



Graduate Medical Education  
Regional Network

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# GME Resident Manual

## Table of Contents

Table of Contents..... 2

List of Hospitals..... 6

MUSC Health Columbia Medical Center Downtown ..... 6



MUSC Health Columbia Medical Center Northeast..... 6



MUSC Health Florence Medical Center ..... 6



MUSC Health Kershaw Medical Center ..... 6



MUSC Health Lancaster Medical Center..... 6



.....	6
MUSC Health Leadership .....	6
Introduction.....	7
Mission Statement .....	7
Sponsoring Institutional Organizational Chart .....	8
Institutional Commitment to Graduate Medical Education .....	9
List of Common ACGME Terms.....	11
Information for Residents .....	15
Cell Phones.....	15
Service Provided .....	16
Usage.....	16
Privacy .....	16
Security .....	16
Non-covered Charges.....	16
Additional Features.....	16
Damaged Devices/Accessories .....	16
Registration on Verizon Website .....	16
Changing Number .....	16
ID Badges.....	18
MUSC ID Badges.....	18
VA ID Badges .....	18
Insurance Coverage.....	18
Lab Coats.....	19
Laptops.....	20
Meals.....	20
Parking.....	20
Professional Liability Insurance .....	20

Coverage .....20

Not Covered .....21

Injury as Defined by IRF .....22

Limits of Liability .....22

Resident Salary.....22

Education Allowance.....23

Retirement .....24

Student Loan Postponement .....24

Travel.....24

Institutional Policies and Procedures.....26

Accommodation for Disabilities (IR 4.9.d.) .....26

Assessment of Educational Effectiveness of Programs (CPR 5.5.).....28

Closures and Reductions (IR 4.15.) .....30

Discrimination (IR 4.9.e.) and Harassment (IR 4.9.c.) .....32

GMEC Composition and Responsibilities (IR 1.9.) .....32

Non-Competition (IR 4.13.) .....38

Outside Rotations (IR 1.1.) .....38

Physician Impairment (IR 4.9.b.).....39

Record Retention Policy (CPR 5.2.b.).....44

Resident Complement (IR 1.1.a.....45

Substantial Disruptions in Patient Care or Education (IR 4.14.) .....46

Resident Transfer Policy (IR 4.2.a.).....50

Social Media (IR 3.2.f.).....52

USMLE and COMLEX Policy (IR 4.2.).....53

Vacation and Leaves of Absence (IR 4.8) .....53

Vendor Interactions between Representatives/Corporations and Residents (IR 4.12.) .....54

Visiting Residents (IR 1.1).....66

Resident Academic Action Policies and Procedures.....68

Clinical Competency Committee (CPR 5.3.).....68

Recruitment, Selection, Eligibility, and Appointment (IR 4.2-4.3.a.12.) .....69

Promotion, Appointment Renewal, and Dismissal (IR 4.4).....71

Corrective Action (IR 4.4.,4.4.a.,4.4.b.,4.5).....73

Grievance and Due Process (IR 4.5) .....75

Resident Concerns, Suggestions, and other Grievances (IR 4.5.) .....75

Resident Clinical Learning Environment Policies and Procedures.....77

Alertness Management and Fatigue Mitigation (CPR 6.15.) .....77

Clinical and Educational Work Hours (IR 4.11.) .....78

Moonlighting (IR 4.11.a.) .....80

Professionalism (CPR 6.12.).....83

Resident and Faculty Member Well-Being (IR 3.2.g.).....85

Resident Supervision (IR 4.10.,4.10.a.) .....88

Transitions of Care/Handoff (IR 3.2.c.) .....92

Quality Improvement Resident Incentive Project Guidelines.....93

Resident Forum (Council).....94

RHN GME Wellbeing Committee.....95

## List of Hospitals

### [MUSC Health Columbia Medical Center Downtown](#)



### [MUSC Health Florence Medical Center](#)



### [MUSC Health Columbia Medical Center Northeast](#)



### [MUSC Health Kershaw Medical Center](#)



### [MUSC Health Lancaster Medical Center](#)



## MUSC Health Leadership

[Florence Medical Ctr Leadership | MUSC Health | Florence, SC](#)  
[Lancaster Medical Ctr Leadership | MUSC Health | Lancaster, SC](#)  
[Midlands Division Leadership | MUSC Health | Charleston SC](#)

## Introduction

Welcome to the Medical University of South Carolina Regional Network (MUSC-RN), the ACGME accredited sponsoring institution for Graduate Medical Education programs in the MUSC Regional Health Network. As part of the MUSC Health system, we are excited to offer residency training opportunities throughout South Carolina. We are committed to lead innovative Graduate Medical Education programs where physicians-in-training develop clinical, personal, and professional competence to provide exceptional patient care in the communities they serve, with special focus on rural and underserved areas.

The MUSC-RN GME Resident Manual is designed to guide Residents through important policies and procedures. This manual will be reviewed and updated periodically. Any questions concerning policies, procedures or benefits in this manual should be addressed to the Office of Graduate Medical Education at [musc-rn@musc.edu](mailto:musc-rn@musc.edu). In addition, all programs and visiting sites may have policies and procedures to follow. Nothing in the policies contained in this manual shall be construed to constitute a contract and MUSC-RN has the right to modify any policy at its discretion.

## Mission Statement

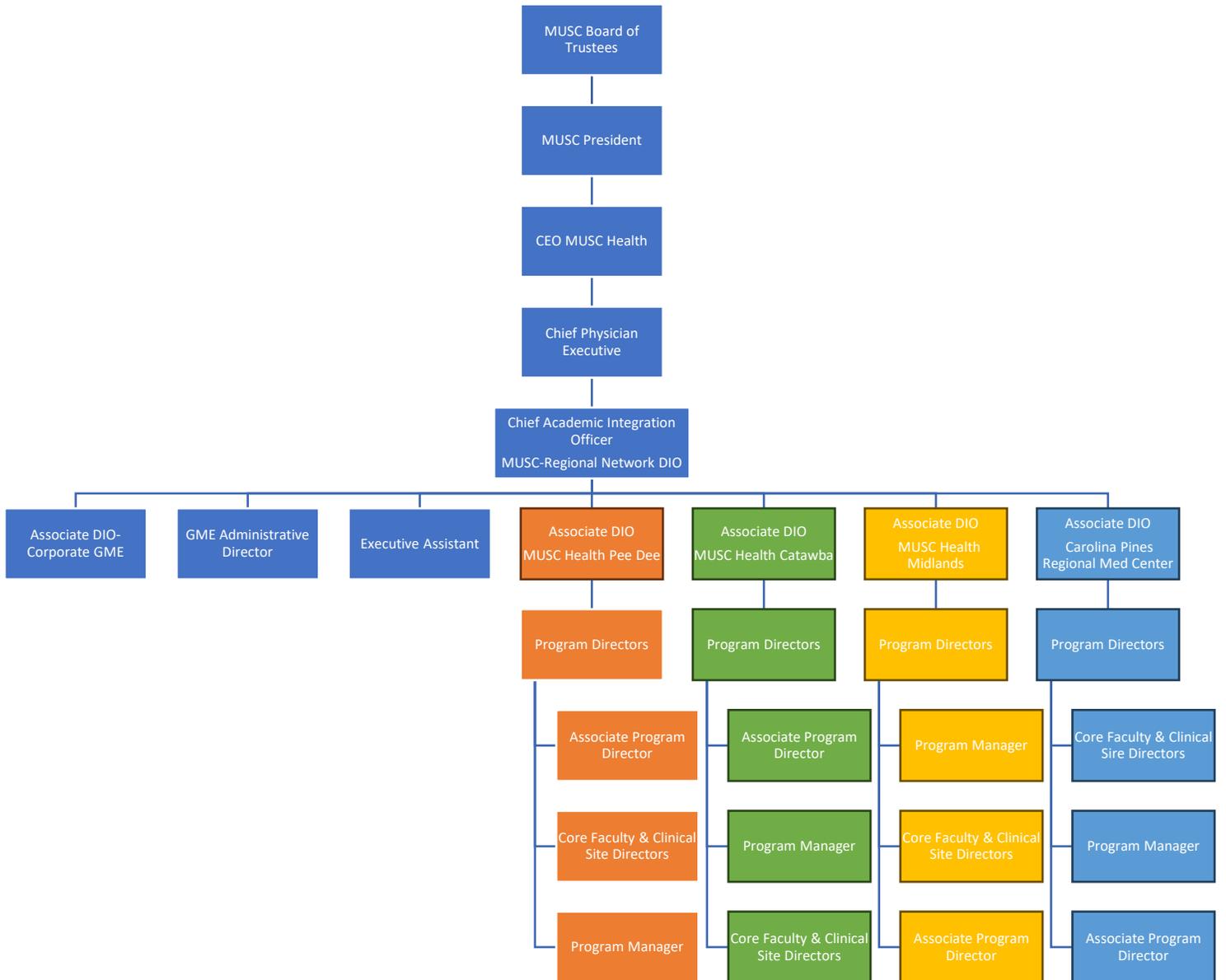
Committed to lead innovative GME programs where physicians in training develop clinical, personal, and professional competence to provide exceptional patient care in communities they serve, with special focus on rural and underserved areas and populations.

**Contact us:**

<mailto:musc-rn@musc.edu>

**(843) 792-7842**

## Sponsoring Institutional Organizational Chart



**Medical University of South Carolina  
Medical University Hospital Authority  
Institutional Commitment to Graduate Medical Education**

**Sponsoring Institution: Medical University of South Carolina Regional Network (MUSC-RN)  
June 1, 2022**

Medical education is a major component of the mission of the Medical University of South Carolina and the Medical University Hospital Authority. The Board of Trustees, the President of MUSC and the leadership, administrators, faculty and staff are committed to provide graduate medical education using the administrative, educational, financial, human and clinical resources necessary to ensure the highest quality programs. These graduate medical education programs will further our mission of educating future physicians for the State of South Carolina while providing the highest quality care for our patients to include:

- Patient Safety – including opportunities for residents to report errors, unsafe conditions and near misses, and to participate in interprofessional teams to promote and enhance safe care.
- Quality Improvement – engaging residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.
- Transitions of Care – including ability to demonstrate effective standardization and oversight of transitions of care.
- Supervision – including how the sponsoring institution maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
- Duty Hour Oversight, Fatigue Management and Mitigation – including how the sponsoring institution; (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition and fatigue mitigation.
- Professionalism –providing education on professionalism, monitoring behavior on the part of residents and faculty and respond to issues concerning; (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.
- Well-Being- including the sponsoring institution fulfillment of responsibility to: (i) address well-being of residents/fellows and faculty members; (ii) educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance use disorder (SUD), including means to assist those who experience these conditions; (iii) educate on how to recognize those symptoms in themselves, and others, and how to seek appropriate care; as well as providing access to urgent and emergent care 24 hours a day, seven days a week.

We pledge to emphasize coordinated care with community physicians and to take advantage of cooperative opportunities to work with other communities, health care and academic institutions to fulfill mutual educational objectives.

*The MUSC-RN Mission Statement is: Committed to lead innovative GME programs where physicians in training develop*

*clinical, personal and professional competence to provide exceptional patient care in communities they serve, with special focus on rural and underserved.*

We commit ourselves to provide graduate medical education programs that enable physicians in training to learn and practice under the guidance and supervision of the faculty and staff. The program directors will assure that patients receive safe, appropriate and humane care by resident physicians who will gradually assume responsibility for patient care based upon each trainee's demonstrated clinical competence. We further commit to conduct these programs in compliance with the institutional, common and specialty-specific requirements of the ACGME, the Joint Commission and in accordance with all applicable federal and state laws and regulations. We will ensure providing financial support and resources for the Sponsoring Institution GME office, program directors, staff and core faculty to effectively carry out the educational, administrative, and leadership responsibilities, as described in the ACGME requirements. As a major research institution, MUSC will provide appropriate resources and encourage residents and faculty to participate in a wide range of scholarly activities including research and publications.

As Institutional Leadership and Governing Body, we support this Statement of Commitment to Graduate Medical Education.



James Lemon, D.M.D  
Chair, Board of Trustees



David J. Cole, M.D., FACS  
President, Medical University of South Carolina



Patrick J. Cawley, M.D., MHM, FACHE  
CEO, Medical University Hospital Authority



Tsveti Markova, M.D., FAAFP  
DIO, Medical University of South Carolina  
Regional Network

## List of Common ACGME Terms

### Accreditation

Accreditation is a voluntary process of evaluation and review based on published requirements and following a prescribed process, performed by a non-governmental agency of peers.

### Accreditation Council for Graduate Medical Education ([www.acgme.org](http://www.acgme.org))

The Accreditation Council for Graduate Medical Education (ACGME) is an independent entity that sets and monitors voluntary professional educational standards (Institutional and Program Requirements) essential in preparing physicians to deliver safe, high-quality medical care to all Americans. The ACGME oversees the accreditation of residency and fellowship programs in the US.

### Accreditation Data System

Accreditation Data System (ADS) is a web-based software system to collect, organize, and maintain information for accreditation and recognition purposes, and a means of communication between the ACGME and Sponsoring Institutions and programs.

### Accreditation Status

Accreditation status is the official decision made by a Review Committee based on its review and assessment of a Sponsoring Institution's or program's compliance with the applicable requirements. See ACGME Policies and Procedures, Policies 19.00-19.300.

### Adverse Action

Adverse action is an accreditation or recognition action resulting from a Review or Recognition Committee's determination of substantial non-compliance with the applicable Program or Recognition Requirements. See ACGME Policies and Procedures, Policies 19.10-19.12, 19.70-19.71, 19.90-19.91, 19.100-19.102, 19.500, 22.10-22.12, 22.70-22.71, and 22.80.

### Alleged Egregious Event

Alleged egregious event is the occurrence of an alleged accreditation violation affecting a Sponsoring Institution or program determined by the President and Chief Executive Officer (or designee) of the ACGME to be of sufficient importance and urgency to require a rapid response. See ACGME Policies and Procedures, Policies 24.00-24.10.

### Applicant

An applicant is an individual invited to interview with a graduate medical education program.

### At-Home Call (Pager Call)

At-home call (pager call) is a call taken from outside the assigned site. See Common Program Requirements 6.28., 6.28.a.

### **Attending Physician**

An attending physician is the single identifiable physician ultimately responsible and accountable for an individual patient's care, who may or may not be responsible for supervising residents or fellows.

### **Categorical Resident**

A categorical resident is a resident who enters a program that begins in the PGY-1 and that provides the required education and training to be eligible for specialty board certification.

### **Certification**

A certification is the official attestation by a specialty certifying board of an individual physician's knowledge and skills relative to the provision of high-quality care in a particular specialty or subspecialty, generally following successful completion of one or more examinations. The ACGME does not provide certification services.

### **Citation**

A citation is a finding of a Review or Recognition Committee that a Sponsoring Institution or program has failed to comply substantially with a particular accreditation or recognition requirement.

### **Clinical Competency Committee**

The clinical competency committee (CCC) is a required body comprising three or more members of the active teaching faculty, including at least one core faculty member, that is advisory to the program director and reviews the progress of all residents or fellows in the program.

### **Clinical and Educational Work Hours**

The clinical and educational work hours are all clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases. Formerly known as "duty hours".

### **Clinical Supervision**

Clinical supervision is a required faculty activity involving the oversight and direction of patient care activities provided by residents/fellows.

### **Clinical Learning Environment Review (CLER) Program**

The Clinical Learning Environment Review (CLER) Program is an ACGME initiative designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback in six Focus Areas specific to the safety of the clinical learning environment.

### **Clinical Learning Environment Review (CLER) Site Visit**

The CLER site visit is a visit conducted by CLER Field Representative(s) and other representatives, as determined by the ACGME, that includes interviews with faculty members, program directors, residents and/or fellows, participating site personnel, institutional leadership, and other selected staff members, and the review of institutional documentation, as needed, to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of graduate medical education in the six CLER Focus Areas.

### **Competencies**

Competencies are common and specialty- or subspecialty-specific knowledge, skills, and attitudes within the Core Competency domains for a particular specialty.

### **Complaint**

A complaint is an allegation that a Sponsoring Institution or program is non-compliant with accreditation or recognition requirements.

### **Complement**

A complement is the maximum number of residents or fellows approved by a Review Committee per year and/or per program based upon availability of resources.

### **Conditional Independence**

Conditional independence is graded, progressive responsibility for patient care with defined oversight.

### **Core Competencies**

Core Competencies are the six domains of educational and clinical knowledge, skills, and attitudes that physicians must develop for independent and autonomous practice of a specialty or subspecialty. These domains are: Patient Care and Procedural Skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice.

### **Designated Institutional Official**

The designated institutional official (DIO) is the individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

### **Extraordinary Circumstance**

Extraordinary circumstance: A situation or event that significantly alters the ability of a Sponsoring Institution and its programs to support resident/fellow education. See ACGME Policies and Procedures, Policy 25.00.

### **Faculty**

Faculty refers to the group of individuals (both physician and non-physician) assigned to teach and supervise residents/fellows.

### **Graduate Medical Education**

Graduate Medical Education (GME) is the period of didactic and clinical education in a medical specialty, subspecialty, or sub-subspecialty that follows completion of undergraduate medical education (i.e., medical school) and that prepares physicians for the independent practice of medicine in that specialty, subspecialty, or sub-subspecialty. Also referred to as residency or fellowship education.

### **International Medical Graduate**

An international medical graduate is a graduate from a medical school outside the United States and Canada. IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities.

### **Interprofessional team**

An interprofessional team includes the physicians and other health care professionals, including nurses, pharmacists, case workers, physical therapists, etc., as appropriate, assigned to the delivery of care for an individual patient.

### **Letter of Notification (LON)**

The Letter of Notification (LON) is the official communication from a Review or Recognition Committee that states an action taken by the committee.

### **Milestones**

Milestones are the description of performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains.

### **Moonlighting**

Moonlighting is voluntary, compensated, medically related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

### **Must**

Must is a term used to identify a requirement that is mandatory or done without fail when the requirement is categorized as "Core" or "Outcome."

Note: When a "must" requirement is categorized as "Detail," a program holding a status of Continued Accreditation or Continued Recognition may use alternative or innovative approaches in meeting the associated "Core" requirement(s), where applicable.

### **Night Float**

Night float is a rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

### **One Day Off**

One day off is one continuous 24-hour period free from all administrative, clinical, and educational activities. See the Common Program Requirement FAQs.

### **Post-graduate Year**

Post-graduate year (PGY) is the denotation of residents' progress in their residency education. The PGY does not necessarily correspond to a resident's year in an individual program.

### **Primary Clinical Site**

Primary clinical site is the most commonly used facility designated for clinical instruction in the program.

### **Program Coordinator**

The Program Coordinator (PC) is the lead administrative person who assists the PD in accreditation efforts, educational programming and support of Residents.

### **Program Director**

The Program Director (PD) is the individual designated with authority and accountability for the operation of a residency program.

### **Program Evaluation Committee**

The program evaluation committee (PEC) is the group appointed by the PD to conduct the Annual Program Evaluation and program review as needed.

### **Program Letter of Agreement**

The Program letter of agreement (PLA) is a written document that addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents or fellows have required educational experiences.

### **Resident**

A Resident is an individual enrolled in an ACGME-accredited training program. Throughout this manual, the word “Resident” refers to both specialty Residents and subspecialty Fellows.

### **Review Committee or Residency Review Committee**

The Review Committee (RC), or Residency Review Committee (RRC), is a group composed of volunteers that sets accreditation standards (requirements), provides peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with the applicable published accreditation requirements, and confers an accreditation status on each Sponsoring Institution or program with regard to substantial compliance with those requirements.

### **Site Visit (accreditation/recognition)**

The Site visit (accreditation/recognition) is conducted by an individual or a team of ACGME-employed Accreditation Field Representative(s) as part of the accreditation and Recognition process for Sponsoring Institutions and programs. It addresses compliance with the Institutional and/or relevant Program or Recognition Requirements to inform the Review or Recognition Committee’s assessment.

