-hour rule, if the program received a duty hour citation or if an internal review reveals a duty hour issue, then these training programs must send reports to the sub-committee at a minimum of every other month.

Program Directors must monitor call-from-home duty hours in terms of frequency and characteristics to assure that residents and fellows are following basic guidelines established by the ACGME.

Program Directors must provide information to residents and fellows regarding effects of loss of sleep and chronic fatigue. Currently, the GMEC recommends the SAFER program and the Dinges presentation found at the ACGME website.

REPORTING STRUCTURE FOR OFF-SERVICE ROTATIONS
It is the intention of this policy to establish a process that will address duty hour compliance in a rapid and timely manner. Problems regarding compliance with duty hour guidelines should be reported to the Chief Resident of the accepting training program. If that Chief Resident does not
respond to the report of noncompliance, then the resident should report to the Program Director of the sending program. The Program Directors of the two programs must address the issues that led to the violation of the guidelines. The resident may notify the GME Office at any time. The Associate Dean for GME will report to the Chairs of the two training programs and has the option of reporting to the Dean if the issues are not settled on an immediate basis.

The GME office maintains a direct phone line to receive confidential complaints about duty hours. This phone number 1-888-594-5874, is private and secure. The Associate Dean and DIO will respond to the recorded messages as appropriate.
On occasion, individual programs could determine a need to extend the 80-hour work rule to a maximum of 10% above the current limit or a total of 88 hours per week. No other extension of the ACGME guidelines is permitted unless specifically stated by the ACGME. Not all RRC’s accept applications to extend the 80-hour guideline.

If the request to extend work hours has been approved by the GMEC, then Program Directors must petition the RRC for permission to extend hours. The letter from the GMEC must be used when communicating to the RRC.

Program Directors must use the following guidelines to petition the GMEC.

10. Program Directors requesting an extension of duty hours must do so in writing to the Associate Dean for GME.
11. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
12. The letter must include the following information.
   - A description of the resident’s work week to delineate specific problem areas,
   - A clear explanation of why the program cannot maintain the 80-hour limit,
   - A clarification of the RRC requirements the program will not meet if residents work 80 or fewer hours,
   - Planned monitoring procedures to assure that residents will not work greater than 88 hours per week,
   - Information describing how the program will monitor, evaluate and ensure patient safety with extended resident work hours,
   - A sound educational rationale that should relate to the program’s stated goals and objectives for the particular assignments, rotations and levels of training for which the increase is requested,
   - The program’s moonlighting policies and how the program will assure that it is accounting for these hours,
   - Call schedules for the rotation in question and
   - Evidence of faculty development activities regarding the effects of residents fatigue and sleep deprivation.

13. The GMEC Sub-committee on Duty Hours will serve as the ad hoc committee to review requests for extensions of duty hours. The Associate Dean will review the membership of
the GMEC Sub-committee to assure that conflicts of interest do not enter the decision process.

14. The written findings and recommendations of the Sub-committee will be presented at the next regularly scheduled meeting of the GMEC.

15. Members of the GMEC, based on the letter from the Program Director and the findings and recommendations of the Sub-committee, will develop its report and send this report to the Program Director.

16. The decision of the GMEC is final.

17. Program Directors will not implement the extension of duty hours until approved by the ACGME.

18. Program Directors must monitor resident work hours on a more intense basis if the ACGME has granted an extension.
Emory University School of Medicine
Office of Graduate Medical Education

GUIDELINES FOR PROMOTION

POLICY STATEMENT

Each program must have a policy regarding promotion of residents to a higher level of training. The School of Medicine and the GMEC support programs’ guidelines for promotion of residents to higher levels of training. Each training program should develop promotion guidelines that enforce its mission statement and follow recommendations of its board and the core competencies of the ACGME. Guidelines could include, but are not limited to, in-training examination results, USMLE results and evaluations of core competencies.

Residents who have had leaves of absence may be subject to an extension of training in order to fulfill board training-requirements. Individual boards will control this issue, and residents should be informed. The program also must follow state law regarding license and permits to practice medicine in the state of Georgia.
It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME regarding supervision of residents in accredited training programs.