### **Sponsoring Institution**

The Sponsoring Institution (SI) is the organization (or entity) that assumes the ultimate financial and academic responsibility for a graduate medical education program consistent with the ACGME Institutional Requirements.

## **Information for Residents**

### **Cell Phones**

All MUSC-RN Residents will be provided with a cell phone for use throughout their training program for functions such as paging (SPOK), medical record access (EPIC), duty hours and evaluations (MedHub). All Residents must adhere to the [MUSC Electronic Communications Policy](#).

### Service Provided

Apple iPhone with a Verizon Wireless service plan providing unlimited talk and data (within the US) for the duration of their GME training program.

### Usage

Phones are to be used for official use and can be used for personal use, as long as it does not increase the institution's cost or violate any laws or ethical standards.

### Privacy

Residents have no expectation of privacy as to the use of a MUSC issued phone. Information Solutions will have access to detailed records of usage from the vendor service provider, which will be subject to audit.

### Security

Phones may contain sensitive information. Therefore, Residents must install [Mobile Device Manager \(MDM\)](#) to all MUSC devices. It is recommended to create a separate iTunes account for the MUSC provided phone.

All Residents must install the [Spok Mobile Application](#).

### Non-covered Charges

Residents must reimburse for any incidental personal use that results in an additional expense to the GME Office. These expenses include, but are not limited to, international calls/texts/data usage and excessive directory assistance. When traveling internationally, Residents must contact Information Solutions, 30 days prior to the travel, to make arrangements for international usage plans if using the MUSC supplied phone.

### Additional Features

Additional for-cost features will not be added to the MUSC supplied mobile plans unless it is necessary for training purposes and documentation is provided by the training program. This includes hotspot features.

### Damaged Devices/Accessories

Contact Information Solutions regarding all damages related to the MUSC supplied phone. A replacement may be provided if the damage is a result of normal/conventional usage. Multiple replacements for the same account will be reviewed on a case-by-case basis. Cases and screen protectors must be used at all times. Replacement of device accessories such as charging cables, cases, and screen protectors are the responsibility of the Resident.

### Registration on Verizon Website

While utilizing the MUSC provided service plan, Residents are not permitted to change any contact information by logging onto the Verizon website. This includes changing the email address associated with the account.

### Changing Number

Residents cannot transfer their personal number to their MUSC supplied phone. Residents are provided a local number for use during the training program.

### Procedure

1. The program will distribute devices to ACGME and ADA GME Residents.
2. The GME Office and program, in conjunction with Information Solutions, will monitor the usage of the supplied

devices and invoice Residents monthly for any additional charges incurred.

3. All MUSC service plans will be terminated at the end of the Resident's GME training.

- **Procedure for Residents leaving MUSC:**

- Messaging
  - MUHA Communications will automatically wipe the Spok messaging account based on information provided by the program.
- iPhone Equipment/Phone Number
  - The Resident may keep the iPhone:
    - If the Resident would like to take over ownership of the number and responsibility of billing, contact your program manager at least two weeks prior to leaving to make arrangements.
    - Residents may take the number to one of the three state contract providers (Verizon, T-Mobile, AT&T). There are no other options.
  - If the Resident is giving up the number:
    - No action needed. The line number will be cancelled after your last day of employment (based on information provided by the program).

- **Procedure for Residents transitioning to Faculty:**

- Messaging
  - A new Spok messaging ID will need to be assigned. Hold on to the current phone and pager device (if applicable). The department should submit an online request for a new pager account and include billing information. Attending Physician messaging accounts are approximately \$100 annually. Once the request is complete, you will receive an email with next steps from the Communications Call Center.
- ii. iPhone Equipment/Phone Line:
  - The Resident may keep the iPhone
  - If moving to faculty and your new department approves taking over payment of the service, please have your department program manager arrange the transfer.
  - If the department does not take over payment, the Resident has two options– take over ownership of the number or cancel the number.
    - If the Resident would like to take over ownership of the number and the responsibility of billing:
      - 1) Contact the program manager at least two weeks prior to leaving to make arrangements.
      - 2) Residents may take the number to one of the four state contract providers (Verizon, T-Mobile, AT&T, or Sprint). There are no other options.
  - If the Resident is giving up the number: No action needed. The line will be cancelled after your last day of employment (based on information provided by the GME Office).

## ID Badges

### **MUSC ID Badges**

While in any MUSC facility, Residents are required to wear identification (ID) badges in such a manner that name, picture, and department are unobstructed (clearly visible) and worn at eye level. The ID badge is the official identification for all Residents. All Residents ID badges state 'Resident' to comply with the [Lewis Blackman Hospital Patient Safety Act](#). The Resident is the only individual authorized to wear their MUSC issued ID badge.

Any Resident reporting to duty without the official ID badge must obtain a temporary one. The ID badge is the property of MUSC and must be relinquished upon completion or termination from the residency program.

### **VA ID Badges**

Residents who are assigned clinical rotations at the Veteran Affairs (VA) facilities as part of their program requirements must obtain a VA ID badge. These badges provide access to the VA facility and are used for identification purposes and provide access to the VA medical record system. Once a Resident leaves MUSC, the VA ID badge directly to the VA Education Office and completes all clearance items.

## Insurance Coverage

Residents and their dependents are eligible for State insurance benefits administered by PEBA insurance, which include MUSC Health, Dental, Vision, Optional Life, Dependent Life Spouse, Dependent Life Child Coverage and Supplemental Long-Term Disability. [Premiums](#) are deducted on a pre-tax (if eligible) basis via payroll deduction.

### **Health Insurance**

Health insurance coverage includes a 'Basic' life insurance component equal to \$3000 and a 'Basic long-term disability' component which provides a monthly benefit after a 90-day waiting period, if approved. Preexisting conditions are not covered for 12 months from effective date of coverage. The basic life insurance & basic long term disability coverage are included (free) if health coverage is elected.

### **Dental Insurance**

Dental insurance coverage includes two options, Dental Plus or Basic Dental. Dental Plus has higher amounts allowed and the maximum yearly benefit for a person covered is \$2,000. Basic Dental has lower allowed amounts and the maximum yearly benefit for a person is \$1,000.

### **Vision Insurance**

The State Vision Plan offers coverage for comprehensive eye exams, frames, lenses and lens options, and contact lens services and materials. The Plan uses EyeMed's Select Network that includes private practitioners and optical retailers in South Carolina and nationwide.

## Life Insurance

Residents are eligible to elect optional life, dependent life spouse and coverage for children. Optional life; elect up to 3x salary in \$10,000 increments, (guarantee issue) within 31 days of date of hire.

- Dependent Life Spouse coverage; \$10,000 or \$20,000 only
- Dependent Life Child coverage; \$15,000 life coverage for children

## Flexible Spending Accounts

Residents are eligible to elect Medical & Dependent Care Spending Accounts.

## Travel Insurance

Through BlueCross BlueShield Global Core, your State Health Plan identification card gives you access to doctors and hospitals in more than 200 countries and territories worldwide and to a broad range of medical services. Please call PEBA insurance at 1-888-260-9430 for an international credible coverage letter before travel. The BlueCross BlueShield Global Core Service Center can help you find providers in the area where you are traveling. It can also provide other helpful information about health care overseas. Go to [bcbsglobalcore.com](http://bcbsglobalcore.com). You must accept the terms and conditions and login with the first three letters of your BIN. Then you may Select a Provider Type. You also can choose a specialty, city, nation and distance from the city. You can also call toll-free at 800-810-2583 or collect at 804-673-1177, as toll-free numbers do not always work overseas.

## Disability Insurance

Residents will receive basic long-term disability insurance if health insurance is elected. If approved, the benefit is 62.5%, not to exceed \$800 per month, and begins after a 90-day waiting period. Supplemental long-term disability insurance is available at a competitive rate. If participating in the PEBA traditional pension plan, after eight (8) years of earned service (vesting period) in the event of a disability, Residents are eligible to apply for disability retirement if they are also approved for Social Security Disability.

## Lab Coats

New MUSC-Regional Network Residents will receive two white clinic lab coats, with annual replacements. New lab coats are not provided for name changes.

The Residency Program will coordinate the ordering and payment of all lab coats for Residents using the following guidelines:

1. All Residents will have 'Resident Physician' embroidered on all lab coats to adhere to the Lewis Blackman Act.
2. All Residents for adult services will bear the MUSC Health logo.

## Laptops

All Residents will be provided with an MUSC issued laptop at the beginning of the training program. Laptops are to be used for residency training activities and will include required pre-installed software and regular system updates while on MUSC campus.

All residents should be familiar with MUSC enterprise policies governing information security and privacy. Applicable policies are below for reference.

[Acceptable Use Policy](#)  
[Information Security Disciplinary Policy](#)

[Information Security Compliance Policy](#)  
[Information Security Remote Work Policy](#)

## Meals

Residents have access to food, including healthy options, during all clinical and educational assignments. Each MUSC-Regional Network facility will provide funds, added to the Resident ID badge, to assist in covering meals during onsite rotations.

## Parking

Residents must follow all facility level guidelines regarding employee parking. Parking in visitor locations is prohibited. Resident parking at MUSC- Regional Network facilities is free of charge.

## Professional Liability Insurance

MUSC/MUHA provides Residents with medical professional liability insurance through the South Carolina Insurance Reserve Fund (IRF). This coverage includes all patient care activities required by the residency programs including any approved “internal” moonlighting. The policy is an “occurrence” policy therefore, protection extends beyond the last day worked.

### Coverage

The policy will pay all sums the insured is legally obligated to pay, up to the limits stated in the policy, due to an occurrence which results in injury arising out of rendering or failure to render one or more of the professional services listed in the policy.

## Not Covered

Residents are not covered under this policy for any act arising out of dishonest, fraudulent, criminal, malicious, or deliberately wrongful acts or omissions. The following are also not covered:

- a. Any Resident whose acts or omissions are responsible for false and fraudulent claims
- b. Any Resident who violates or shows disregard for Federal and State statutes and regulations
- c. Any Resident who engages in external moonlighting

**NOTE:** *The IRF has the option to refuse defense for deliberately unreported; untimely reported; and/or misrepresentation of occurrences when claims and suits are filed against the Insured (individual involved).*

## Your Responsibility for Your Insurance Coverage

Reporting any and all occurrences with particulars, names and circumstances thereof as soon as practical following the occurrence. Occurrences must be reported to the Professional Liability Division, within the Department of Insurance Services, who is MUSC's/MUHA's connection to the Insurance Reserve Fund. Reporting can be done by calling the Professional Liability Manager at 843-876-8289. As a MUSC/MUHA Resident, you may have the opportunity to practice medicine in various facilities throughout the state. Residents are to report occurrences according to the guidelines within various clinical departments, hospital, or facility where care is provided.

Residents must cooperate with the Department of Insurance Services, Legal Office, and the IRF upon any and all requests made to them.

**NOTE:** *In the event a claim or suit is filed after a Resident leaves MUSC/MUHA, it is still the Resident's responsibility to cooperate with the departments listed above. Again, the Policy is "occurrence" based, therefore, Residents will not have to purchase "tail coverage."*

Occurrences or Reportable Incidents "Occurrence" means any accident, incident, or other event (including non-action) which does occur or may reasonably be expected or intended by the insured.

Examples of occurrences:

- Unexpected death
- Serious medication reaction
- Loss of limb(s)
- Hospital acquired fractures or lacerations
- Loss of eye
- Loss of reproductive function
- Total or partial paralysis
- Unplanned returns to the operating room
- Unplanned transfers to a critical care unit
- Delays in D/C greater than 2 days unplanned readmission or ER visit "against medical advice" situations

**NOTE:** *The patient and/or family may believe an injury has occurred and bring legal action against a care giver.*

### **Injury as Defined by IRF**

“Injury” means bodily physical injury, sickness, disease, mental or emotional distress accompanied by physical manifestation thereof, or death resulting from any one or more thereof.

### **Limits of Liability**

For physicians and dentists, the limits are 1.2 million dollars for a single occurrence with no annual aggregate. A representative from the Professional Liability Division, Insurance Services is available to discuss any concerns Residents may have about risk issues, reporting occurrences, insurance coverage, and responsibility for maintaining coverage. For further information, call 843-876-8289.

## **Resident Salary**

*GMEC Approved: January 2026*

Salaries for AY 2026-2027:

- PGY1: \$67,284
- PGY2: \$69,561
- PGY3: \$72,720
- Chief Resident Stipend (if applicable) \$1500

Salary level is based on program year and/or required prerequisite training.

## **Other Benefits**

*GMEC Approved: January 2026*

- All Residents are eligible for an additional incentive of up to 4% of the annual salary through the Resident Pay for Performance Incentive Plan and in accordance with all applicable laws and/or regulations.
- All Residents receive annually a \$2,500 Housing Expense stipend with required documentation submission
- One-Time Sign-On Bonus for PGY1s: \$1500

## Education Allowance

*GMEC Approved: April 2025*

Residents are eligible for the following Professional Development funds with the approval of their Program Director:

Education allowances effective last GMEC approved date:

- PGY1: \$1,000 education allowance
- PGY2: \$1,250 education allowance
- PGY3: \$1,500 education allowance

Acceptable Education Allowance (at the discretion of the Program Director):	Department Paid Expenses (these are provided by program and cannot be reimbursed under Education Allowance):
<ul style="list-style-type: none"> <li>• Exams (COMLEX III or USMLE Step 3) – one time reimbursement only</li> <li>• Medical equipment (e.g. stethoscope)</li> <li>• Educational Material – books, iPads and specialty apps, software related to medical education, DVDs</li> <li>• Specialty Boards – if taken during residency</li> <li>• Conference Attendance for presenters or participants as approved by program director</li> </ul>	<ul style="list-style-type: none"> <li>• Cell phone</li> <li>• Laptop</li> <li>• Required rotations, conferences, courses and related travel expenses.</li> <li>• Mileage reimbursed as determined by program according to MUSC policy and IRS regulations</li> <li>• Lab Coats – provided at the start of training and replacements – frequency of replacement determined by program</li> <li>• Access to food while on continuous 24-hour in-house call.</li> <li>• Educational Limited Licensing and renewal</li> <li>• ACLS/BLS/ATLS/PALS (as required by specialty)</li> <li>• In-service Training Exams</li> <li>• Required Professional Memberships and access to professional journals</li> <li>• Board Review Courses</li> </ul>

### Other expenses ineligible for reimbursement:

- Visa fees
- Permanent License Fees
- Personal Travel

### Procedure

Every Resident is responsible for providing to the Program Manager receipt copies and documentation for acceptable Education Allowance expenses.

- Exams (COMLEX III or USMLE Step 3) – one time reimbursement only requires copy of receipt and documentation of passing exam results (see USMLE and COMLEX policy)
- Medical equipment (e.g. stethoscope) must be purchased thru your program manager
- Educational Material – books, iPads and specialty apps, software related to medical education, DVDs must be purchased through your program manager.
- Specialty Boards – if taken during residency
- Conference Attendance for presenters or participants as approved by program director
  - See Travel policy

## Retirement

Residents have an opportunity to participate in one of the two State Retirement plans offered by SC PEBA Retirement. Participation is optional. Residents have 30 days to choose a plan or to opt out of State Retirement. Contributions are deducted on a pre-taxed basis and represent a flat % of participant’s salary. This deduction is set and determined by SC PEBA Retirement. Election of membership is permanent until separation of employment.

- [Optional Retirement Plan](#) (ORP), vested immediately
- [South Carolina Retirement System](#) (SCRS), State Pension Plan, vested after 8 years of participation

After 1 year of State Retirement participation, there is an ‘Active Incidental Death Benefit’ equal to 1x’s annual salary, payable in a lump sum to participant’s beneficiary, upon employee’s death.

## Student Loan Postponement

Certain undergraduate and medical school loan payments can be postponed for part or all of a Resident’s training period. Residents should contact the appropriate lender to request these forms. The GME Office is an authorized official and can sign off on behalf of the residency training program.

## Travel

These guidelines for planning and submitting reimbursement for MUSC-RN sponsored travel and are in addition to the [MUSC Health Travel Manual](#) guidelines.

## Approval

The Program Director must approve the [MUHA Travel Request and Request for Annual Leave](#) prior to booking any travel arrangements or conference registrations. Any expenses incurred prior to approval may not be reimbursed. Only expenses under the pre-approved total will be reimbursed.

## Registration

- Book the early bird rate when available. If registration was paid after the deadline, provide a justification for missing the deadline.
- Be mindful when registering for additional sessions and only register for those sessions you are able to attend. Do not pay the full conference rate if you are only attending a pre-conference.
- Contact the Program Manager/Coordinator to arrange for direct payment when available.

## Transportation

The most economical method of transportation (to the conference and while attending) should be utilized at all times.

## Airfare

- Flights must be booked one month in advance of the departure date.
- Economy/coach fare only – no premium seat charge will be reimbursed.
- One checked bag is allowed – any additional baggage will be at the Resident's expense.
- Contact the Program Manager/Coordinator to arrange for direct payment when available.

## Driving Personal Car

For some destinations, it is more cost effective to travel by personal vehicle. Reimbursement is allowed at the approved mileage rate up to the cost of a flight to the same location. To request reimbursement for personal vehicle mileage, documentation of mileage along with a flight for the same timeframe is required. Carpooling is encouraged for multiple attendees.

## Taxi/Shuttle/Public Transportation

While attending the conference, use of taxis, shuttles or public transportation is reimbursable with the appropriate receipt. Gratuity cannot be reimbursed but is still encouraged. Original receipts are required.

## Rental Car

- Rental cars will only be reimbursed with prior approval from the Program Director, accompanied with a written justification explaining why it is the most economical option.
- When approved, only the daily fee and associated taxes and charges will be reimbursed. Fuel purchase and additional insurance options are not allowable.
- Gas receipts, not mileage, are reimbursable with original receipts.

## Hotel

- All lodging must be reserved with the conference rate (or the most cost-effective rate). If the conference rate was not available at booking, please provide documentation.
- Only standard rooms under \$300 are allowable, up to \$450 required CFO approval.
- Additional hotel charges will not be reimbursed (ex. room service, spa services, movie rental, fitness room charges, and any non-required resort fees).

## Meal Per Diem

Per diem will be calculated based on departure and arrival times and follow the [MUSC Health Travel Manual](#) guidelines.

## Travel Sites

Do not book travel through travel sites such as Expedia or Orbitz unless you know you can receive all the documentation needed for reimbursement. The MUSC Health Travel Manual requires itemized receipts for hotel and air travel. Many of the combined flight and air travel deals on the travel sites do not provide this documentation.

Airbnb is allowable with itemized receipt including charges for additional guests. Same limits apply.

## Reimbursement Procedure

To receive reimbursement for your travel, submit the following documentation to the Program Manager/Coordinator. Any missing documentation will delay processing.

- Copy of conference agenda - this is required.
- Paid receipts for airfare. Receipts should include dates/times of departure and arrival and notate economy/coach class.
- Hotel bill - itemized with a zero balance
- Baggage fee receipts
- Cab/shuttle/public transportation receipts
- Airport parking receipts
- Mileage documentation if requesting reimbursement for use of personal vehicle.
- Itemized meal receipts

# Institutional Policies and Procedures

## Accommodation for Disabilities (IR 4.9.d)

*GMEC Approved: July 2022*

### Purpose

The Sponsoring Institution must have a policy regarding accommodations for disabilities consistent with all applicable laws and regulations. The following policy is consistent with the Medical University Health Authority HR Policy ([MUHA-HR #24](#)).

### Reasonable Accommodation

It is the policy of the MUHA to comply with the provisions of the various applicable State and Federal laws prohibiting discrimination against applicants and Residents or on the basis of disability, pregnancy, childbirth, or related medical conditions, including but not limited to lactation. Such laws impose various prohibitions on discrimination and require reasonable accommodation to enable covered individuals to perform the essential functions of and enjoy the various benefits of employment.

In order to comply with these laws and to promote a diverse workforce, MUHA has adopted the [Reasonable Accommodation Policy \(MUHA #24\)](#).