Residents will be supervised by attending physicians in a manner that is consistent with the ACGME program requirements for the applicable residency program. Supervision shall be structured to provide residents with progressively increasing responsibility commensurate with their level of education, ability and experience. The Program Director shall make determinations on advancement of residents to positions of higher responsibility based on assessments of competencies.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. There must be a prompt means of accessing input and assistance from these physicians.

Residents will be assigned a faculty supervisor for each rotation or clinical experience (inpatient or outpatient). The faculty supervisor shall provide to the Program Director a written evaluation of each resident’s performance during the period that the resident was under his or her direct supervision.
GUIDELINES FOR EVALUATION

POLICY STATEMENT

The School of Medicine and the GMEC support program’s guidelines for evaluation of residents’ education. Each training program must develop an evaluation process that incorporates guidelines from the ACGME competencies and board recommendations. The Office of GME will review the evaluation system used by each program at the time of internal reviews and more often as required by the DIO.

Program Directors must use information from the assessments to counsel residents at least on a semiannual basis. Residents must have final summative evaluations that include the required language found within RC guidelines. Residents must be provided opportunities to anonymously evaluate faculty members and rotations at least on an annual basis. When RRCs dictate, programs must have in place a one-and five-year follow up evaluations of its graduates.

The following evaluations are required:
1. Residents’ annually evaluate the program
2. Faculty evaluates the residents (after each rotation)
3. Faculty evaluates the programs annually
4. Residents annually evaluate the faculty
5. Final summative evaluations of the residents
GUIDELINES FOR NONRENEWAL OF RESIDENCY APPOINTMENT

POLICY STATEMENT

Each program must have a written policy regarding non-renewal of a resident’s appointment agreement, and the School of Medicine and the GMEC support each program’s guidelines. Each training program must develop guidelines that follow sections seven, thirty-three and thirty-four of the House Staff Policy and Procedures Manual and state law regarding license or permit to practice medicine in the state of Georgia. The program should not simply copy the sections from the House Staff Manual, but should refer to the sections, provide the website and assure that residents know where to find the information.

If a program contemplates non-renewal of a resident’s appointment, then the Program Director must discuss the issues with the Associate Dean for GME or the Associate Dean’s representative. The program must provide the resident with a written notice of intent not to renew the agreement no later than four months prior to the end of the resident’s current agreement. However, if the primary reason(s) for the non-renewal occurs within the four months of the end of the agreement, the program must provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow.

The Program Director must verbally inform the resident of grievance procedures as found in section 33 and due process as found in section 34 of the House Staff Policy and Procedures Manual.
GUIDELINES FOR GRIEVANCE AND DUE PROCESS

POLICY STATEMENT

The School of Medicine and GMEC support fair policies regarding grievances and the due process. In addition, each program must have its own written policy regarding these issues. The institutional policy, as should the program policy, refers the resident to the House Staff Policies and Procedures Manual, Sections 7, 33 and 34 for a full discussion of these procedures. Residents will be notified by pager and email when and if these procedures change and will be referred to the specific site in the Manual.
GUIDELINES FOR DISMISSAL

POLICY STATEMENT

Each program must have a policy that discusses dismissing a resident before the end of an appointment agreement. The School of Medicine and the GMEC will support program’s written guidelines for dismissal of residents. Each training program must develop guidelines that follow at least sections seven, thirty-three and thirty-four of the House Staff Policy and Orientation Manual. The program also must follow state law regarding license or permit to practice medicine in the state of Georgia.

Residents cannot be placed on probation and cannot be dismissed from the program without the Program Director or Department Chair discussing the issues with the Associate Dean for GME or the Associate Dean’s representative.
Policy Statement

Policy: This policy sets forth Emory University School of Medicine’s guidelines regarding resident recruitment and appointment. This policy is intended to establish valid, fair, effective, and ethical criteria for the screening of recruitment and appointment for Emory University School of Medicine’s graduate medical education program.

Procedure:

I. Resident Recruitment

A. Applicants are required to meet one of the following qualifications to be eligible for a position in the graduate medical education program at Emory.

1. Graduates of medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside of the United States and Canada who meet one of the following qualifications:
   a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates verifying final medical diploma, or
   b. Have a full, active and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
4. Graduates of medical schools outside of the United States who have completed a Fifth Pathway Program provided by an LCME-accredited Medical School.
   a. International medical graduates who are non-U.S. citizens must enter the training program on an ECFMG sponsored J-1 visa.

B. Non-eligible applicants will not be considered for selection in Emory’s graduate medical education program.
II. Resident Selection

A. Eligible applicants can be considered for possible appointment based on their:

1. Academic credentials,
2. Ability,
3. Overall preparedness,
4. Communication skills,
5. Aptitude,
6. Personal qualities (such as motivation and integrity) and
7. Other written criteria developed by the Program Director.

B. In selecting from qualified applicants, Emory may participate in an organized matching program such as the National Resident Matching Program.

C. Programs must follow laws regarding license to practice medicine in the state of Georgia.

III. In determining resident recruitment and appointment criteria, Emory will not discriminate with regard to a resident’s age, gender, race, religion, color, creed, national origin, disability, sexual orientation or veteran status.

IV. On behalf of Emory as the sponsoring institution, the Office of Graduate Medical Education will be responsible for periodically reviewing whether resident selection activities are consistent with this Policy. The Office of Graduate Medical Education may delegate these review activities to individual Program Directors or their designees.

V. For fellowships, applicants must have satisfactorily completed the prerequisite residency training program.

Questions regarding this policy and procedure should be directed to the Office of Graduate Medical Education.
Emory University School of Medicine
Office of Graduate Medical Education

ESTABLISHING A NEW ACGME ACCREDITED RESIDENCY TRAINING PROGRAM

POLICY STATEMENT

Policy: It is the policy of the Office of Graduate Medical Education of Emory University School of Medicine to provide valid and fair procedures to departments that desire to establish new, ACGME accredited training programs.

Procedure:

The proposed training program must be an ACGME-listed program.

The Program Director of the proposed, new training program should petition the GME Committee in a letter signed also by the Chair of the Department.

The petition to the GME Committee must

- Establish the clinical need for the program at local, regional and national levels,
- Determine the impact of the new program on other training programs,
- Develop the residents’ rotational schedule,
- Develop the FTE budget by hospital on the rotational schedule,
- Suggest possible sources of funding, including the department, for GME follow-up,
- Inform the GME Committee how the program determined the number of residents per year and the total number of residents,
- Describe the didactic structure including at least the core curriculum educational structure, goals and objectives and assessment tools,
- Assure that the Program Director’s qualifications meet RRC guidelines,
- Assure that an adequate administrative structure and support are available,
- Assure that key faculty members are available and that their absences from other programs do not create adverse effects,
- Estimate resident duty hours and describe the system of monitoring duty hours and
- Provide the GME Executive Committee with letters of support from programs providing required rotations and from programs that could be affected.
The GME Executive Committee will review the petition and present its report to the GME Committee.
The Office of GME will help the department secure funding for programs.
The GME Committee will communicate its findings and recommendations to the Program Director and the Chair of the Department.
The findings of the GME Committee will constitute a recommendation to the Dean, who, at his discretion, can petition the Council of Chairs to obtain its recommendation.
If the Dean finds in favor of the new program, then the Program Director is permitted to apply to the ACGME to establish the new training program.
The opinion of the Dean is final.
The Program Director should use the letter of support from the GMEC as part of the application.
Policy: It is the policy of the Office of Graduate Medical Education of Emory University School of Medicine to provide valid and fair procedures to departments that desire to increase the number of residents in established, ACGME accredited training programs.