## Assessment of Educational Effectiveness of Programs (CPR 5.5.)

*GMEC Approved: October 2023*

*Last Reviewed: April 2025*

### Policy

The MUSC-RN Graduate Medical Education Committee (GMEC) is responsible for oversight of all MUSC-RN-sponsored Graduate Medical Education programs in accordance with the ACGME Institutional Requirements. Annual Program Evaluations (APEs) and Action Plan for Improvement for all ACGME-accredited programs are reviewed by GMEC or its subcommittees which present summaries and recommendations to the GMEC each year as part of the Annual Institutional Review.

ACGME programs must have a Program Evaluation Committee (PEC) appointed by the Program Director to conduct and document the APE as part of the program's continuous improvement process. The PEC functions in compliance with both the common program and program-specific requirements. Each ACGME-accredited residency program shall establish a program-specific policy, describing the responsibilities, procedures, and members of the program's PEC.

Each PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member and at least one Resident from the program (unless the program does not have any enrolled Residents). Faculty members may include physicians and non-physicians from the core program or required rotations in other specialties that teach and evaluate the program's Residents. The PEC will meet at least annually even if there are no Residents enrolled in the program.

The PEC committee's responsibilities must include:

- Acting as an advisor to the Program Director, through program oversight.
- Review of the program's self-determined goals and progress toward meeting them.
- Guiding ongoing program improvement, including development of new goals, based upon outcomes, and
- Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
- Review the program and document on behalf of the program the formal, systematic evaluation of the curriculum at least annually and render a written APE using the standard GME template. This APE and written Action Plan for Improvement which delineates how initiatives will be measured and monitored must be submitted to the GMEC annually.
  
- Using the APE and Action Plan for Improvement the PEC should consider the following elements in its assessment of the program:
  - Curriculum
  - Outcomes from prior APEs
  - ACGME letters of notification, including citations, Areas for Improvement, and comments
  - Quality and safety of patient care
  - Aggregate Resident and faculty:
    - well-being

- recruitment and retention
- workforce diversity
- engagement in quality improvement and patient safety
- scholarly activity
- ACGME Resident and Faculty Surveys
- written evaluations of the program – including the Annual GME Resident/Faculty Evaluation of the Program
  - Aggregate Resident:
    - achievement of the Milestones
    - in-training examinations (where applicable)
    - board pass and certification rates
    - graduate performance
  - Aggregate Faculty:
    - evaluation
    - professional development

The PEC must evaluate the program’s mission and aims, strengths, areas for improvement, and threats.

In order to assist the PEC in their endeavors they will be provided with data by the program’s administrative staff. Data that includes but it is not limited to:

#### **Program Quality**

- ACGME Program Requirements
- Program Goals and Objectives
- Program Policies
- Program Block Diagram
- Most recent ACGME Letters of Notification, including citations
- ACGME and Annual GME Resident Survey
- ACGME and Annual GME Faculty Survey
- Resident evaluation of the Program, Rotations, Faculty
- Faculty Evaluation of the Program
- Clinical Learning Environment focus areas

#### **Faculty Development**

- Summary of Faculty Development efforts completed during academic year
- Summary of faculty Scholarly Activity (will also be used to update ADS)

#### **Resident & Graduate Performance**

- Summary of Resident Scholarly Activity (will also be used to update ADS)
- Recommendations from the Clinical Competency Committee regarding Resident Performance
- Aggregate data from general competency assessments, including in-training examination performance
- Aggregate Resident case or procedure logs
- Resident remediation or attrition
- Graduate performance, including board pass rates

*Progress on the previous year’s action plan*

- The Prior year’s APE and Action Plan for improvement as well as data to be used to measure progress on individual initiatives, as specified in the prior year’s APE.

*Other information the PEC deems appropriate.*

The Program Director is ultimately responsible for the work of the PEC. The annual review, including the action plan, must:

- Be distributed to and discussed with the members of the teaching faculty and the Residents; and, be submitted to the DIO.
- The program must complete a Self-Study prior to its 10-year Accreditation Site Visit.
- A summary of the Self-Study must be submitted to the DIO.

#### Procedure

The DIO will review the APE material and resulting Action Plan for Improvement and will make a decision to:

- Accept the Action Plan for Improvement as written
- Request clarification and additional information
- Determine the need for a Special Program Review or Focused Program Review

This decision accompanied by the APE summary report will be presented to the GMEC for final approval.

## Closures and Reductions (IR 4.15.)

*GMEC Approved: July 2022*

*Last Reviewed: January 2025*

### Purpose

The purpose of this policy is to ensure Residents have an opportunity to complete their education with minimum impact on Resident training, in the event a MUSC-Regional Network GME program is reduced in size or closed.

### Policy

In the event the Sponsoring Institution or one of its GME programs is reduced or closed, the MUSC-RN is committed to ensuring that Residents enrolled in the MUSC-RN GME-sponsored programs are provided the opportunity to complete their training through a MUSC-RN sponsored residency program or assist them in enrolling in another accredited program in which they may continue their education.

### Procedure

The GMEC has oversight of decisions that may result in the reduction or closing of the Sponsoring Institution or one of its GME programs.

Once a decision to reduce or close a GME Program is made, the GMEC, DIO and all affected Residents in the program will be notified by the DIO. The DIO will notify the ACGME of the decision and the proposed date of the intended action.

The Program Director and the DIO will assist all Residents in developing future training plans and in transferring the Resident to another program if necessary to continue their training.

The Program Director will prepare a transfer letter for each Resident detailing their progress in core competency education, milestones and an evaluation of their overall performance. This letter will be sent to the Program Director accepting the Resident, and a copy of the letter will be placed in the Resident's educational file.

The residency program will send Resident files to the program, accepting the Resident in a timely manner.

## Discrimination (IR 4.9.e.) and Harassment (IR 4.9.c.)

GMEC Approved: July 2022

GMEC Updated and Approved: April 2024

GMEC Updated and Approved: April 2025

**NOTE: THE DISCRIMINATION AND HARASSMENT POLICY COVERS THE FOLLOWING TWO ACGME REQUIREMENTS (IR 4.9.e. and IR 4.9.c.)**

### Purpose

The Sponsoring Institution must have policies and procedures prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations.

### Harassment (IR 4.9.c.)

**Purpose:** The Sponsoring Institution must have a policy, covering sexual and other forms of harassment, that allows Residents access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations.

### Discrimination and Harassment

MUSC is committed to fostering an open and supportive community that promotes learning, discovery, and healing. This commitment includes maintaining an educational and working environment, as well as other benefits, programs, and activities, that are free from discrimination, harassment, and retaliation (collectively, “Prohibited Conduct”). To ensure compliance with federal and state civil rights laws and regulations, and to affirm its commitment to fairness and equity, MUSC has developed internal policies and procedures that will provide a prompt, fair, and impartial process for those involved in an allegation of discrimination, harassment or retaliation. MUSC values and upholds the equal dignity of all members of its community and strives to balance the rights of the parties in what is often a difficult time for those involved.

The [Nondiscrimination, Anti-Harassment, and Equal Opportunity Policy](#) (the “Policy”) covers nondiscrimination in both employment and education. Any member of the MUSC community who acts to deny, deprive, or limit the educational or employment access, benefit or opportunity of another member of the MUSC community, guest, or visitor based on their actual or perceived membership in a protected class is in violation the Policy. When brought to the attention of MUSC’s Title IX Coordinator, any such discrimination will be promptly and fairly addressed and remedied according to the resolution processes described in the Policy.

A copy of the full policy may be obtained online at this [link](#) or directly from the Division of Organizational Culture & Health Equity (DOCHE)

Complaints may be filed by contacting MUSC’s [Division of Organizational Culture & Health Equity \(DOCHE\)](#). Complaints or notices of alleged Policy violations, or inquiries or concerns regarding this Policy should be made to the University Title IX Coordinator or Deputy Title IX Coordinator:

Chief Equity Officer and University Title IX Coordinator  
173 Ashley Avenue, MSC 502  
Basic Sciences Building, Suite 104 Charleston, SC 29425  
(843) 792-1072  
Email: [titleix@musc.edu](mailto:titleix@musc.edu)

Deputy Title IX Coordinator  
173 Ashley Avenue, MSC 502  
Basic Sciences Building, Suite 104 Charleston, SC 29425  
(843) 792-1282  
Email: [titleix@musc.edu](mailto:titleix@musc.edu)

Inquiries can be made externally to:  
United States Department of Education Office for Civil Rights  
400 Maryland Avenue, SW  
Washington, D.C. 20202-1100  
Customer Service Hotline: (800) 421-3481  
Fax: (202) 453-6012  
TDD: (877) 521-2172  
Email: [OCR@ed.gov](mailto:OCR@ed.gov)

For complaints involving employees:  
Equal Employment Opportunity Commission (regional office)  
7391 Hodgson Memorial Drive, Suite 200  
Savannah, GA 31406-2579  
Phone #: (800) 669-4000  
Fax: (912) 920-4484

## GMEC Composition and Responsibilities (IR 1.9.)

*GMEC Approved: July 2022*

*GMEC Updated and Approved April 2025*

The MUSC-RN Graduate Medical Education Committee (GMEC) is responsible for oversight of all GME programs in accordance with ACGME institutional requirements within the MUSC Health Regional Health Network Facilities. The GMEC establishes and implements policies regarding the quality of education and the work environment for Residents in all MUSC-RN GME programs. Written minutes are maintained.

### Meetings (IR 1.11.)

The GMEC meets at least quarterly pursuant to an annual meeting schedule set forth at the start of each academic year by the GME Office. Other committee meetings and meeting schedules are established by the heads of those committees.

## Leadership and Membership (IR 1.9.a.)

The GMEC convenes under the leadership of a chair.

Voting membership includes:

- The Designated Institutional Official (DIO) and GMEC chair (if different from the DIO)
- Minimum of two Residents nominated by their peers (e.g., two Resident Council representatives)
- Associate DIOs of respective facilities
- Representative residency Program Directors (PD)
- Individual responsible for monitoring quality improvement and/or patient safety
- Program Coordinator Committee Chair/Representative

## Voting Member Designees

Voting members or designees are required to attend 75 percent of the scheduled meetings annually. A voting member unable to attend a GMEC meeting may appoint a designee to attend in their stead.

The GMEC has established criteria for voting member designees:

Voting Member	Recommended Designees
Designated Institutional official/GMEC chair	Associate DIO GME Director of Finance & Administration (SI Inst. Coord)
Associate DIO	Program Director of respective facility
GME Director of Finance & Administration (SI Inst. Coord)	GME Data Administrator
Program Director	Associate Program Director or core faculty member. Program Managers may not serve as designees for Program Directors (Program Managers can attend GMEC as non-voting members).
Peer-elected Residents	Alternate peer-elected Residents
Program Coordinator Council Chair	Co-Chair

Non-voting members include:

- Hospital partners administration
- Other GME office administration
- Other Taskforces, sub-committees, and/or Council representatives
- Residency Program Managers

## Additional GMEC Members and subcommittees

To carry out portions of the GMEC's responsibilities, additional GMEC membership may include other members as may be deemed appropriate by the GMEC. These may include subcommittees that address required GMEC responsibilities whose membership must include peer-selected Residents and whose actions must be reviewed and approved by the GMEC. (The GMEC may have representatives from other ad-hoc task forces, subcommittees, and councils that do not fulfill required GMEC responsibilities, but act as venues for informational exchange and open communication with the GMEC (e.g., Resident Council, Program Coordinator Committee, etc.).

### **GMEC Voting Member Attendance and Tracking (IR 1.11.)**

GMEC required voting members or their designees must attend 75% of regular bi-monthly GMEC meetings. Individual PDs must attend at least 4 of the 6 scheduled meetings (remaining 2 may be designee).

### **GMEC Responsibilities (IR 1.12.)**

Responsibilities of the GMEC include:

#### **Oversight of:**

- The ACGME accreditation and recognition statuses of the sponsoring institution and its ACGME-accredited programs, including but not limited to monitoring institutional performance, and outcomes, and formalized AIR and special review processes (see more detail below).
- The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs and its participating sites
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME common and specialty/subspecialty-specific program requirements
- The ACGME-accredited programs' annual evaluation and Self-studies.
- ACGME accredited programs' implementation of institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually
- All processes related to reductions and closings of individual ACGME-accredited programs, major participating sites and the sponsoring institution
- The provision of summary information of patient safety reports to Residents, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
- AIR and resulting action plans

#### **Review and approval of:**

- Institutional GME policies and procedures
- GMEC subcommittee actions that address required GMEC responsibilities
- Annual recommendations to the sponsoring institution's administration regarding Resident salaries and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in Resident complement
- Major changes in ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site, changes to curriculum, Resident assignments, etc.
- Additions and deletions of ACGME-accredited programs' participating sites
- Appointment of new Program Directors
- Progress reports requested by a review committee
- Responses to clinical learning environment review reports
- Requests for exceptions to clinical and educational work hour requirements
- Voluntary withdrawal of ACGME program accreditation or recognition
- Requests for appeal of an adverse action by a review committee

- Appeal presentations to an ACGME appeals panel
- Exceptionally qualified candidates for Resident appointments who do not satisfy the sponsoring institution's Resident eligibility policy and/or Resident eligibility requirements in the common program requirements

### **Annual Institutional Review (AIR) (IR 1.14.)**

The GMEC demonstrates effective oversight of the sponsoring institution's accreditation through an annual institutional review (AIR).

The GMEC identifies institutional performance indicators for the AIR that include:

- Results of the most recent ACGME institutional letter of notification
- Results of ACGME surveys of Residents and core faculty
- Each of its ACGME-accredited programs' accreditation information including accreditation and recognition statuses and citations
- Review of institutional outcomes, e.g., Resident and faculty scholarly output
- Review of action plans and formally shared goals for the institution

The DIO submits a written executive summary of the AIR to the Sponsoring Institution's governing body. The written executive summary includes a summary of institutional performance on indicators for the AIR and action plans and performance monitoring procedures resulting from the AIR.

### **Special Review Process (IR 1.15.)**

The GMEC demonstrates effective oversight of underperforming programs through a special review process.

The special review process includes a protocol that:

- Establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of initial accreditation with warning, continued accreditation with warning, and adverse accreditation statuses as described by ACGME policies
- Results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timeliness
- The frequency of GMEC monitoring of special review outcomes will be defined by the GMEC and depend on quality improvement goals and corrective action, and timelines set by the Residency Review Committees.

### **Protocol for Special Reviews (IR 1.15.a.)**

The MUSC-RN GMEC conducts special reviews of all underperforming accredited residency and fellowship programs.

### **Criteria for identifying underperformance**

One or more of the following criteria that deviates from expected results may result in the scheduling of a Special Review:

- Initial Accreditation Status – in preparation for self- study
- Adverse ACGME Accreditation Status, e.g. accreditation with warning, probationary accreditation, withdrawal of accreditation, reduction in complement

- Unfavorable annual communication from ACGME (LON), e.g. new citations, new concerning trends, extended citations
- Resident or Faculty complaint to the ACGME
- Resident or Faculty complaint to the GME office
- Program attrition – Faculty and/or Resident
- Program changes
- Deficiencies in scholarly activity
- Board pass rate not meeting the ACGME specialty RRC required rate
- Clinical experience deficiencies (patient or procedural logs – quantity and/or quality)
- Resident annual ACGME survey (negative trends/non-compliance)
- Resident annual GME survey (negative trends/non-compliance)
- Faculty annual ACGME survey (negative trends/non-compliance)
- Faculty annual GME survey (negative trends/non-compliance)
- Milestones and competencies – negative trends
- Concerns from APE
- Other indicators at the discretion of the DIO and GMEC

#### **A program's inability to demonstrate success in any of the following focus areas:**

- Integration of residents/fellows into institution's patient safety programs, program attrition
- Integration of residents/fellows into institution's quality improvement programs and efforts to reduce disparities in health care delivery
- Establishment and implementation of supervision policies
- Transitions in care
- Duty hours policy and/or fatigue management and mitigation Education and monitoring of professionalism

The special review process results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

#### **Focused Reviews**

Focused reviews may be done at the discretion of the GMEC and may involve one or more criteria of an underperforming program but may not trigger a Special Review.

#### **Procedure**

When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO/chair of the GMEC shall schedule a special review. Special reviews shall occur within 60 days of a program's designation as "underperforming."

#### **Special Review Panel**

Each special review shall be conducted by a panel including at least one member of the GMEC, who shall serve as chair of the panel: one additional GMEC member (e.g. Program Director from another program) and one resident/fellow. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the sponsoring institution but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.

#### **Preparation for the Special Review**

The chair of the special review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns to be reviewed as part of the special review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation before the special review that will help the panel gain clarity in its understanding of the identified concerns.

### **The Special Review**

Materials and data to be used in the review process shall include:

- The ACGME common, specialty/subspecialty-specific program and institutional requirements in effect at the time of the review
- Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC
- Reports from previous special reviews of the program (if applicable)
- Previous annual program evaluations
- Results from internal or external resident surveys, if available
- Any other materials the special review panel considers necessary and appropriate.

The special review panel will conduct interviews with the program director, key faculty members, at least one resident from each level of training in the program and other individuals deemed appropriate by the committee.

### **Special Review Report**

The special review panel shall submit a written report to the DIO and GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for GMEC monitoring of outcomes, including timelines. The GMEC may, at its discretion, choose to modify the special review report before accepting a final version.

### **Monitoring of Outcomes**

The DIO and GMEC shall monitor outcomes of the special review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight.

## **Non-Competition (IR 4.13.)**

*GMEC Approved: July 2022*

*Last Reviewed: January 2025*

### **Purpose**

The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a Resident to sign a non-competition guarantee or restrictive covenant

## Policy

The MUSC-Regional Network GME Office mandates that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a Resident to sign a non-competition guarantee or restrictive covenant.

## Outside Rotations Policy (IR 1.1.)

*GMEC Approved: July 2023*

*GMEC Updated and Approved: January 2024*

*GMEC Updated and Approved: January 2025*

## Purpose

To define the conditions under which rotations MUSC-Regional Network are included in the MUSC-RN accredited training program.

## Policy

MUSC-RN and all of its ACGME accredited residency programs aim to provide a full graduate medical education program for all residents. While MUSC-RN is able to meet most educational requirements, it may be necessary for residents to complete a clinical rotation at a hospital or medical facility outside the system if a specific, accreditation-required clinical experience or a patient population is not available within the system (required rotation). There may also be circumstances when a resident may desire a specific clinical experience outside the system which is not required (elective rotation).

## Process

### Required Rotations

MUSC-Regional Network is responsible for ensuring that residents are provided the opportunity to meet all accreditation requirements. At least six months in advance of the elective rotation, the Program Director is responsible for reviewing requests for approval with their CMO and DIO after investigating opportunities for required outside rotations, sourcing MUSC Health sites before seeking outside of MUSC.

- Investigating and making arrangements for required outside rotations if not available at the primary participating site of the program (sourcing MUSC Health sites before seeking outside of MUSC)
- After obtaining CMO/CEO approval, Program Director sends the rotation goals and objectives to initiate Program Coordinator to process request form.
- Program Managers initiate the [MUSC-Regional Network Outside Rotation Request Form](#) – including the educational rationale and budget impacts
- DIO initial approval of form required to submit for formal approval from the Graduate Medical Education Committee at least 90 days in advance.
- Program Managers develop the Program Letter of Agreement (if required), which must specify which institution is providing professional liability coverage, supplemental compensation, obtaining all required signatures, and submitting to the GME Office at least 30 days in advance; and

- Providing program funding of costs associated with the required rotation.
- Coordinate with the MUSC-RN GME office to ensure all arrangements are made with participating hospital; including MedHub site and schedule updates, approvals and resident credentialing.

### **Elective Rotations**

Elective rotations outside the MUSC Health System may be approved with the appropriate educational rationale and approvals. At least six months in advance of the elective rotation, the Program Director is responsible for reviewing requests for approval with their CMO and CEO after investigating opportunities for elective outside rotations, sourcing MUSC Health sites before seeking outside of MUSC.

- After obtaining CMO/CEO approval, Program Director sends the rotation goals and objectives to initiate Program Coordinator to process request form.
- Program Managers initiate the [MUSC-Regional Network Outside Rotation Request Form](#) – including the educational rationale and budget impacts
- DIO initial approval of form required to submit for formal approval from the Graduate Medical Education Committee at least 90 days in advance.
- Program Managers develop the Program Letter of Agreement (if required), which must specify which institution is providing professional liability coverage, obtaining all required signatures and submitting to the GME Office at least 30 days in advance; and
- Obtaining adequate professional liability insurance from the institution where the rotation is planned or from an independent source (inquire at the GME office); MUSC-RN GME does not provide coverage for elective outside rotations under most circumstances; professional liability insurance must be specified and acknowledged on the PLA
- Coordinate with the MUSC-RN GME office to ensure all arrangements are made with participating hospital; including MedHub site and schedule updates, approvals and resident credentialing.
- Obtaining appropriate licensure if the elective is outside the state of South Carolina (or as appropriate).
- All costs associated with the elective rotation.
- Coordinate with the MUSC-RN GME office to ensure all arrangements are made with participating hospital; including required documentation from the host agency, all approvals and resident credentialing requirements.
- International Medical Graduates with J-1 status must also complete the [Notification for Off-Site Rotation/Elective](#) form a minimum of 30 days prior to the proposed off-site rotation.

### **International Elective Rotations**

International elective rotations may be approved, with the appropriate educational rationale and approvals.

In addition to the above requirements for an outside elective rotation, residents requesting an international rotation must also provide:

- If appropriate, ACGME specialty RRC approval of completion of the international outside elective.
- Specialty Board approval of the completion of the international outside elective.
- Documentation of health insurance and professional liability coverage while out of the country.

### ***Additional Requirements for Foreign Nationals:***

Foreign nationals in some visa statuses who are seeking to participate in outside rotations may be subject to certain restrictions.

1. Foreign nationals with an Employment Authorization Document (EAD) are eligible to participate in outside rotations without restriction, consistent with the guidelines above.
2. Foreign nationals in J-1 status sponsored by ECFMG may be eligible to participate in outside rotations, if approved in advance by ECFMG. The J-1 physician is responsible for completing the required ECFMG request form for an off-site rotation, obtaining the necessary signatures, and submitting the form to ECFMG according to current ECFMG processes and deadlines.

## Physician Impairment (IR 4.9.b.)

*GMEC Approved: July 2022*

*Last Reviewed: April 2025*

### Purpose

Physician impairment exists when a physician is unable to practice with reasonable skill and safety because of personal health problems. In most cases, impairment is self-limited and amenable to intervention, assistance, and recovery. The purpose of this policy is to establish guidelines to recognize and manage physician impairment as a result of personal health problems such as physical, or mental illness, substance use disorders, and other conditions, for all Residents, to ensure that the health and safety of patients, MUSC-RN Residents, others are protected.

This policy does not alter the right of MUSC-Regional Network to assess and address a Resident's behavior according to the following Medical University Hospital Authority (MUHA) policies:

- [Employee Health](#)
- [Drug Free Workplace](#)
- [Corrective Actions](#)

### Policy

MUSC-Regional Network GME recognizes it has a fundamental duty and responsibility to support the health and well-being of its Residents. Residents are entitled to the support of an educational environment that is protective, sensitive and able to intervene in potentially destructive and dysfunctional situations, without jeopardizing the Residents' rights to confidentiality and the continuation of residency training. Residents will be strongly encouraged to seek help or assistance for any problems with alcohol, drugs or mental illness that affect their ability to function as a Resident.

Program Directors and faculty must monitor Residents for the signs of impairment, especially those related to depression, burnout, suicidality, substance use disorders, and behavioral disorders. Further, it is also the responsibility of every individual— including Program Directors, faculty and trainees to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition. This reporting requirement applies to anyone who observes that a physician may possibly be impaired. Actual evidence of impairment is not required.

## Definition

For purposes of this policy, a Resident will be considered “impaired” if, in the judgment of the Program Director or Designated Institutional Official (DIO), the Resident is unable to reason, communicate or perform medical services in a safe and professionally acceptable manner or carry out any duties or assignments or requirements of the residency program, due to a health condition or the adverse influence of alcohol or any substance.

## Procedure

When a faculty member, non-physician hospital staff member, Resident, student or Program Coordinator reasonably suspects a Resident of being impaired, will notify the Program Director, the Associate DIO, and/or the DIO immediately. MUSC will protect, to the extent possible, the identity of the individual reporting suspected impairment. MUSC does not tolerate retaliation against individuals making good-faith reports of suspected impairment. Factors which may establish reasonable suspicion include, but are not limited to:

- excessive absenteeism or tardiness
- deterioration of job performance
- increased mistakes, carelessness, errors in judgment
- significant changes in personality, dramatic mood swings, abusive behavior, or insubordination
- reliable reports from employees or other credible sources
- colleagues and supervisors are often deliberately avoided
- dramatic changes in personal hygiene and appearance
- ability to get along with others deteriorates
- unexplained, frequent absences from normal work area
- unusual, irrational or erratic behavior
- difficulty in motor coordination, poor muscle control, unsteady walking, nervousness, slurred speech
- direct observation of alcohol or substance use or discovery of evidence of alcohol or substance use in the Resident’s vicinity
- impaired short-term memory, clinical judgement or logical thinking

Upon notification, the Program Director or designee will contact the Resident and meet with the Resident immediately. The Program Director will then contact the Associate DIO and arrange for the meeting between the Resident, Program Director and Associate DIO, to take place in a neutral location.

If the Resident acknowledges a problem with alcohol, substance use or mental health problems, they will be immediately relieved of any clinical duties, removed from the clinical area and assessed for impairment. The cost of this testing will be paid by the GME Office. The Resident will be placed on paid leave of absence pending a further evaluation of their condition. The Resident may be reinstated by the DIO in consultation with the Program Director and Associate DIO based on the results of the evaluation.

If a Resident requires intervention in the form of treatment, they will remain on leave of absence. The Resident may be reinstated by the DIO in consultation with the Program Director and the Associate DIO, based on results of the treatment.

If a Resident does not acknowledge a problem with alcohol, substance use or mental health problems, they will be removed from the clinical area. The Resident will be asked to submit to a drug/alcohol urine test in order to rule out these factors. If the Resident refuses to submit to this test, they will be immediately suspended from the residency program.

The terms for reinstatement from the suspension will be determined by the Designated Institutional Official and the Program Director, in consultation with the Department Chair.

If the Resident fails to accept the terms of reinstatement from a leave of absence or from a suspension, or if the Resident fails to satisfy the terms of their reinstatement or treatment, they will be dismissed from the residency program.

### Leave Status

Residents who must undergo inpatient treatment and rehabilitation will automatically be placed on leave of absence during this period. Depending on the duration of leave, the Resident may be required to extend their training in order to meet ACGME and/or Board minimum training requirements.

### Return to Work

Residents who have been successfully treated for impairment may return to training. The program and the GME Office will make the decision about accepting a trainee back into training only after full consultation with the treatment facility. Residents will sign a Return-to-Work Agreement, supplemental to the residency agreement that outlines conditions under which the Resident may continue in the training program and any other matters specific to the individual Resident's circumstances. In some cases, trainees may undertake limited duties as a part of the Return-to-Work Agreement. In some cases, return to training may not be recommended.

Trainees who return to training will be required to enroll in a monitoring program as determined by the treatment facility. The treatment facility will be responsible for arranging chemical, behavioral, and worksite monitoring that allows for the endorsement that the trainee is safe to practice. The program will allow reasonable accommodations for trainees to meet the requirements of this monitoring program.

### Employee Assistance Program

Residents experiencing problems with impairment are urged to seek assistance voluntarily through the Authority's Employee Assistance Program (EAP) before the problems become serious enough to require disciplinary action. Self-referral to the EAP for a drug or alcohol problem is encouraged and will not jeopardize a Resident's job. However, participation in the EAP will not prevent normal disciplinary action for a violation of any MUHA work policy or rule which may have already occurred or relieve a Resident of the responsibility to perform assigned duties in a safe and efficient manner.

Please see the MUHA [Employee Assistance Program \(EAP\)](#)

### Resources

South Carolina Recovering Professionals Program  
Toll-Free, 24-hour Helpline 1-(877)-349-2094 or  
(803)-737-9280 [www.scrpp.org](http://www.scrpp.org)

MUSC Employee Assistance Program  
(843)-792-2848  
[www.muschealth.org/medical-services/psychiatry/eap](http://www.muschealth.org/medical-services/psychiatry/eap)

MUSC Center for Drug and Alcohol Programs (CDAP)  
(843) 792-5201

## Record Retention Policy (CPR 5.2.b.)

*GMEC Approved: January 2023*

*Last Reviewed: April 2025*

### Purpose

It is the intent of this policy to standardize records of retention practices in order to adhere to minimum standard guidelines of the ACGME, Federal, State, and University regulations. This policy applies to all residency programs including but not limited to Accreditation Council of Graduate Medical Education (ACGME) accredited programs, American Dental Association (ADA) accredited programs, and previously accredited programs.

### Policy

Each program will maintain a program file for each Resident. The file will contain a record of the Resident's specific rotations and other educational experiences (including procedural logs), evaluations, periodic summative reviews, any disciplinary actions, the final evaluation by the Program Director, and other information concerning the Resident that the Program Director judges appropriate to maintain in the file for educational and/or credentialing purposes.

The Graduate Medical Education (GME) Office will maintain an electronic file within the residency management system or other secure archived source.

The Resident's program file will be treated as a confidential document. Files will be maintained in a secure location and will be available only to the Program Director, the Designated Institutional Official, the Administrative Director of Graduate Medical Education, the program's evaluation committee, designated staff, and the Resident. The Resident's access to his or her file should be under direct supervision of a designated staff member of the program or the Graduate Medical Education Office.

The Program Director may disclose the program file, or portions thereof, to others judged to have a legitimate need for the information, for reasons relating to the accreditation of the program or of the program's participating institutions. The Program Director may also disclose the file, or portions thereof, to others, as authorized in writing by the Resident.

### Procedure

- Programs should follow the record retention guidelines of the individual Residency Review Committees (RRCs), if available.
- Permanently retained information in GME files:
  - Resident Agreement
  - Training History
- Minimum requirements for program archived Resident files:
  - Application (ERAS or other training application)
  - ECFMG documentation
  - Summative evaluations or exit interviews

- Records of dates of training, trainee’s rotations, training experience and procedures
- Materials required by individual RRCs
- Record of any disciplinary actions
- Release of information form from verification requests
- Other records judged important by the Program Director
- Residents who do not complete the training program or Residents who are not recommended for board certification, the entire file should be permanently retained

**Note: Applications for all Residents not accepted into the Program must be retained for 3 years regardless of if the Resident was invited for an interview.**

## Resident Complement (IR 1.1.a.)

*GMEC Approved: April 2023*

*Last Reviewed: April 2025*

### **Purpose**

To ensure that all MUSC-Regional Network accredited residency/fellowship programs adhere to the ACGME requirement that all ACGME accredited residency programs must not exceed their approved complement of Residents/Fellows and to provide programs with the requirements for applying for an approved increase in complement.

### **Policy**

In order to comply with the ACGME requirement that the number of approved Residents must not exceed the number of active Residents, the Graduate Medical Education Committee (GMEC) will review the status of each program on an annual basis during review of the residency program’s submission in the ACGME’s Accreditation Data System (ADS) and through review of the program’s Annual Program Evaluation. It is the Program’s responsibility to monitor the approved program complement and make necessary adjustments and/or obtain the appropriate approvals for temporary or permanent increases.

*Requirements for application for complement increase*

ACGME Residency Review Committees (RRC) require prospective approval for increase in Resident complement. The financial approval for all increases in complement must be obtained prior to submitting for an increase in complement. It is the program’s responsibility to monitor the timing of financial approval committees and applicable RRC deadlines.

Programs must hold a status of Continued Accreditation to be considered for a complement increase. Programs with statuses of Continued Accreditation with Warning, Initial Accreditation, Initial Accreditation with Warning, or Probationary Accreditation are not eligible for an increase.

Per ACGME Policy the RRC will consider requests for a change in complement between full reviews through the Accreditation Data System (ADS) mechanism. Consideration for approval will be given to programs with:

An accreditation status that is not on warning/probation

- No serious duty hour violations
- Reasonable compliance on the most recent Resident Survey
- Adequate faculty, facilities, patients
- A sound educational rationale
- A stable administrative structure and program leadership

An application for increasing the complement of a program must be completed and approved by the GMEC prior to any recruitment activities. This application must include an educational rationale for this change in the Resident complement and must also include financial support for the increase.

### Procedure

- Program identifies need to apply for complement increase – temporary or permanent.
- Program Director completes Complement Increase Form – including educational rationale and financial consideration.
- Program Director submits application to the GMEC for approval to proceed with application.
- Once the GMEC approves the application the Program Director will officially initiate an application for a change in the approved complement in ADS.
- The application will be sent electronically to the DIO for approval – the application will not go forward without DIO approval.
- After the DIO has approved the request, the materials submitted in ADS are forwarded to the Review Committee for a final decision.
- Once the complement increase is approved the program may proceed with recruiting to fill the new position.

## Substantial Disruptions in Patient Care or Education (IR 4.14.)

*GMEC Approved: July 2022*

*Last Reviewed: April 2025*

### Purpose

This policy addresses support for ACGME-accredited programs and Residents in the event of a disaster or other substantial disruption in patient care or education. This policy includes information about assistance for continuation of salaries, benefits, professional liability coverage, and Resident assignments.

### Policy

In the event of a disaster impacting the graduate medical education programs sponsored by MUSC-RN, the GMEC has established this policy to protect the well-being, safety, and educational experience of Residents enrolled in our training programs.

### Definitions

**Extreme emergent** situation is defined as a local event (such as a hospital-declared disaster for an epidemic) that impairs

the ability of MUSC-RN to support Resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined by ACGME Policies and Procedures.

**Disaster** is defined as an event or set of events causing significant alteration to the ability of MUSC-RN to support many residency programs as defined by the ACGME policies and procedures (e.g., Hurricane Katrina).

### Declaration of Extreme Emergent Situation

A declaration of an extreme emergent situation may be initiated by the DIO in collaboration with the hospital chief executive officer, chief operating officer, chief medical officer, and affected Program Directors. The first point of contact for answers to questions regarding a local emergent situation shall be the GMEC/DIO. When possible, an emergency GMEC meeting will be convened to assess the situation.

### Declaration of a Disaster

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the chair of the Institutional Review Committee, will make a declaration of a disaster. A notice will be posted on the ACGME website with all information relating to ACGME's response to the disaster.

### Procedure for Extreme Emergent situation

Once a declaration of an extreme emergent situation is declared:

- Administrative support for all GME programs and Residents, as well as assistance for continuation of Resident assignments, will be provided to all programs.
- Program Directors of each program will meet with the DIO, or their designee, and/or other hospital officials to determine the clinical duties, schedules and alternate coverage arrangements for each residency program.
- The DIO and hospital administration will continue to follow all ACGME institutional, common, and specialty-specific program requirements which continue to apply in an emergent situation with regard to clinical assignments within a training program.
- Program Directors will remain in contact with the DIO regarding plans to address the situation and request additional resources as needed. ACGME guidelines for development of those plans will be implemented.
- Residents are, first and foremost, physicians, whether they are acting under normal circumstances or in an extreme emergent situation. Residents are expected to perform according to their degree of competence, level of training, scope of license and context of the specific situation.
- Residents will not be first-line responders without consideration of the need for appropriate supervision based on the clinical situation and their level of training and competence. Residents at an advanced level of training who are fully licensed in the state of South Carolina may provide patient care independent of supervision but according to the privileges and policies of the institution.
- The following factors are examples which may be taken into consideration regarding a Resident's involvement in an extreme emergent situation:
  - The nature of the health care and clinical work that a Resident will be expected to deliver
  - The Resident's level of post-graduate education, specifically regarding specialty preparedness

- Resident safety, consideration of their level of training, associated professional judgment and the nature of the situation
  - Board certification eligibility during or after a prolonged extreme emergent situation
  - Reasonable expectations for duration of engagement in the situation
  - Self-limitations according to the Resident's maturity to act under significant stress or duress for an extended period of time.
- The DIO will contact the ACGME Institutional Review Committee (IRC) executive director if the situation causes serious, extended disruption that might impair the ability of MUSC-RN to support the institution/ program ability to remain in compliance with ACGME requirements. The DIO will alert the respective Residency Review Committee (RRC)
  - If the situation is complex, the DIO may need to submit in writing a description of the situation to the IRC executive director.
  - The DIO will receive electronic confirmation of the extreme emergent situation from the IRC, which will include copies to all Emergency Disasters of RRCs.
  - Upon receipt of this confirmation by the DIO, Program Directors may contact the executive directors of their respective RRCs if necessary to discuss any specialty specific concerns regarding interruptions to Resident education or the effect on the educational environment.
  - The DIO will have an active role in any emergent situation, ensuring the safety of patients and Residents through the duration of the situation.
  - If notice is provided to the ACGME, the DIO will notify the ACGME IRC executive director when the extreme emergent situation has been resolved.

#### Procedure for When a Disaster is Declared

- Administrative support for all GME programs and Residents, as well as assistance for continuation of Resident assignments, will be provided to all programs.
- To maximize the likelihood that Residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO, or their designee, will meet with each Program Director and appropriate hospital officials to determine whether transfer to another program is necessary to provide adequate educational experiences to Residents.
- In the event the decision is made that the sponsoring institution can no longer provide an adequate educational experience for Residents, the sponsoring institution will, to the best of its ability, arrange for the temporary/permanent transfer of Residents to programs at other sponsoring institutions until such time as the participating institution is able to resume providing the experience. (Notification of placement will be communicated to Residents no less than 10 days after the declaration of the disaster.). Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors an estimated period necessary for relocation within another program.
- Should that initial time estimate need to be extended, the Resident will be notified by their Program Director via written or electronic communication identifying the estimated period of the extension.
- It will be the intent of MUSC-RN to provide the appropriate administrative support, to the extent possible, to re-

establish a permanent educational experience that meets the standards of the ACGME as quickly as possible. If this cannot be achieved within a reasonable amount of time following the disaster, MUSC-RN will take appropriate steps to arrange permanent transfers of Residents to other accredited programs.

- Assistance for continuation of salaries, benefits, professional liability coverage, and Resident assignments will be provided.
- If more than one program/institution is available for temporary or permanent transfer of a particular Resident, the preferences of each Resident should be considered.
- The Program Director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process.
- The DIO will provide initial and ongoing communication to hospital officials and all affected Program Directors.
- Program Directors and the DIO will determine/confirm the location of all Residents, determine the means for ongoing communication and notify emergency contacts of any Resident who is injured or cannot be located.
- The DIO will contact the ACGME Institutional Review Committee executive director within 10 days after the declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and Resident transfers.
- The ACGME website will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and programs. The DIO will ensure that each Program Director and Resident is provided with information annually about this emergency communication availability.
- The DIO will access information on the ACGME website to provide Program Directors and Residents with assistance in communicating and documenting Resident transfers, program reconfigurations and changing participating sites.
- The DIO and Program Director will call or email the IRC executive director with information and or requests for information. Residents will call or email the IRC executive director with information and/or requests for information if they are unable to reach their Program Director or DIO.
- In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at MUSC-RN will work collaboratively with the DIO, who will coordinate on behalf of the school of medicine the ability to accept transfer Residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional Residents for training. Programs under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to accept transfer Residents.

All Program Directors and Residents must be familiar with this policy and communication plan.