Procedure:
The Program Director should request to increase the number of residents in an established training program by writing a letter to the GME Committee.
The Program Director and the Chair of the Department must sign this letter.
The training program currently must be ACGME accredited, must not be on warning or probation and must have a satisfactory result from the last internal review.
The request to the GME Committee to increase the number of residents must Inform the GME Committee how the program determined the number of residents per year and the total number of residents,
Specifically establish the educational need and discuss the effect on duty hours,
Determine the impact of additional residents on other training programs,
Provide the GME Committee with letters of support from programs providing required rotations and from programs that could be affected,
Inform the GME Office regarding the departmental account to use for invoicing,
Inform the GME Office if the program has alternative sources of funding,
Assure that an adequate administrative structure and support are available,
The GME Executive Committee will review the petition and present its report to the GME Committee.
Hospital funding through the FTE budget process must be approved in writing by individual hospital before the program submits its annual budget to the GME Office.
The GME Committee will communicate its findings and recommendations to the Program Director and the Chair of the Department requesting the increase.
The findings of the GME Committee will constitute a recommendation to the Dean, who, at his discretion, can petition the Council of Chairs to obtain its recommendation.
If the Dean finds in favor of the increase, then the Program Director is permitted to apply to the ACGME [via Web ADS] to increase the number of residents in the established training program.
The opinion of the Dean is final.
The Program Director should submit the request for changes through ACGME Web ADS. When the Program Director completes the requested information, the DIO will approve the request in Web ADS.
Emory University School of Medicine
Office of Graduate Medical Education

DEVELOPING A NEW TRAINING LOCATION

POLICY STATEMENT

Policy: It is the policy of the Office of Graduate Medical Education of Emory University School of Medicine to provide valid and fair procedures to departments that desire to assign residents to teaching locations not currently used by the program.

Procedure:

I. The Program Director of the training program should petition the GME Committee in a letter signed also by the Chair of the Department.

II. The petition to the GME Committee must
   a. Establish the educational and clinical needs for the additional training location,
   b. Outline changes in the FTE budget,
   c. Verify that the hospital agrees to pay residents’ stipends, benefits and malpractice premiums.
   d. Describe changes in the didactic structure of the training program to include the core curriculum, goals and objectives and assessment tools,
   e. Assure the GME office that the location will comply with ACGME guidelines regarding duty hours,
   f. Assure the GME office that the resident’s rotation will not place other residents at jeopardy for excessive work,
   g. Describe the system of monitoring duty hours and
   h. State if the RRC will require approval of the new training location.

III. Provide the GME office with the following information for inclusion in a master agreement between Emory and the proposed, non-Emory affiliated location.
   a. Name and address of the hospital,
   b. Date of initiation of new training location,
   c. Name and title of the recipient organization’s institutional official who can sign the agreement,
   d. Faculty member in charge of resident’s education at the new training location,

IV. The GME Executive Committee will review the petition and present its report to the GME Committee.

V. The GME Committee will communicate its findings and recommendations to the Program Director and to the Chair of the Department.

VI. The findings of the GME Committee will constitute a recommendation to the Dean, who, at his discretion, can petition the Council of Chairs to obtain its recommendation.
VII. If the Dean finds in favor of the new location, then the Program Director is permitted to apply to the ACGME to establish the new training program.

VIII. The opinion of the Dean is final.

IX. If the site is not a teaching site currently used by our GME system, the GME office will add the site. The Program Director then can choose the site when updating the program information in WebADS.

X. The Program should not assign residents to the new training location until the RRC has given permission.
Emory University School of Medicine
Office of Graduate Medical Education

MOONLIGHTING

POLICY STATEMENT

It is the policy of the Graduate Medical Education Committee to follow guidelines established by the ACGME and the School of Medicine regarding moonlighting for residents in accredited training programs. Each training program must have a policy regarding moonlighting.

“Moonlighting” refers to a service performed by a resident in the capacity of an independent physician, completely outside the scope of his/her residency-training program. “External moonlighting” refers to moonlighting at a facility that is not part of the resident’s training program. “Internal moonlighting” refers to moonlighting at a location within the Emory system but outside the scope of the training program where the resident would normally be expected to provide care. Internal moonlighting hours must be counted toward the 80-hour duty hour limit.

Specific details related to ACGME guidelines can be found at the ACGME website: http://www.acgme.org.

Specific details related to Emory University School of Medicine can be found at the following website: http://www.med.emory.edu/GME/_SECTION6:/MOONLIGHTING

Residents are prohibited from external or internal moonlighting unless they have the written approval of the Chair of the Department or his/her designee. This permission can be revoked by the program at any time.

If the resident is moonlighting, then the Program Director must monitor the resident’s academic and clinical performance and must counsel the resident if performance deteriorates according to competency evaluations and assessments.