## Telehealth During Disruption in Patient Care or Education Policy (IR 4.14.)

*GMEC Approved: October 2025*

### Policy

MUSC Health Regional Network GME encourages telehealth curricula and practice for residents and fellows. Key criteria for telehealth practice should include adequate supervision, reliable technology, and a private HIPAA-compliant space. During a weather event or disaster, there may be an opportunity for residents and fellows to participate in telehealth visits. Every weather event is different and therefore a blanket statement of approval is not possible. Program Directors will consider the guidelines below to determine if telehealth capability is feasible.

### Procedure

Here are key guidelines:

1. PGY1s are not eligible for telehealth practice due to supervision restrictions.
2. Prior telehealth training and clinical experience is a must. Consider whether there is sufficient process and equipment for telehealth from home including reliable and accessible technology and a private HIPAA-compliant space.
3. Supervision from an attending physician must be available when needed.
4. Do not participate during the major portion of the storm when personal safety and property are at risk. Consider “peri-storm” time for the telehealth practice. An example is inaccessible transit to the hospital from damaged, icy, or debris-filled roads after a storm has passed.
5. Consider the availability of make-up clinic time instead of peri-storm telehealth.
6. Program directors should communicate with residents to ensure conditions as listed above are met. Avoid any type of differential expectations among residents and fellows.

## Resident Transfer Policy (IR 4.2.a.)

*GMEC Approved: April 2023*

*Last Reviewed: April 2025*

### Purpose

Residents are considered ‘transfer’ Residents under several conditions including:

- Moving from a MUSC-Regional Network GME program to another program within MUSC-RN prior to program completion.
- Moving to/from a MUSC-Regional Network GME program from/to a program at a different sponsoring institution prior to program completion.

## Policy

Transfers must be conducted in a manner that allows for the optimal transition for the Resident and for the MUSC-Regional Network residency program.

[NRMP guidelines](#) regarding transfer before completion of one-year post-Match will remain in effect for those Residents who participated in the Match.

### Transfer in:

Program Directors must ensure that the addition of a transfer Resident will not adversely affect the ACGME Resident complement for the program. Once an approved residency slot becomes available, the program may request DIO approval to recruit a Resident candidate.

Before accepting a transfer Resident into a MUSC-RN GME training program, the program must obtain confirmation of the transfer Resident's satisfactory performance in the Residents' current program. The program must also obtain verification of previous educational experiences and a summative competency-based performance evaluation including procedure list prior to acceptance into the residency program. The program must obtain ACGME Milestones evaluations upon the Residents' matriculation into the program.

The accepting Program Director in conference with the program's CCC will determine, based on the previous experience of the Resident, the program year, ACGME specialty requirements and/or specialty board requirements the Resident must meet to successfully complete the residency.

The accepting Program Director will notify the GME office of the transfer plan. The Resident's credentials must be reviewed by the GME office to ensure they fulfill the criteria of the position.

Once approved the GME office will work with the residency program to fulfill all onboarding requirements including but not limited to drafting the agreement of appointment, employment paperwork and other required documentation as needed.

### Transfer Out

All requests for transfer out of a MUSC-RN residency program must be made by March 1<sup>st</sup> or the earliest date possible of the current academic year. A Resident must inform the Program Director of their desire to transfer to another program before any formal interview for such a transfer and facilitate the communication of the two Program Directors relating to the transfer.

Once this communication has been made the Resident may contact the Program Director of the desired program to discuss the possibility of the transfer.

In this circumstance, Residents are expected to continue training in their current program until the end of their current appointment according to the terms of their Resident Agreement, unless an earlier resignation is mutually agreed upon by the Resident and Program Director

Residents who leave their program without the approval of their Program Director and prior to the end of the academic year are considered in violation of the terms of the Resident Agreement.

Transfers out of MUSC-RN GME programs must be presented to the GMEC so the committee can monitor program attrition.

## Procedure

Residents transferring INTO a MUSC-RN GME program:

- Prior to initiating the Resident Agreement, programs must obtain a statement regarding the Resident's current standing and indication of when the summative competency-based performance evaluation will be completed. An example of an acceptable verification statement is: "(Resident name) is currently a PGY (level) Resident in good standing in the (residency program) at (sponsoring institution). They satisfactorily completed all rotations to date, and we anticipate they will satisfactorily complete their PGY( ) year on June 30, (year). A final summary of their rotations and a summative competency-based performance evaluation including Milestones will be sent to you by July 31, (year)."
- Obtain written or electronic verification of previous educational experiences, including rotations completed and procedural/operative experience.
- Obtain a written or electronic summative competency-based performance evaluation from the Resident's current Program Director.
- Discuss the results of the summative evaluation with the current Program Director in person or via telephone and keep written documentation of this discussion along with the training verification and summative evaluation in the Resident's permanent file.

Residents transferring FROM MUSC-RN program:

- For Residents transferring out of a MUSC-RN training program prior to completion of the program, the Program Director must provide timely verification of previous educational experiences and a summative performance evaluation to the Program Director of the program into which the Resident is transferring.
- A letter requesting the release of the Resident from the training program commitment must be presented to the DIO prior to approving the transfer.
- Transfer approvals will be reviewed by the GMEC to monitor attrition.

## Social Media Policy (IR 3.2.f.)

*GMEC Approved: July 2023*

*GMEC Updated and Approved: April 2025*

## Purpose

- Protect the privacy and safety of our patients, employees, and students.
- Minimize the business, legal and personal risks that may arise from an individual's use of social media during working or non-working hours.

- Outline the recommendations for external and internal participation in social media platforms, including non-MUSC hosted social media and MUSC hosted social media, in which an individual’s affiliation with MUSC is known, identified or is obvious.
- Remind the MUSC Community that communications on social media should be consistent with MUSC’s core values of compassion, respect, innovation, collaboration, integrity, and in pursuit of fostering these values. Be attuned to how behaviors and communications impact patients, students, workforce members and the community.

### Policy

The [MUSC Enterprise Social Media Policy](#) provides MUSC-Regional Network Residents guidance regarding individual responsibilities when using social media, both internal and external platforms.

MUSC accounts are defined as any social media account that uses an MUSC logo, links to an MUSC website, has MUSC in the name or is associated with any MUSC college, department, location, clinic, specialty, research initiative, clinical trial, laboratory or affinity group. Additional social media guidance can be provided by the MUSC Social Media Governance Committee. The committee is available for consultation and to share training resources ([socialmedia@musc.edu](mailto:socialmedia@musc.edu)). Channels approved for MUSC to be on include Facebook, X/Twitter, Instagram, LinkedIn, YouTube, and Vimeo. No MUSC TikTok accounts will be approved.

See [The MUSC Social Media Handbook](#) and/or consult with your Program Director for specific program policies and procedures.

## USMLE and COMLEX Policy (IR 4.2.)

*GMEC Approved: January 2023*  
*Last Reviewed: April 2025*

### Purpose

To ensure specialty and subspecialty Residents complete all steps of the USMLE or COMLEX sequence as part of their graduate medical education. It will also enable training programs to assess the general medical knowledge of their Residents.

### Policy

- Documentation of successful completion of USMLE/COMLEX Steps 1 and 2 must be submitted prior to the start of training program.
- All PGY-1 Residents are required to register for the USMLE or COMLEX Step 3 exam by December 31<sup>st</sup> of the PGY-1 year to receive a contract for the PGY-2 year. Residents who have not provided evidence of registering for the examination, and are otherwise in good standing, will be issued a letter stating that a decision to renew cannot be made at the time and will be given a maximum of three months to register for the exam. Failure to comply

will result in termination from the program at the conclusion of the PGY-1 year. *Note: The MCCQE, in approved sequence, is also accepted as an equivalent exam for this policy.*

- Residents must provide evidence of a passing score on USMLE/COMLEX Step 3 prior to December 31<sup>st</sup> of the PGY-2 year to be eligible to receive a contract for the PGY-3 year. Residents, who have not provided evidence of a passing Step 3 and are otherwise in good standing, will be issued a letter stating that a decision to renew cannot be made at the time and will be given a maximum of three months to provide evidence of passing the examination. Failure to comply will result in termination from the program at the conclusion of the PGY-2 year.
- Residents terminated due to not taking or not passing the USMLE/COMLEX Step 3 in the specified time period, may reapply to their program upon receipt of a passing score. Acceptance is not guaranteed.
- All specialty and subspecialty Residents accepted into GME programs at the PGY-3 level or above must have already passed the Step 3 exam before entering the residency program.
- This policy is also applicable to Residents seeking to transfer to a MUSC-RN program.

#### Procedure

- Every Resident is responsible for providing copies of the Step 3 exam results to the Program Director and, if requested, the GME Office. It is the program coordinator's responsibility to input all scores into MedHub. The Resident will be allowed two (2) days off from the program to take the Step 3 exam. These two days will NOT be counted as annual or sick leave.
- Program Directors are responsible for ensuring all exam information (date taken, score, status, etc.) is posted within their Residents' MedHub profiles in a timely manner. All information is to be current by December 31<sup>st</sup> of each year and updated by March 31<sup>st</sup>.
- Exceptions to this policy will only be made by MUSC's Designated Institutional Official in consultation with the Program Director and department chair, and only then in rare and unusual circumstances.

### Vacation and Leaves of Absence (IR 4.8)

*GMEC Approved: July 2022*

*GMEC Updated and approved: April 2025*

#### Overview

MUSC-Regional Network GME is committed to providing a learning environment supportive of its Residents in their pursuit of productive and fulfilling academic, professional, and personal lives. The purpose of this policy is to provide an overview of the eligibility requirements, benefits provided, and procedures required to utilize time off.

All vacations and leaves, time off (sickness, CME, educational conference) must be approved by the Program Director at least 60 days in advance. For unplanned leave events, the Program Director should be notified as early as possible. Early requests help to make appropriate accommodations (rotation schedules, call schedules, etc.). See your program handbook and/or consult with your Program Director for specific program policies and procedures.

## **Policies and Procedures**

### **1. Annual Leave**

**Definition: Annual Leave** is paid time off work, which encompasses any time off that is non-training related (e.g., vacation, job interviews, board exams, meetings and conferences, FMLA, etc.)

Annual Leave of three (3) weeks, as defined by twenty-one (21) days consisting of a maximum of fifteen (15) working days (Monday-Friday) plus six (6) weekend days (Saturday-Sunday), with pay may be given per twelve-month period, unless specifically limited as required for specialty board certification. Time away from MUSC-RN for job interviews, board examinations, meetings and conferences must be taken as Annual Leave. Annual Leave must be submitted for approval to the Program Director (or designee) in advance.

Residents are expected to carry out any duties or assignments as directed by the Program Director on Federal or State holidays, unless permission is granted by the Program Director (or designee). Residents are not granted compensation time for working on Federal or State holidays unless approved in writing by the Program Director.

If the specialty board requires a minimum amount of time for board eligibility, the Resident may be required to make up any time missed in accordance with these requirements.

Annual Leave, like all other benefits to Residents, cannot be carried forward to the next academic year, does not accrue over time, and unused Annual Leave will be forfeited at the termination of the training program and not paid out. The Resident Agreement is for one year only, thus, at the end of each year, the terms of the agreement are void and all benefits end on the final day of the Agreement.

#### **Annual Leave Procedure**

- Residents submit requests for Annual Leave through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- The request is reviewed and/or approved by Program Director
- Request processed by Program Coordinator

### **2. Sick Leave**

**Definition: Sick Leave** is paid time that may be used for yourself or for a family member for mental and physical illness, injuries, and health conditions. The paid time off may also be used to obtain medical care, diagnostic, or preventive care.

Sick Leave of three (3) weeks, as defined by twenty-one (21) days, (including Saturdays and Sundays) with pay may be given per twelve months of employment. A Resident who is absent for six (6) or more consecutive days due to illness must present a clearance letter from the principal treating physician or receive written approval

from the Program Director before returning to the program. Program Directors (or designee) are entitled to require Residents to provide medical evidence to support reasons for absences or if absences exceed three (3) consecutive workdays. Under certain circumstances, additional Sick Leave without pay may be granted with the written approval of the Designated Institutional Official or designee. If the specialty board requires a minimum amount of time for board eligibility, the Resident may be required to make up any time missed in accordance with those specialty board requirements.

Unused sick leave, like all other benefits to Residents, cannot be carried forward to the next academic year, does not accrue over time will be forfeited at the termination of the training program, if not used, and will not be paid out.

### **Sick Leave Procedure**

- Residents submit requests for Sick Leave through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- The request is reviewed and/or approved by Program Director
- MedHub schedule changes and communications processed by Program Coordinator

### **3. Parental/Caregiver/Medical (PCM) Leave**

**Definition: PCM Leave** is the Parental, Caregiver, or Medical Leave allowance, which grants eligible Residents additional paid time off for qualifying leaves. A Resident who is approved for PCM Leave must comply with the requirements of the federal Family Medical Leave Act (FMLA) (see “**Family and Medical Leave Act of 1993**”)

#### **A. Parental Leave**

**Definition: Parental Leave** is a leave of absence granting up to 6 consecutive weeks of paid time off to bond with a newborn, newly adopted, or newly fostered child, or a minor for whom legal guardianship has been newly appointed.

A Resident who is approved for PCM Leave must comply with the requirements of the federal Family Medical Leave Act (see “**Family and Medical Leave Act of 1993 (FMLA)**”). Parental Leave requests should be provided to the Program Director by the beginning of the second trimester or at the time of adoption request filing.

#### **Parental Leave Eligibility**

- i. Available to birthing and non-birthing parents, adoptive/foster parents, and surrogates.
- ii. Must be taken within one year of the birth or adoption/foster placement of the child.
- iii. There is no minimum duration of service requirement.
- iv. If the Resident is also FMLA eligible, FMLA will run concurrently with Parental Leave.

#### **Parental Leave Procedure**

- Residents submit requests for Leave of Absence through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- Program Coordinator schedules a review meeting with the MUSC Regional Network Administrative Director to determine next steps based on FMLA eligibility
  - FMLA Application Process
  - PCM Allowance (see “**Paid Time Off During Leave of Absence**”)

- Combination of multiple leaves
- The request is reviewed and/or approved by Program Director
- MedHub schedule changes and communications processed by Program Coordinator

## B. Caregiver Leave

**Definition:** *Caregiver Leave* is a leave of absence granting up to 6 weeks of paid time off to care for the Resident's spouse, child, or parent who has a serious health condition.

### Caregiver Leave Eligibility

- i. Must be taken for the purpose of caring for a spouse, child, or parent.
- ii. The individual being cared for must meet the criteria for a serious health condition.
- iii. There is no minimum duration of service requirement.
- iv. If the Resident is also FMLA eligible, FMLA will run concurrently with Caregiver Leave.

### Caregiver Leave Procedure

- Residents submit requests for Leave of Absence through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- Program Coordinator schedules a review meeting with the MUSC Regional Network Administrative Director to determine next steps based on FMLA eligibility
  - FMLA Application Process
  - PCM Allowance (see “Paid Time Off During Leave of Absence”)
  - Combination of multiple leaves
- The request is reviewed and/or approved by Program Director
- MedHub schedule changes and communications processed by Program Coordinator

## C. Medical Leave

**Definition:** *Medical Leave* is a leave of absence granting up to 6 consecutive weeks of paid time off to care for a serious health condition that makes the Resident unable to perform essential job functions.

### Medical Leave Eligibility

- i. Must meet the criteria for a serious health condition that makes the Resident unable to perform essential job functions.
- ii. There is no minimum duration of prior service requirement.
- iii. If the Resident is also FMLA eligible, FMLA will run concurrently with Medical Leave.

### Medical Leave Procedure

- Residents submit requests for Leave of Absence through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- Program Coordinator schedules a review meeting with the MUSC Regional Network Administrative Director to determine next steps based on FMLA eligibility
  - FMLA Application Process
  - PCM Allowance (see “Paid Time Off During Leave of Absence”)
  - Combination of multiple leaves
- The request is reviewed and/or approved by Program Director

- MedHub schedule changes and communications processed by Program Coordinator

#### 4. Family and Medical Leave Act of 1993 (FMLA)

**Definition:** *FMLA is the Family Medical Leave Act of 1993. A qualifying event is any medical event occurring for either a Resident, dependent, or any family member for whom the Resident is a primary caregiver. This does not include bereavement, employment-related or other personal activities.*

#### About FMLA:

1. Federal allowance of job protection for up to 12 calendar weeks of leave for qualifying reasons.
2. Guarantees benefits for the full 12 weeks of leave, but does not guarantee pay for the duration of the leave (See **“Paid Time Off during Leaves of Absence”**)
3. FMLA allowances operate in accordance with the MUSC-RN academic calendar, which resets on July 1 of each year.
4. If the Resident is taking another type of leave (e.g., Parental, Caregiver, or Medical) and is also FMLA-eligible, FMLA will run concurrently with that leave.
5. May be taken as a continuous or intermittent leave.
6. Implications on Annual Leave (See **“Paid Time Off During Leaves of Absence”**)

#### FMLA Eligibility

Must have worked for MUSC-RN for at least 12 months and/or at least 1250 hours during the twelve-month period prior to the first day of leave. Qualifying reasons include birth of a child, care for a newborn, adoption or foster placement, care for a spouse, child, or parent with a serious health condition, or a serious health condition rendering the Resident unable to perform the functions of the job.

#### FMLA Leave Procedure:

Please consult with your Program Director and Program Coordinator before proceeding with these step-by-step instructions to apply for a leave of absence.

**Step #1:** Contact FMLASource: • Website: [www.fmlasource.com](http://www.fmlasource.com)

- Phone: 1-866-517-1251 Monday – Friday, 7:30 a.m. – 9:30 p.m. CST

**Step #2:** Receive the Medical Certification Form from either your Leave Notification Packet sent by FMLASource or download from [www.fmlasource.com](http://www.fmlasource.com)

- The Medical Certification Form is time-sensitive material. Be certain to check for the certification due date on your initial request letter provided in your FMLA Notification Packet.

**Step #3:** Take the blank Medical Certification Form to either your or your family member’s Health Care Provider.

- If your leave is not for medical reasons, please follow the instructions provided by the FMLASource Specialist and/or your Leave Notification Packet.

**Step #4:** Ensure that FMLASource received the completed Medical Certification Form prior to the certification due date. It is your responsibility to ensure paperwork gets returned in a timely fashion. If

there are delays completing your forms, be sure to contact FMLASource prior to your certification due date: Return the completed Medical Certification Form to FMLASource: • Fax: 877.309.0218 • E-Mail: [FMLACenter@FMLASource.com](mailto:FMLACenter@FMLASource.com)

**Step #5:** Receive and review the Decision Letter from FMLASource. Please note that the decisions are based on the certification completed by the health care provider. Contact FMLASource if your leave was denied and you need clarification on next steps.

**Step #6:** If approved for the leave, you will be responsible for keeping track of your available entitlement:

- **Intermittent Frequency Leave:** Be sure to report each intermittent FMLA absence to FMLASource by midnight of the date of absence and follow your program’s call-off procedures. All prescheduled appointments need to be tracked ahead of time with both FMLASource and your company.
- **Continuous Frequency Leave:** Pay close attention to the date range on your decision letter. Your position at your company is only protected during that date range. To keep your entitlement accurate and to ensure protection, please notify FMLASource if your leave is different than what was provided on the decision letter

**Step #7:** If approved for FMLA leave, please consult with your Program Coordinator before proceeding to submit initial or update your request in [OurDay](#) by logging in and typing in the search bar “Request Absence” then choose dates and choose absence type (you will need to upload your approval document from FMLASource).

**Step #8:** Login to OurDay then type in the search bar “Request Return from Leave of Absence” to process return step.

## 5. Professional Leave of Absence

**Definition: Professional Leave of Absence (LOA)** is a leave that may be granted under special circumstances and will be handled on an individual case-by-case basis by the Designated Institutional Official (DIO) in consultation with the Residency Program Director.

The Resident may be required to make-up the time missed in accordance with Board Eligibility requirements. Terms of reinstatement after a LOA will be developed, written and approved by the Program Director and the DIO before the Resident will be permitted to return to the residency program.

### Professional Leave of Absence Procedure

- Resident submits a letter of request to the DIO with a copy to Program Director with the purpose of leave and date range to include start date and end date
- The request is reviewed and/or approved by DIO and Program Director
- Once approved by DIO, the request is routed to the GME Administrative Director for resident record and Program Coordinator is notified after MedHub updates
- Next Steps, MedHub schedule changes and communications processed by Program Coordinator

## 6. Other Leave

### A. Military Leave

In the event of military leave, the Resident is required to provide their Program Director with a copy of the military orders. The orders should contain the time of deployment and locations. The Program Director must prepare a plan for the Resident to make up time away from the residency program if required by the specialty board. The plan, along with a letter approving the LOA, should be submitted to the DIO along with a copy of the military orders. Any Resident that is required to fulfill military obligations, MUST still complete all the training program requirements for board eligibility. This may require a change in the original date for the completion of the program.

Residents who are members of the South Carolina National Guard or an active reserve unit of a military service may be given up to 15 workdays leave without charge against earned leave or loss of pay to meet the federal minimum annual training requirements within a calendar year, or fiscal year if the National Guard or reserve component credits training requirements on a fiscal year basis. However, while a 15-day maximum is allowed, it does not entitle a Resident to take the full 15 days leave if it is to include training which is supplemental to the minimum requirements of the service component. The first 15 days Military Leave (taken consecutively or intermittently) during a calendar or fiscal year are to be charged as that which is required, and the Resident will be compensated for only the number of days scheduled to work during this period. Thirty additional days will be granted without charge against earned leave or loss of pay when called to active duty for State or national emergencies.

#### **Military Leave of Absence Procedure**

- Residents sends a copy of the military orders to the Program Director with a copy to Program Coordinator
- Resident submits Leave of Absence through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- Program Director approves in MedHub then drafts a letter approving the LOA to submit with applicable plan for schedule adjustments and for Resident to make up time away from program to the DIO along with a copy of the military orders.
- The request is reviewed and/or approved by DIO
- Request processed by MUSC Regional Network Administrative Director and Program Coordinator
- MedHub schedule changes and communications processed by Program Coordinator

#### **B. Bereavement Leave**

*Definition: Bereavement Leave of three (3) days with pay shall be given per death of an immediate family member (i.e., parents, siblings, grandparents, children, or spouse). The Resident does not need to make up that time unless required by the specialty board to meet board certification eligibility requirement(s).*

#### **Bereavement Leave Procedure**

- Resident submits Bereavement request under Leave of Absence through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- The request is reviewed and/or approved by Program Director
- MedHub schedule changes and communications processed by Program Coordinator

#### **C. Jury Duty or Court Appearances**

Residents are not exempt from jury duty; all Residents will have to respond to any summons to serve on a jury. The Program Director, Program Coordinator, and the Resident's currently scheduled hospital/rotation must be notified immediately of a jury summons or potential jury duty. Jury duty will not reduce paid leave benefits, and the Resident will remain in paid status for the duration of jury service.

i. Subpoenaed Residents are permitted to be absent with pay when serving as a court witness.

#### **Jury Duty or Court Appearances Procedure**

- Resident sends documentation to the Program Director and Program Coordinator
- Resident submits Witness/Jury request under Leave of Absence through the Absence/Vacation Request Forms on the [MedHub homepage](#)
- The request is reviewed and/or approved by Program Director
- MedHub schedule changes and communications processed by Program Coordinator

#### **7. Paid Time Off During Leave of Absence - Parental, Caregiver, and Medical (PCM) Allowance**

MUSC-RN has updated procedures to support salary and benefits coverage for the length of time away outlined in the July 1, 2022, the [ACGME Institutional Requirements](#) for reasonable leave allowances for GME trainees in the interest of wellness.

Applied to an eligible leave, allowing for additional leave:

- A. Residents may be eligible for up to seven weeks (49 calendar days / 35 weekdays) of paid time off once during training: up to 6 weeks of paid time off for the PCM leave itself, and an additional week reserved to be used for Annual Leave outside of the leave period.
- B. Benefits coverage during Parental Leave (contact your Program Coordinator or contact MUHA Benefits team at 843-792-0819 or [muha-benefits@musc.edu](mailto:muha-benefits@musc.edu) if you have questions or concerns about impacts of leave on benefits coverage).

#### **Eligibility**

- i. There is no minimum duration of service requirement.
- ii. This allowance can only be used once during training per training program regardless of the type of leave taken.

#### **iii. If ineligible for the one-time PCM Allowance:**

- The total bank of allowable paid leave for the current academic year will be six weeks as outlined above, including up to three (3) weeks Annual Leave and up to three (3) weeks Sick Leave.
- Any remaining paid leave balance at the beginning of the LOA will be applied to the LOA first. Once all paid leave has been exhausted, the remainder of the leave will be unpaid, but all benefits, such as insurance will be continued.
- If the Resident does not use all six weeks of paid leave by the end of the leave, the program may, at their discretion, grant additional time, provided that the entirety of paid leave does not exceed the six-week GME allowance.

#### **iv. If eligible for the one-time PCM Allowance:**

- i. The Resident is eligible for 6 weeks of paid leave (42 calendar days) during training for eligible PCM absences.
- ii. One week (7 calendar days) of paid leave will be allowed for use outside of the PCM leave period.

## Vendor Interactions between Representatives/Corporations and Residents (IR 4.12.)

*GMEC Approved: July 2022*

*Last Reviewed: April 2025*

### Purpose

MUSC recognizes the value of its relationship with the healthcare industry. The University also believes that such relationships must be entered into based on a partnership that advances the benefits of biomedical research, education and clinical care in pursuit of improving human health. Importantly, these activities must avoid both the existence or impression of professional impropriety by all University or MUSC individuals who are entrusted with the integrity of the institution's educational, clinical or research programs.

### Policy

This policy addresses MUSC-RN GME programs and Resident behavior in outside relationships with vendors in educational contexts, which may include clinical training sites.

Clinical decision-making, education, and research activities must be free from influence created by any financial relationships with, or gifts provided by, Industry. For purposes of this policy, "Industry" is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital equipment supply industry entities and their representatives. In addition, clinicians, Resident and MUSC staff should not be the target of commercial blandishments or inducements - great or small - the costs of which are ultimately borne by our patients and the public at large. These general principles should guide all potential relationships or interactions between MUSC-RN GME personnel and Industry representatives. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, MUSC-RN GME personnel should consult in advance with their Program Directors or senior administrators to obtain further guidance and clarification. Charitable gifts provided by industry in connection with fundraising done by or on behalf of MUSC-RN GME shall be subject to other policies. (reference)

### Activities Included but not limited to:

**Gifts: Residents** and their immediate family members may not accept gifts of value exceeding \$10 from vendors or other representatives of industry. Examples of gifts include, but are not limited to, travel and lodging expenses; membership dues; admission fees; preferential terms on a loan, goods or services; or the use of real property. Acceptance of travel funds to participate in meetings or training directly related to ongoing sponsored research is not considered a gift and is allowable. Residents may accept travel funds from scientific or professional societies that are funded by industry, as long as the society controls the selection of the recipient. Residents may not accept travel funds directly from industry but travel support from industry funds provided to MUSC is allowed.

**Meals:** Except as noted below, Residents should not accept food and beverages, support for social events, or other hospitality offered directly by Industry to the Resident. Industry support for food and beverages for college, department or division meetings or retreats is prohibited. Residents may attend an educational meeting or conference which include food, beverages and social receptions sponsored by Industry as long as invitation to these events is open to non - MUSC attendees as well, e.g., the event is open to all meeting attendees. A Resident engaged in off-site consulting may accept

food and beverages as a part of a reasonable compensation package for consulting services. Residents cannot participate in industry sponsored food, beverages and/or entertainment events that are provided only for a select invited individual or group of individuals if the primary purpose of the event is for marketing and promotional purposes. However, this restriction does not preclude allowable activities, such as site visits and meetings with potential vendors, which may occur when obtaining contracted goods and services; these activities are governed by state and MUSC and/or MUHA procurement guidelines. Residents should recognize that attendance at an industry supported event may cause their name and institutional affiliation to be reported as required by federal regulation. This can be avoided by paying for one's own meal at such events and removing one's name from the attendance list.

**Consulting Relationships:** Consulting interactions can facilitate the advancement of innovative ideas and discoveries, both of which ultimately benefit the general public through the transfer of scientific discoveries. This section of the policy clarifies the terms of interactions with Industry where the primary goal is scientific exchange.

***Approved consulting activities include but are not limited to the following:***

- Serving on advisory boards, expert panels, leadership groups, data safety monitoring boards, and/or similar groups.
- Providing expert witness testimony.
- Providing scientific or medical presentations or expertise to industry scientists, research and development staff, and/or their staff.
- Providing product review, product evaluation, and product feedback for Industry.
- Demonstrating an Industry product (*i.e.*, teaching when and how to appropriately use a product) for medical or research professionals in the context of medical or scientific education.
- Providing consultation to venture capital firms and serving as a scientific or medical advisor to Industry for purposes of MUSC intellectual property development.

***Prohibited consulting activities include but are not limited to the following:***

- Consulting activities requiring or appearing to require MUSC staff to endorse or appear to endorse a particular product, drug, device, or service (either orally or in writing). This includes demonstrating an Industry product for promotional or sales purposes; and appearing (or being quoted) in a video, television, radio, internet broadcast, web site, or in other publicly broadcasted or distributed materials for promotional or sales purposes without proper authority or approval.
- Participating in ghostwriting, which is defined as Industry sponsorship for (i) making a major contribution towards the writing and/or research of scientific and medical publications without receiving authorship; or (ii) accepting authorship for a scientific or medical publication without making a major contribution towards the writing and/or the research.
- Serving as an Industry sponsored "named reference" for a product recommendation.
- Providing MUSC slides, videos, pamphlets or any other MUSC logo or copyrighted materials to Industry for marketing or promotional use. Such use must be approved in accordance with MUSC/MUHA policy or procedure.
- Providing services that conflict with or appear to conflict with SEC rules and regulations for stockbrokers, investment houses, equity management companies, banks, and/or financial institutions.
- Providing services to an Industry that is in a known legal dispute with MUSC.
- Speaking to investors on behalf of a company, except when the company is an MUSC sanctioned and supported faculty start-up company.

The lists of approved and prohibited consulting activities are the same whether consulting is done on personal or professional time. All Covered Persons who participate in consulting activities are subject to the approval of the MUSC Conflict of Interest Office.

**Site Access:** The MUSC Medical Center recognizes the value of information provided by various industry representatives but intends to limit access to its personnel and facilities to prevent interference with patient care activities. All vendors are expected to, at all times, adhere to the MUHA Code of Conduct and any applicable contract with the vendor.

All industry representatives must have an appointment before visiting any MUSC-RN office or clinic. Residents may request a presentation by or other information from a particular company.

While in MUSC-RN facilities, all Industry representatives must be identified by name and current company.

All Industry representatives with access to MUHA and MUSC-RN clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.

On-campus vendor fairs intended to showcase Industry products may be permitted if approved by the appropriate (MUSC-RN or MUHA) office. Such events must comply with the "Gifts" and "Meals" provisions of this policy.

#### **Support of Continuing Education in the Health Sciences:**

Continuing Education (CE) programs supported by Industry are permitted provided the following criteria are met:

- Industry sponsored programs offering continuing education (CE) credit must be processed through the Office of Continuing Medical Education if appropriate and adhere to the standards for commercial support established by the ACCME, the ADA CERP, the ACPE, the ANCC, or other such accrediting or licensing body if available.
- Industry provided food and beverages are prohibited at educational programs in which the only attendees are from MUSC, both on campus and off campus.
- Students or trainees may participate in the continuing education programs as long as the programs are structured group settings that are supervised by faculty.
- Appropriate disclosure statements are made in any pre-meeting announcement and by the speaker prior to beginning the program.
- Companies seeking to provide support for CE programs may do so through unrestricted educational grants.

**Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees:** The MUSC-RN GME programs may accept Industry support for scholarships or discretionary funds to support trainee or Resident travel or non-research funding support, provided that all of the following conditions are met:

Industry support for scholarships and fellowships must comply with all MUHA or MUSC-RN requirements for such funds, including the execution of an approved budget and written gift agreement through MUHA Development Office, and be maintained in an appropriate restricted account. Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the Program Director for the residency or fellowship. Written documentation of the selection process will be maintained.

Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the program administrator for the residency program. Industry

may not earmark contributions to fund specific recipients or to support specific expenses. Residency programs may apply to use monies from this pool to pay for reasonable travel and tuition expenses for Resident to attend conferences or training that have legitimate educational merit. Attendees must be selected by the program based upon merit and/or financial need, with documentation of the selection process provided with the request.

Approval of requests shall be at the discretion of the Program Director.

**Authorship and Speaking:** Authorship on papers by MUSC-RN personnel should be consistent with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Authorship and Contributorship developed by the International Committee of Medical Journal Editors ([www.icmje.org](http://www.icmje.org)). Ghostwriting (honorary authorship) is explicitly forbidden.

The content of all presentations given or co-authored by MUSC-RN personnel must be evidence based. All clinical recommendations must be in the best interest of patients based on evidence available at the time of the presentation. Participation in pharmaceutical industry funded speaker's bureaus, (i.e., promotional speaking concerning specific pharmaceutical products), is forbidden.

**Other Industry Support for Research:** MUSC-RN has established policies and contract forms to permit Industry support of basic and clinical research in a manner consistent with the non-profit mission of MUHA and MUSC-RN. Researchers may accept, for testing purposes, samples of unique research items or drugs, produced by only one manufacturer, where no other alternatives exist.

Should multiple options exist, acceptance of samples is acceptable only if received from all companies manufacturing similar products, so that a decision to purchase may be made based exclusively on the performance of the product, without preference for any given manufacturer.

All products received as gifts for research must be disclosed and explicitly acknowledged in all pertinent documents, including publications. True philanthropic gifts from Industry may be accepted through the MUHA Development Office.

### Procedure

MUSC-RN personnel shall report their outside relationships with Industry following the MUSC Conflict of Interest Policies at least annually and more often as needed to disclose new relationships. All relevant outside relationships with industry will be made available to the public via the appropriate channel.

Suspected violations of this policy shall be referred to the individual's Program Director, who shall determine what actions, if any, shall be taken. The DIO shall also be notified of suspected violations by MUSC-RN GME Resident. Violations of this policy by a MUSC-RN GME Resident may result in the following actions (singly or in any combination), depending upon the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:

- Counseling of the individual involved
- Letter of Concern, probation or other corrective action
- Banning the violator from any further outside engagements for a period of time
- Requiring that the violator return any monies received from the improper outside relationship
- Requiring the violator to complete additional training on conflict of interest
- Any disciplinary action taken hereunder shall follow the established procedures of the MUSC-RN GME

The procedure set forth in this section does not alter the right of MUSC-RN to take action according to any other organizational policies and procedures.

## Visiting Residents Policy (IR 1.1.)

*GMEC Approved: January 2025*

### Purpose

To define the policy for Visiting Resident rotations at the MUSC-Regional Network hospitals and clinics. To standardize the process, ensuring all required approvals and documentation is in place and readily available in the event of internal or external audit.

### Policy

MUSC- Regional Network welcomes Visiting Residents/Fellows from other institutions to participate in elective clinical rotations, fostering growth of patient-centered medical knowledge and experience. Visiting Residents from other ACGME accredited programs in the US are accepted under the South Carolina State requirements for active licensing and after obtaining appropriate approvals to assure capacity for high quality educational experience. The MUSC-Regional Network GME office is unable to sponsor visas for Visiting Residents.

Please review the process requirements and the form for specialty and subspecialty residents to apply to do clinical rotations at the Medical University of South Carolina (MUSC) can be found on the MUSC Regional Network GME website to submit the [MUSC Regional Network Visiting Resident Request Form](#).

Visiting Resident rotation requests must be submitted 120 days in advance of rotation start date which must be coordinated to start on a select Monday for MUSC Health System Orientation. Visiting Residents must comply with all onboarding and orientation requirements meeting compliance with applicable bylaws, rules, regulations, policies, and procedures pertaining to patient care activities, education experiences, research and other scholarly activities including clinical and educational work hours and other specialty or subspecialty ACGME requirements.

The MUSC Site Director and/or applicable MUSC Program Director will ensure that each Resident's performance is evaluated regularly by the faculty through timely written or verbal feedback and shall provide a formal evaluation of the Resident's performance in all ACGME competencies areas at the conclusion of the rotation in the manner prescribed by the Visiting Resident's Program Director. In addition, the MUSC Site Director and/or MUSC Program Director will notify the Visiting Resident's Program Director if any adverse events, concerns for incidents of unprofessional behavior, or serious performance deficits involving the Visiting Resident take place during the rotation at MUSC.

### Process

1. Visiting Residents or program managers submit the [MUSC Regional Network Visiting Resident Request Form](#) to contact the MUSC Regional Network GME office from the Website homepage link for Visiting Residents at [Graduate Medical Education in the MUSC Regional Network | MUSC Health | Charleston SC](#)
2. The MUSC Regional Network GME Office receives the form for initial review and approval then forwards request to the MUSC-Regional Network Program Manager to coordinate with the MUSC-Regional Network Site Director.

3. Approval of the Visiting Resident clinical rotation is at the discretion of the MUSC-Regional Network DIO, the Regional Network Hospital CMO, designated supervising physician/Site Director, and the appropriate MUSC-Regional Network Program Director.
4. Once approved, the MUSC-Regional Network Program Director as Participant Reviewer and Secondary Responsible Party in Symplr with the MUSC-Regional Network Program Manager as Primary Party will process a Program Letter of Agreement (PLA) in Symplr that will outline the following requirements:
  - Visiting Resident’s home institution’s malpractice insurance coverage responsibility
  - Visiting Resident’s home institution will be responsible for paying salary and benefits
  - Visiting Resident rotation Goals and objectives for rotation must be attached to PLA
  - Minimum PLA required signatures:
    - Supervising Physician at MUSC Health Medical Center or Clinic Location
    - MUSC Regional Network DIO
    - MUSC/MUHA Legal Counsel
    - CEO of MUSC Health/Vice President for Health Affairs of MUSC
      - CEO for MUSC Health Medical Center or Clinic Location
      - DIO from the Visiting Resident/Fellow sponsoring institution
      - Visiting Resident/Fellow Program Director
5. Once Symplr agreement is complete, the MUSC-Regional Network GME Office will:
  - Create the Visiting Resident’s profile in MedHub
  - Launch MedHub Visiting Resident Onboarding bundle process in MedHub
  - Create NetID and MUSC email so the MUSC Health Program Manager can oversee onboarding process in MedHub and OurDay to complete the following documents and requirements:
    - Attestation from current home program with compliance learning mandatories transcript. MUSC trainings will be assigned by the MUSC Program Manager or MUSC HR Administrator via OurDay.
    - MUSC Employee Health Screen Appointment
    - Federal NPI Number
    - Visiting Resident CV
    - South Carolina Medical License
    - South Carolina Controlled Substance License
    - Federal DEA
    - Malpractice Insurance Carrier and COI with policy number and dates of coverage
    - International Medical Graduates (IMGs) or U.S. Foreign Graduates provide copies of their ECFMG certificates and appropriate visas.
    - Epic Training and access to specific services and/or other patient care systems
    - Pharmacy Training
6. MUSC-Regional Network Program Manager communicates with the Visiting Resident, MUSC Health System HR, Practice Managers, and the MUSC Regional Network GME Office on steps to coordinate clearance to start for the date determined beginning with MUSC Orientation (HR has scheduled select Mondays for MUSC onboarding) where the Visiting Resident will receive badge.
7. MUSC-Regional Network Program Manager schedules the MedHub rotation for the Visiting Resident.
8. MUSC-Regional Network Program Manager provides onboarding support and works with Program Manager to provide any program-specific orientation for Visiting Resident.

9. MUSC-Regional Network Program Manager reviews and confirms termination date in OurDay and in MedHub and processes off-boarding bundle assigned by GME Office which includes the checkout form the Visiting Resident must have sign off by the medical records team that all notes are closed on last day of rotation before final meeting with the Visiting Resident to turn in their badge.
10. Once the Visiting Resident has checked out, they will no longer be able to participate in clinical activities at the MUSC-Regional Network site.