Moonlighting is always voluntary and residents are never required to engage in moonlighting.
It is the policy of the GMEC to maintain oversight of training programs by assuring that the GMEC reviews and approves at least the following issues before programs correspond with their RRCs.

- All applications for ACGME accreditation of new programs and subspecialties,
- Changes in resident complement,
- Major changes in program structure or length of training,
- Additions and deletions of participating sites,
- Appointments of new program directors,
- Progress reports requested by any Review Committee,
- Responses to all proposed adverse actions,
- Requests for exceptions of resident duty hours,
- Requests to inactivate or to reactivate a training program,
- Voluntary withdrawals of ACGME-accredited programs,
- Requests for an appeal of an adverse actions, and
- Appeal presentations to a Board of Appeal or the ACGME.

It is the policy of the GMEC to maintain oversight of training programs by assuring that programs include at least the following policies for review by residents and faculty members. Programs are permitted to develop additional policies with approval of the GMEC that might aid in education or further explain processes to the residents.

- Recruitment and selection,
- Promotion,
- Grievance and due process,
- Warning, probation and dismissal,
- Graded responsibility and supervisory lines of responsibility for patient care,
- Moonlighting,
- Duty hours including education and monitoring.
It is the policy of GMEC at Emory University School of Medicine to assure that appropriate and fair processes govern the allocation of resources to GME programs in which there are similarities or overlaps of educational missions (ex. Critical Care Medicine, Surgical Critical Care).

The DIO and GMEC will monitor and assure compliance with the allocation of resources by gaining information during mid-cycle internal reviews, communicating with each program regarding ACGME requirements and mentoring Program Directors.

In addition to the current policy starting new programs, the GMEC will give special consideration to existing programs when reviewing requests for a new program that potentially could compete for limited clinical or other educational resources.

If programs report difficulties in the distribution of resources committed to similar or competing training, the DIO will meet with program leaders to assess the distribution and to report these findings to the GMEC, which will recommend corrective action.
Emory University School of Medicine
Office of Graduate Medical Education

DISASTER POLICY STATEMENT

In the event of disaster that causes significant alteration or disruption to the residency experience at one or more residency training programs, it is the policy of GMEC at Emory University School of Medicine to minimize the impact on the training of the residents and to protect their well-being, safety and educational experience.

The GMEC working with the Associate Dean for GME and other leadership will always provide continuing support to all involved residents using the following procedures:

1. Determine whether the existing training programs can continue with or without restructuring within the institution or whether temporary or permanent transfer of some residents to another institution might be necessary.
2. If temporary transfers are necessary, the Associate Dean (and/or designee) and will arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows.
3. Cooperate in and facilitate permanent transfers, if necessary, to other programs/institutions. Programs/institutions will make the decision expeditiously so as to maximize the likelihood that each resident will timely complete the resident year.
4. Inform each transferred resident of the minimum duration of his/her temporary transfer and continue to keep each resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of the residency year, it must so inform each such transferred resident.

The Associate Dean will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. Similarly the Program Directors will contact the appropriate Review Committee Executive Director with information and/or requests for information.

Residents should call the GME office for guidance or email the appropriate Review Committee Executive Director with information and/or requests for information if instructed to do so. Within ten days after the declaration of a disaster, the Associate Dean will contact ACGME to discuss the due dates that ACGME will establish for the programs

1. To submit program reconfigurations to ACGME and
2. To inform each program’s residents of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.
It is the policy of the Graduate Medical Education Committee to follow Conflict of Interest Guidelines and Vendor Solicitation Policies established by Emory University, Emory Healthcare, Emory University School of Medicine and Emory affiliated hospitals. Below are links to related policies:

Policy 4.67 No Solicitation  http://policies.emory.edu
Policy 4.87 Conflict of Interest  http://policies.emory.edu

EMORY UNIVERSITY SCHOOL OF MEDICINE
POLICY ON INDUSTRY AND OTHER EXTERNAL PROFESSIONAL RELATIONSHIPS
http://www.med.emory.edu/dean/facultyaffairs_policies_industryrelations.pdf