## Resident Academic Action Policies and Procedures

### Clinical Competency Committee (CPR 5.3.)

*GMEC Approved: October 2023*  
*Last Reviewed: April 2025*

#### Policy

A Clinical Competency Committee (CCC) must be appointed by the Program Director. The goal of the CCC is to assess and evaluate the Resident’s performance in each of the six ACGME core competencies. The committee’s purpose is to serve as an advisory board to the Program Director regarding all Resident issues, including, but not limited to, feedback, evaluation, curriculum organization, promotion, remediation, certification and disciplinary action.

#### Membership

Each program is required to operate a CCC. At a minimum, the CCC must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s Residents (see chart below).

May serve as member of CCC	May attend CCC meetings, but are not members of the CCC	Cannot serve or attend CCC meetings
Program faculty members  Program Directors  Other health professions who have extensive contact and experience with the Residents (e.g., nursing, inter-professional faculty members)	Program Coordinators	Residents and Chief Residents

**The CCC must:**

- Review all Resident evaluations at least semi-annually. The CCC is advisory to the Program Director. It considers all written rotational and other evaluations and discusses any non-congruence between written evaluations and their experiences with each Resident. The provision of frank verbal feedback by the CCC to the Program Director is an important process for determining whether the Resident’s performance is accurately revealed in rotational evaluations.
- Determine each Resident’s progress on achievement of the specialty-specific Milestones. Meet prior to the Resident’s semi-annual evaluations. The CCC is tasked with the responsibility of advising the Program Director regarding each Resident’s progress.

The CCC discussion and recommendations are communicated to the Program Director for feedback to the Resident and are considered equal in weight to written evaluations. The CCC must record CCC meeting minutes, which must list the names of all Residents considered and all CCC members in attendance.

## Recruitment, Selection, Eligibility, and Appointment (IR 4.2.-4.2.a.)

*GMEC Approved: July 2022*

*GMEC Updated and Approved: January 2024*

*Last Reviewed: January 2025*

### Purpose

Sponsoring Institution must have written policies and procedures for Resident recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance.

### Recruitment and Selection

Residents shall be recruited and selected from among eligible applicants on the basis of their compatibility with the program aims, their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. MUSC-RN GME programs shall not discriminate with regard to race, color, religion, sex, age, national origin, disability, veteran status, genetic information, sexual orientation or gender identity except where sex is a bona fide occupational qualification or any other applicable legally protected status.

In selecting from among qualified applicants, the MUSC-RN GME and all of its Graduate Medical Education programs shall participate in an organized matching program, such as the National Resident Matching Program (NRMP). Since MUSC-RN, as an institution, participates in the NRMP MATCH, all MUSC-RN programs - even if they do not participate in the NRMP MATCH - must abide by all policies and procedures of the NRMP. Positions occasionally become available

outside the match process for reasons such as attrition or off-cycle appointments. Potential candidates for such positions shall be proposed by the Program Director to the DIO before any interviews may be scheduled. The DIO will ensure the Program Director has certified the eligibility and qualifications of any candidate proposed for appointment outside the match process and for assuring that the appointment is made in compliance with the policies and procedures of the NRMP (if applicable).

The department's Resident Selection Committee screens applications according to established departmental criteria and selects applicants for interview. The Selection Committee will take a holistic approach to reviewing applicants considering an applicants' experiences, attributes, competencies and academic or scholarly metrics as well as the value an applicant would contribute to the institution's mission.

### Eligibility Policy

MUSC-RN residencies and fellowships are open to U.S. citizens, lawful permanent Residents and international applicants as follows:

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME- accredited program:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education or Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation; or,
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - Have a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment.
  - holding a Limited (license for residents and fellows) or a permanent Physician (MD/DO) license full and unrestricted license to practice medicine in South Carolina.
  - Applicants who are not citizens or lawful permanent Residents of the United States must be eligible and apply for sponsorship in the J-1 physician classification through the Educational Commission for Foreign Medical Graduates (ECFMG) or have a U.S. Citizenship and Immigration Services-issued employment authorization document that will be valid for the duration of the training program. MUSC-RN does not provide H1-B sponsorship.
  - Prospective Residents must pass a criminal background check, employee health clearance and drug screening through MUSC-RN Human Resources.

### Appointment:

All resident trainees must provide the following in order to be eligible for appointment in a MUSC Regional Network residency training program:

- 1) Complete, timely and accurate information in all application materials: including an official final medical school transcript and copy of diploma,
- 2) Documentation of successful completion of USMLE and/ or COMLEX Steps 1, and 2 and if available Step 3,
- 3) Proof of legal employment status as determined by MUHA Human Resources,
- 4) If the Resident is an international medical school graduate, an original, and valid ECFMG certificate is required.
- 5) A valid limited (residency or fellowship educational) or permanent Physician MD or DO license to practice medicine in the State of South Carolina,
- 6) A signed copy of the Graduate Medical Education Resident Agreement,

- 7) Clearance by Employee Health Services to start employment which includes, but not limited to health examination, drug screening, and required immunization documentation,
- 8) Any additional documentation required by the program including but not limited to the National provider Identification (NPI) number,
- 9) Ability to begin training on the date specified in the Resident Agreement

## Promotion, Appointment Renewal, and Dismissal (IR 4.4)

*GMEC Approved: July 2022*

*GMEC Updated and approved: January 2024*

*Last Reviewed: April 2025*

### Purpose

The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a Resident's appointment. The Sponsoring Institution must ensure that each of its programs provides a Resident with a written notice of intent when that Resident's agreement will not be renewed, when that Resident will not be promoted to the next level of training, or when that Resident will be dismissed. The Sponsoring Institution must have a policy that provides Resident with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal.

### Promotion/Appointment Renewal

Program appointment, advancement, and completion are not assured or guaranteed to the Resident but is based on the achievement of program-specific competence, and specialty specific milestones, as determined by the Program Director and/or Clinical Competency Committee (CCC). Unsatisfactory Resident performance can result in required corrective/improvement activities, suspension from clinical duties, non-promotion, non-renewal of appointment, and/or dismissal from the residency program. A Resident must be notified with a written notice of intent of the decision for non-renewal of appointment, reappointment without promotion or dismissal. Residents may be reappointed for a period of not more than one (1) year.

Programs must delineate, in writing, requirements for promotion/completion of residency training. The requirements must include but are not limited to:

- 1) Successful completion of all training components per PGY-level as determined by the program faculty.
- 2) Satisfactory performance evaluations that meet the expectations of the faculty.
- 3) Full compliance with the terms of the residency agreement.
- 4) Documentation of passage of appropriate licensing examinations (e.g., USMLE and COMLEX examinations)

### Evaluation for Promotion

All programs sponsored by the MUSC-RN including those not accredited by ACGME, are required to utilize the established evaluation software/ evaluation systems to assess and track Resident performance. Supervising faculty must directly observe, evaluate, and provide formative feedback on Resident performance during each rotation or similar educational assignment. The Resident's performance evaluation must include an objective performance evaluation based on the ACGME competencies and, on the specialty-specific Milestones, and must use evaluations by multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members). Each program will have a Clinical Competency Committee (CCC) for synthesis of the evaluations to determine progressive Resident performance and improvement toward unsupervised practice.

The Program Director or their designee, with input from the CCC, must: meet with and review with each Resident their documented semi-annual evaluation of performance, including progress along the specialty- specific Milestones; assist Residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and develop plans to address opportunities for improvement. Deficiencies that are not adequately addressed through the above feedback and individualized learning plans may progress to further corrective action, following institutional policies and procedures (see Corrective Action Policy).

At least annually there must be a summative evaluation of each Resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a Resident's performance must be accessible for review by the Resident.

### **Completion of Program**

The Program Director must provide a Final Evaluation for each Resident upon completing/leaving the program based on recommendations of the CCC and specialty-specific Milestones. When applicable the specialty- specific case logs must be used as tools to ensure Residents are prepared for autonomous practice upon completion of the program. The final evaluation must:

- Become part of the Resident's permanent record maintained by the institution and must be accessible for review by the Resident in accordance with institutional policy.
- Verify that the Resident has demonstrated the knowledge, skills, and behaviors to enter autonomous practice.
- Be shared with the Resident upon completion of the program.

### **Resignation from the Program**

Residents who desire to voluntarily leave the program prior to completion necessary for certification of the specialty are expected to discuss this action with the Program Director at the earliest possible time. In this circumstance, Residents are expected to complete the training year of their current appointment, unless an earlier resignation is mutually agreed upon by the Resident and the Program Director.

### **Resident Dismissal**

A Resident may be dismissed from their residency program at any time (See Corrective Actions Policy). The Resident has the right to appeal their dismissal through the Resident Grievance Process (See Grievance Policy).

## Corrective Action (IR 4.4., 4.4.a., 4.4.b., 4.5.)

GMEC approved: January 2024

Last Reviewed: January 2025

GMEC Updated and Approved: January 2026

### Related policies:

Promotion, Appointment Renewal, and Dismissal (IR 4.4., 4.4.a., 4.4.b.,) Grievance Policy (IR 4.5.)

### Purpose

The purpose of this policy is to inform residents, program directors, program faculty and staff of the MUSC Regional Network's corrective actions. Appointment, advancement, and completion of residency (or graduate medical education training) are contingent upon the resident's satisfactory performance in all core competencies of professionalism, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and systems-based practice, as well as specialty specific milestones. Unsatisfactory resident performance can result in a letter of concern, a performance improvement plan (PIP), non-promotion, non-renewal of appointment, suspension of clinical privileges or dismissal from the program.

### Policy

Corrective actions may be initiated when a resident fails to perform at the at the expected level of training. Each Residency Program Director in conjunction with the Clinical Competency Committee (CCC) is responsible for assessing and monitoring each Resident's performance in the program as well as adherence to any applicable departmental policies and procedures. Identified deficiencies will/ may result in corrective action(s) up to and including dismissal from the program. Corrective actions should be taken after consultation with the DIO or their designee.

**a. Letter of Concern:** A Letter of Concern is a written warning that identifies deficiencies in a resident's performance or behavior that require corrective action.

**b. Performance Improvement Plan (PIP):** A PIP will be implemented for more serious or ongoing performance deficiencies. The Resident will have the opportunity to remediate the deficiency within a defined period of time, as set forth in the PIP.

The PIP will include the following:

1. Identify the deficiencies or unacceptable performance.
2. The expected performance, how performance will be evaluated and may identify strategies for improvement as appropriate.
3. May include a requirement that the resident undergo a fitness for duty evaluation.
4. Identify the time period in which improvement must be demonstrated. The remedial period together should not be less than 30 days in length and may last as long as 12 months if appropriate (such as in the case of academic PIP for yearly board exams, etc.) but may be extended beyond 12 months by the Program Director for extenuating circumstances.
5. Notification that while on a PIP, all moonlighting privileges in and out-of-system, and electives for the resident are to be suspended.

6. Notification that if the unacceptable performance and/or behavior is not corrected, or if, another occurrence of unacceptable performance and/or behavior, the next step may be suspension, non-promotion, non-renewal of appointment or dismissal.
7. Signatures of the DIO, Program Director and the Resident. Where the resident refuses to sign, their refusal should be written in their signature line.

The CCC will review the residents' progress and determine whether satisfactory improvement has been achieved. The CCC may consider information obtained from various sources and results relating to terms of remediation outlined in the PIP which may be solicited from faculty, staff and peers of the resident.

The PIP will be included in the resident's file.

A Performance Improvement Plan (PIP) is not subject to the grievance policy.

**Suspension:** Suspension may be imposed at any time with or without prior notice to the Resident if it is determined there is a concern regarding resident, staff or patient safety or where necessary per regulation or applicable law. In addition, suspension can be implemented where appropriate to include but not be limited to a resident's failure to maintain appropriate licensure, credentials for clinical practice, comply with the MUSC Regional Network, USMLE and COMLEX Examination Policy, complete required orientation and/or annual training requirements, comply with MUSC-Regional Network Moonlighting Policy, or other policy violations.

During suspension, the Resident will be removed from his/her clinical rotations and will not receive credit for training during this time period. Suspension will be for a specified period of time and specific corrective measures may be required or a suspension may be followed by dismissal. Following successful completion of any designated terms of a suspension, the Resident may be placed on a PIP upon reinstatement into the residency program as outlined in this policy.

**Non-Promotion:** A resident may be reappointed at the same level of training. This may be for a period of up to one (1) year.

**Non-Renewal:** If a Program Director decides not to re-appoint a resident, the resident will be notified about the non-renewal of the Resident Agreement as soon as circumstances reasonably allow. Although not required, in most cases it is expected that the notification of non-renewal will occur on or before the first business day in March.

**Dismissal:** Dismissal of a Resident may occur for academic reasons, disciplinary reasons, or if there is a concern of immediate threat to patient safety or regulatory or legal compliance. Progressive corrective action as set forth in policy is not required. Reasons for dismissal may include, but are not limited to, the following:

- Failure of the Resident to abide by MUSC-RN policies, GMEC policies, Resident-related provisions of the hospital's Medical Staff Bylaws/Rules and Regulations, and/or any applicable federal and state laws.
- Professional misconduct.
- Failure of the Resident to maintain satisfactory levels of academic and clinical performance as determined through periodic evaluations and a Performance Improvement Plan (PIP) plan.
- Actions which directly violate any of the terms of the Resident Agreement.

A resident may be dismissed prior to the issuance of a letter of concern, performance improvement plan, suspension, or notification of non-renewal.

**Non-Academic or Misconduct Concerns:** A Resident/Fellow can be terminated or suspended at any time and without notice for a significant patient safety concern. Residents and Fellows are expected to abide by all state and federal laws. It is not possible to list all acts and omissions which may result in disciplinary action.

- Concerning Patient Safety: A resident/fellow can be terminated or suspended at any time and without notice if it is determined by the program director, CCC, or DIO that there is a significant concern regarding patient safety.
- Concerning State or Federal Laws: A resident/fellow, who is charged with violating state or federal laws, may have corrective action initiated by their Program Director, or DIO. If a resident/fellow is arrested or formally

charged with any infraction of the law, other than a minor traffic violation, they shall report such violation or charges to their Program Director and/or the DIO at first available opportunity. The Program Director should communicate this information to the DIO. The resident/fellow may be placed on a leave of absence by the DIO. If the resident/fellow does not provide timely notification, the resident/fellow may be suspended from the residency program. The DIO, in consultation with the Program Director and the MUSC Legal Office, will determine the conditions, if any, for reinstatement. The DIO will notify the resident/fellow, in writing, of the terms of the leave of absence, or suspension, and if applicable, the reinstatement.

Any resident/fellow assisting other residents/fellow or employees to breach any standards, before, during or after the fact, can expect to receive the same disciplinary action as the offender.

Action by the State Board of Medical or Dental Examiners revoking or suspending a resident/fellow's license or placing them on probation shall automatically suspend all their hospital privileges and may result in dismissal from the residency program.

A resident/fellow who is dismissed may receive a final paycheck from the hospital for hours worked to the day of dismissal.

The following Actions: suspension, non-renewal, non-promotion; or dismissal is subject to the grievance process. (See Grievance Policy).

## Grievance and Due Process (IR 4.5.)

*GMEC approved: July 2022*

*GMEC Updated and Approved: January 2024*

*Last Reviewed: January 2025*

*GMEC Updated and Approved: January 2026*

### Related Policies

Promotion, Appointment Renewal, and Dismissal (IR 4.4.)

Corrective Action Policy (IR 4.4.a.,4.4.b.)

### Purpose

MUSC-Regional Network GME is committed to providing a high-quality graduate medical education through residency programs.

### Policy

A resident/fellow has a right to a review process and may request a panel review for grievances following suspension, non-renewal, non-promotion, or dismissal.

### Procedure

1. Upon receipt of written notice from the DIO of a decision leading to a disciplinary action, a resident/fellow may request a review of that decision by the DIO. The resident/fellow must make this request in writing to the DIO within ten (10) business days of receiving that notice

2. The Resident must submit the grievance request, in writing to the DIO. The DIO, upon receipt of the request may appoint an ad hoc grievance committee of the GMEC and this committee will be convened to review the adverse decision and to advise the DIO. The committee will consist of a minimum of one Program Director, one Resident, one Faculty member (not from the same residency program/department) and one GME Administrative Official. The Resident may choose one additional Program Director, Faculty member, or Administrative Official from within the MUSC-Regional Network or its hospital site, to serve on the committee. If the Resident requesting the review does not choose another committee member within ten (10) business days of the date of submission of their decision review request, or if the Resident selected committee member is unavailable, the DIO will appoint the additional committee member.

a. The panel will meet within ten (10) business days of being named by the DIO. The resident/fellow will be notified of the date, time and location of the meeting.

i. The panel may review any relevant documents and information.

ii. The resident/fellow has the right to be accompanied by one advisor (faculty, family member, attorney or other). Note: Attorneys are not permitted in the grievance panel to represent the resident/fellow. The advisor or an attorney serving as the advisor may not address the committee or pose questions. The advisor may actively advise the resident/ fellow but shall have no interaction with other members of the committee.

b. During the meeting, the panel should consider the following questions where appropriate:

i. Was the resident/fellow notified of the specific deficiencies to be corrected?

ii. Was the resident/fellow given an opportunity to improve?

iii. Was the resident/fellow's performance reevaluated by the CCC and/or PD?

iv. Any other questions that may be relevant to the decision of the Program and DIO.

c. After the panel discusses, reviews and considers the information and/or testimony received during the meeting, it will then issue a recommendation to the DIO.

d. The DIO will review the circumstances of the action and the review panel's recommendation and may decide:

i. The disciplinary action taken was appropriate. There is no further review. The DIO will notify the resident/fellow of the decision.

ii. The adverse action taken will be modified. The DIO will inform the resident/fellow and the Program Director. The DIO and the Program Director will meet with them to explain any required terms of reinstatement, if applicable. The resident/fellow is not entitled to legal representation during this meeting.

e. The decision of the DIO is final.

## Resident Concerns, Suggestions, and other Grievances (IR 4.5.)

*GMEC approved: January 2024*

*Last Reviewed: January 2025*

We are dedicated to providing a learning and working environment in which residents and faculty members have the opportunity to raise concerns and provide feedback without intimidation or fear of retaliation, and in a confidential manner. The variety of methods is intended to allow residents to report issues or concerns about their program in a way they feel is appropriate and comfortable. This approach supports our efforts to create a safe, inclusive learning environment that models the importance of reporting concerns, receiving feedback, to foster opportunities for continuous improvement.

Mechanisms available to residents, in addition to those addressed in Institutional Policies, include:

- Speaking directly with the supervising faculty, core faculty, or program leadership.
- The Resident Council – Residents can express concerns through their peer-elected representatives who report at the GMEC meetings or confidentially to the DIO or ADIO.
- Suggestion boxes- located in the resident lounge and workrooms.
- Resident Hotline for anonymous questions or concerns. This form is available on the GME website (<https://muschealth.org/health-professionals/gme-regional-network/anonymous-submission> ). Residents have the option to remain anonymous or provide contact information for follow-up.
- The GME Office encourages residents to avail themselves of the open-door policy for all residents to have access to the DIO, ADIO, and GME Office staff, in person and virtually, to voice and discuss concerns confidentially.
- Anonymous annual program evaluations.

## Resident Clinical Learning Environment Policies and Procedures

### Alertness Management and Fatigue Mitigation (CPR 6.15.)

*GMEC Approved: January 2023*

*Last Reviewed: January 2025*

#### **Purpose**

MUSC is committed to promoting patient safety and Resident wellbeing in a supportive educational environment and ensuring faculty and Residents appear for duty appropriately rested and fit for duty.

## Policy

Programs must:

- educate all faculty members and Residents to recognize the signs of fatigue and sleep deprivation
- educate all faculty members and Residents in alertness management and fatigue mitigation processes
- encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules

Each program must have a process to ensure continuity of patient care in the event that a Resident may be unable to perform patient care duties.

The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for Residents who may be too fatigued to safely return home.

## Procedure

All faculty members are provided with annual educational materials to assist in identifying, monitoring, and addressing Resident fatigue and alertness management. Residents are oriented with additional educational materials to assist in identifying, managing, and preventing their own fatigue as well as in their colleagues.

### Transportation options for fatigued Residents

Each program will provide reimbursement to Residents who find they are sleepy and/or fatigued and need to utilize alternative transportation (taxi, Uber, Lyft, etc.) to travel home. Transportation costs will only be reimbursed for travel from assigned rotations to and/or back from the Resident's home. Contact the Program Manager/Coordinator to provide itemized receipts for reimbursement.

## Clinical and Educational Work Hours (IR 4.11.)

*GMEC Approved: July 2022*

*Last Reviewed: January 2025*

## Purpose

This policy is created to ensure MUSC-RN Programs design an effective program structure that is configured to provide Residents with educational and clinical opportunities, as well as reasonable opportunities for rest and personal development and health.

## Definition

Clinical Educational and Work is defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care including clinical work done from home, the provision for transfer of patient care, time spent in-house during clinical and educational activities such as conferences and moonlighting. Clinical Education and Work hours do not include reading, studying or academic preparation time such as time spent away from the patient care unit preparing for presentations or journal club.

## Policy

Resident and core faculty members are educated concerning the fulfillment of educational and professional responsibilities of physicians that include scholarly pursuits, accurate completion of required documentation, the identification of Resident mistreatment and to appear for Clinical Education and Work hours appropriately rested and fit to provide the services their patients require. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Didactic and supervised clinical education must be balanced to assure safe patient care and protected time for learning in the allotment of Resident time and energies.

### *Mandatory Time Free of Clinical and Educational Work*

Clinical and Educational Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all internal and external moonlighting. The maximum Clinical and Educational Work period is 24 hours (24 hours plus four hours transition and education for a total of 28 hours. Additional patient care responsibilities must not be assigned to a Resident during this transition time.

Residents must have a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on those free days. Residents should have 8 hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after a 24-hour shift, inclusive of In-house call.

In rare circumstances, after handing off all other responsibilities, a Resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. Residents must be scheduled for a minimum of one day in seven free of Clinical Work and required Education (when averaged over four weeks). At home calls cannot be assigned on these days. One day is defined as one continuous 24-hour period from all clinical, educational, and administrative activities.

### *In-House Night Float*

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Programs will follow specialty requirements determined by the ACGME.

### *Maximum In-House On-Call Frequency*

Residents must be scheduled for in-house calls no more frequently than every third night (when averaged over a four-week period).

### *At-Home Call*

Time spent on patient care activities by Residents on at-home call must count toward the 80-hour maximum weekly limit. This includes time when the Resident returns to the hospital while on at-home call to provide direct care for new or established patients. The frequency of at-home calls is not subject to the every- third-night limitation but must satisfy the requirement for one day in seven free of Clinical Education and Work when averaged over four weeks. At-home calls must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.

## Procedure

Resident Clinical Work and Education hours are self-reported through the residency management software, MedHub.

Faculty and Residents are educated to recognize the signs of fatigue and sleep deprivation and to employ procedures to prevent and counteract its potential negative effects on patient care and Resident learning. Mandatory educational requirements on fatigue are assigned to Resident via an on-line course prior to their first year. The program must have an educational program that educates Faculty and Residents about Clinical Education and Work hours and fatigue mitigation.

Each program shall maintain fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, including naps and back-up call schedules. In addition, each program must have a process to ensure continuity of patient care in the event that a Resident may be unable to perform their patient care duties.

MUSC-RN ensures that all Residents have access to call rooms at each participating site and/or safe transportation options for Residents who may be too fatigued to return home safely.

## Moonlighting (IR 4.11.a. – 4.11.a.4.)

*GMEC Approved: July 2022*

*GMEC Updated and Approved: January 2025*

## Purpose

To define the process to allow moonlighting by Residents who are enrolled in MUSC-RN programs

## Policy

Residency training is a full-time educational experience. Extramural paid activities (moonlighting) must not interfere with the Resident's educational performance; nor must those activities interfere with the Resident's opportunities for rest, relaxation, and independent study. As a result, Residents are not required to engage in moonlighting activities as a condition for appointment to an MUSC residency program.

## Definition of Moonlighting

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

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

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

#### Who may and may not Moonlight

- Residents in good standing within their Program may be granted permission to moonlight.
- PGY-1 Residents are not allowed to moonlight.
- Residents under J-1 sponsorship are not allowed to moonlight on the condition of their visa.

#### Moonlighting is not allowed when:

- It is not prospectively authorized
- It will create a conflict of interest
- It results in impaired efficiency, absenteeism or tardiness for patient care or educational activities of the residency program
- such activity adversely impacts the professional reputation of the Resident and/or MUHA
- a Resident on a Performance Improvement Plan (PIP) is prohibited from engaging in any moonlighting activities during the period of the plan
- a Resident who does not abide by the policy and procedures, including failure to report moonlighting hours. The Resident may be subject to disciplinary action up to and including dismissal
- an individual program may have additional requirements or restrictions and may determine that none of its Residents may moonlight

### License and Insurance Requirements

Moonlighting is an activity independent from the residency program. Moonlighting on a limited (training) license is prohibited by the South Carolina Board of Medical Examiners. It is the responsibility of the Resident to obtain a permanent South Carolina medical license.

Residents who are approved to moonlight outside of South Carolina must abide by all licensing requirements established by that particular state licensing board and the facility.

It is the responsibility of the Resident to obtain and provide professional liability insurance (malpractice) coverage for all moonlighting outside of MUSC and its affiliates. MUSC-RN bears no legal or professional responsibility for a Resident while moonlighting at an outside facility (i.e., non-MUSC).

Note: Per the Risk Management Department, if a Resident moonlights at an MUSC/MUHA facility, supplemental liability insurance is not required. The Resident will be covered under a liability insurance policy with the South Carolina Insurance Reserve Fund. Any questions regarding professional liability coverage must be directed to University Risk Management (843) 792-3883.

### Procedure

If a Resident moonlights, the following conditions must be met:

- It must be clear that such activity does not violate the rules and regulations of any federal (e.g., CMS) or state agency, or patient care regulations (e.g., HIPAA) or accrediting (e.g., Joint Commission) organizations and/or the facility's credentialing policies and procedures.
- The Resident must possess the written approval of their Residency Director and the DIO, via the MUSC-RN Moonlighting Approval Form. This written statement of permission must be kept in the Resident's file in the

program. The Resident's performance in the program will be monitored for any adverse effects from moonlighting. In such instances, the Program Director may withdraw permission to moonlight.

- Moonlighting must be counted toward the 80-hour weekly limit for duty hours.
- The Resident is responsible for reporting all moonlighting hours using the MedHub system. Failure to report moonlighting hours may result in suspension and/or dismissal from the residency program.
- All moonlighting activities and performance must be monitored by the residency Program Director with the understanding that adverse effects may lead to withdrawal of permission to moonlight, and the documentation of this activity (i.e., hours per week) must be kept in the Resident's file.

To Request Approval for a Moonlighting Activity, log in to MedHub and submit the MUSC Moonlighting Request Form. Moonlighting forms and approvals are only valid for the current academic year and must be renewed every year prior to the Resident starting a moonlighting activity in the academic year following steps:

- Residents must initiate MedHub Moonlighting Request Form(s) for each separate activity each academic year before the activity starts or continues across academic years (retroactive approvals do not apply).
- Upload the Moonlighting Procedure with type of Moonlighting checked, name of Activity Director, and attestation box checked
- Upload your full & unrestricted medical license (permanent license), malpractice for the site, and a fee-paid DEA registration, if applicable by state (see below).
- Mandatory signatures required and routed by MedHub: Program Director and DIO
- All internal or external Moonlighting must be logged into MedHub as Moonlighting and counted as part of the 80-hour work week.

### License and Insurance Requirements of Moonlighting

- I. **Internal Moonlighting:** Location within MUSC or MUHA facilities
  1. **Activity as a Resident, supervised by a licensed Faculty member with no independent billing**
    - No additional licensing or insurance coverage is required
    - Per the Risk Management Department, if a Resident moonlights at an MUSC/MUHA facility, supplemental liability insurance is not required. The Resident will be covered under a liability insurance policy with the SC Insurance Reserve Fund (SCIRF). Any questions regarding professional liability coverage must be directed to University Risk Management (843) 792- 3883.
  2. **Activity as a fully licensed provider with insurance billing for services rendered**
    - Additional documents required and obtained by the Resident at the Resident's expense:
      - Full, unrestricted South Carolina medical license
      - Independent moonlighting on a limited (training) license is prohibited by the South Carolina Board of Medical Examiners. It is the responsibility of the Resident to obtain a permanent South Carolina medical license.
      - Liability (malpractice) insurance coverage It is the responsibility of the Resident to obtain and provide professional liability insurance (malpractice) coverage with MUSC at the level of a fully licensed provider.
- II. **External Moonlighting:** Location outside MUSC or MUHA facilities
  - Additional documents required and obtained by the Resident at the Resident's expense:
    - Full, unrestricted South Carolina medical license
    - Independent moonlighting on a limited (training) license is prohibited by the South Carolina Board of Medical Examiners. It is the responsibility of the Resident to obtain a permanent South Carolina medical license.

- Liability (malpractice) insurance coverage
- It is the responsibility of the Resident to obtain and provide professional liability insurance (malpractice) coverage for all moonlighting outside of MUSC and its affiliates. MUSC Regional Network bears no legal or professional responsibility for a Resident while s/he is moonlighting at an outside facility (i.e., non-MUSC). Residents who are approved to moonlight outside of SC must abide by all licensing requirements established by that particular state licensing board and the facility.

## Professionalism (CPR 6.12.)

*GMEC Approved: January 2024*

*Last Reviewed: January 2025*

*GMEC Updated and Approved: January 2026*

### Purpose

Professionalism is one of the core competencies of medicine as detailed in the ACGME Common Program Requirements (CPR 6.12.) which state: Programs, in partnership with MUSC-RN, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. The learning objectives of the program must be accomplished without excessive reliance on residents to fulfill non-physician obligations; ensure manageable patient care responsibilities; and include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. The Program must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. The Program must provide a professional, equitable, respectful, and civil environment that is psychologically safe.

### Policy

Each program must provide professionalism education to residents, implement mechanisms to evaluate professionalism and to handle incidents of unprofessional behavior, including documentation of the incident(s) and counseling of the Resident. The professionalism curriculum should include but not be limited to professional responsibility, competence and self-improvement, respect for others and professional relationships, honesty including academic integrity, personal responsibility, and social responsibility.

The assessment of professionalism must begin with a shared definition of the knowledge, skills, and attitudes to be assessed. Some of the following sets of behaviors, but not all, comprise medical professionalism.

- Physicians subordinate their own interests to the interests of others; they demonstrate responsiveness to patient needs that supersedes self-interest;
- Physicians adhere to high ethical and moral standards;
- Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served;
- Physicians demonstrate respect for patient privacy and autonomy;
- Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for self, patients, peers, attendings, nurses, and other health care professionals;
- Physicians exercise accountability for themselves, for their colleagues, the society and the profession;
- Physicians recognize when there is a conflict of interest to themselves, their patients, their practice, appropriately disclosing and addressing conflict or duality of interest;
- Physicians demonstrate a continuing commitment to excellence;
- Physicians exhibit a commitment to scholarship and to advancing their field;
- Physicians must (are able to) deal effectively with high levels of complexity and uncertainty;
- Physicians reflect critically upon their actions and decisions and strive for IMPROVEMENT in all aspects of their work;
- Professionalism incorporates the concept of one's moral development;
- The profession of medicine is a "self-regulating" profession, dependent on the professional actions and moral development of its members; this concept includes one's responsibility to the profession as a healer;
- Professionalism includes receiving and responding to critiques from peers, students, colleagues, supervisors;
- Physicians possess the ability to recognize and develop a plan for one's own personal and professional well-being
- Physicians must demonstrate sensitivity to different cultures and have cultural humility
- Physicians display respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;
- Physicians must maintain competence in the body of knowledge for which they are responsible - they must have a commitment to lifelong learning;
- The attributes of altruism and dutifulness.
- \*Swick, HM "Toward a Normative Definition of Medical Professionalism" Academic Medicine 75(6):612-6, 2000

It is not possible to list all accounts and behaviors which constitute unprofessional conduct. The following are some common types of unprofessional (and unacceptable) behaviors; cheating on scholarly activities, plagiarism, falsification of data on personnel records, medical records or other official documents, fraud, forgery, altering medical records without approval, poor self-awareness, failure to engage, poor verbal/non-verbal communication, inappropriate use of social media, inappropriate clothing, disruptive behavior in teaching sessions, privacy and confidentiality violations, sexual harassment, and inappropriate relationships between administrators, faculty and other supervisory personnel and a Resident, alcohol or substance misuse, etc.

Residents are expected to adhere to the code of conduct and abide by all policies of the program and institution. A Resident who exhibits unprofessional behavior (e.g., repeated incidents or one serious incident) will be subject to corrective action up to and including termination.

## Procedure

Program Directors may learn about professionalism concerns from evaluations, through the CCC, or other incident reports. Program Directors should escalate potential moderate to severe concerns to the GME office. The GME office may also learn about concerns from patient safety reporting systems (SHIELD), compliance reporting, and external complaints.

### Triage Algorithm:

- a. Mild and single concerns may be handled by the program as and it's CCC an informal but documented discussion or a Letter of Concern.
- b. Patterns of behavior may require a GME PIP by the CCC.
- c. Moderate to severe concerns may require a Just Culture assessment, and/or a Fitness for Duty evaluation, or EAP referral.

### Outcomes:

- a. Resident or fellows who exhibit a pattern of unprofessional behavior (e.g., repeated incidents) or egregious behavior may receive a suspension, a non-renewal, and/or termination from the program as determined by the DIO and relayed by a formal letter.
- b. The Grievance and Due Process policy will be provided with the letter of notification to the resident/fellow.

## Resident and Faculty Member Well-Being (IR 3.2.g.)

*GMEC Approved: January 2023*

*Last Reviewed: January 2025*

## Purpose

Residents and faculty members are at risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of Resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in the clinical learning environment models constructive behaviors and prepares Residents with the skills and attitudes needed to thrive throughout their careers.

## Policy

MUSC-RN recognizes the importance of the well-being of our Residents and faculty and works with the residency programs to ensure that processes are in place to assist the Residents in developing the skills to achieve and faculty members to maintain their personal well-being.

Each residency program shall have policies and schedules in place that spell out ways in which the Residents will be supported in their efforts to become a competent, caring and resilient physician.

These must include:

- Schedules that
  - Ensure Residents have protected time with their patients.
  - Are not unduly burdensome with intensity and compression
  - Have contingency plans in place for when there are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, family emergencies, parental leave, and illness. These contingencies must allow an appropriate length of absence for Residents unable to perform their patient care responsibilities.
- Policies for time away from the residency that allow the Resident the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Education regarding recognizing the symptoms of burnout, depression, and substance abuse (see Physician Impairment Policy). Including recognizing these symptoms in themselves and others and means to assist those who experience these conditions.
- Provide access to appropriate tools for self-screening and access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- Resources that minimize non-physician obligations and undue administrative burdens
- Supervision policies that promote progressive autonomy and flexibility (see Supervision Policy)
- Monitoring workplace safety data to address the safety of Residents and faculty members.
- Programs and resources available that encourage optimal Resident and faculty well-being

All of these must be implemented without fear of negative consequences.

### Procedure

The institution will verify that each program has a program level Resident Well-being policy which describes how the program provides resources to the Resident to promote their well-being.

Programs are responsible for monitoring Resident and faculty well-being and recommending any appropriate resources that they may need. Residents and faculty members are encouraged to alert the Program Director or other designated personnel or programs when they are concerned that another Resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Call rooms are available for Residents to utilize for rest and strategic napping as needed. Fitness equipment is provided to Residents in work areas and/or lounge areas.

### **MUSC Employee Assistance Program (EAP)**

The EAP offers a range of services to help staff and faculty address personal or work-related problems and is available 24/7 to Residents.

For more information of problem areas frequently addressed and services available:

1-843-792-2848

[MUSC Employee Assistance Program](#)

## Other Resources

National Suicide Prevention Lifeline - 988

The National Suicide Prevention Lifeline is available 24/7 for any individual who needs to talk or is concerned about someone else.

Dial - 988

You may also Text HOPE4SC to 741741 for the Crisis Text Line

[SC Department of Health - Office of Suicide Prevention](#)

24/7 Crisis Hotline: 988 Suicide & Crisis Lifeline:

988lifeline.org

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org. Veterans, press 1 when calling.

Crisis Text Line:

Text TALK to 741-741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7

Veterans Crisis Line:

Send a text to 838255

24/7, confidential crisis support

for Veterans and their loved ones

You don't have to be enrolled in VA benefits or health care to connect.

Vets4Warriors:

<https://www.vets4warriors.com/>

We are a 24/7 confidential peer support network for veteran and military communities.

SAMHSA Treatment Referral Hotline (Substance Abuse):

1-800-662-HELP (4357)

This Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

RAINN National Sexual Assault Hotline:

1-800-656-HOPE (4673)

RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operated the National Sexual Assault Hotline (800.656.HOPE, [online.rainn.org](http://online.rainn.org) y [rainn.org/es](http://rainn.org/es)) in partnership with more than 1,000 local sexual assault service providers across the country and operates the DoD Safe Helpline for the Department of Defense. RAINN also carries out programs to prevent sexual violence, help survivors, and ensure that perpetrators are brought to justice.

The Trevor Project:

1-866-488-7386

Crisis counselors are trained to answer calls, chats, or texts from LGBTQ young people who reach out on our free, confidential, and secure 24/7 service when they are struggling with issues such as coming out, LGBTQ identity, depression, and suicide.

## Resident Supervision (IR 4.10.a.)

*GMEC Approved: July 2022*

*GMEC Updated and Approved: July 2024*

*GMEC Updated and Approved: April 2025*

### Purpose

The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. The Sponsoring Institution must ensure that each of its ACGME accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

### Definitions

**Supervision** - Supervision refers to the dual responsibility that an attending physician must enhance the knowledge of the resident and to ensure the quality of care delivered to each patient by the resident. Such control is exercised by observation, consultation, and direction. It includes the imparting of the attending physician's knowledge, skills, and attitudes by the attending physician to the resident and ensuring that patient care is delivered in an appropriate, respectful, timely, and effective manner.

**Resident** - The term "resident" refers to an individual who is engaged in a graduate training program in medicine (which includes all medical and surgical specialties and subspecialties) or dentistry, and who participates in patient care under the direction of the attending physicians. For the purpose of this document, the term "resident" includes all individuals in approved subspecialty graduate medical education programs such as interns or fellows.

### Policy

The intent of this policy is to ensure that patients will be cared for by clinicians who are qualified to deliver care and that this care will be documented appropriately and accurately in the patient record. This is fundamental, both for the provision of excellent patient care and for the provision of excellent education and training.

The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Attending Physicians must ensure the appropriate supervision of the residents required by GME or other standards as the residents acquire skills to practice independently and simultaneously provide the highest standard of patient care. Please note, GME supervision requirements may differ from CMS billing requirements so please see MUSC Physician's policies CC022 and CC009 for more information.

### Scope

- A. Attending physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and with each resident who is participating in the care of that patient. Each patient must have an attending physician of record whose name is recorded in the patient chart. When patients are transferred between services, the attending physician of record or his/her designee must designate in the order section of the medical record the name of the new accepting attending physician of record. It is recognized that other attending physicians may at times be delegated responsibility by the attending physician of record; in such

instances, the attending physician of record is responsible to ensure that the residents involved in the care of the patient are informed of such delegation and can readily access an attending physician at all times and the attending of record if necessary. Attending physicians must always be available and willing to speak with patients when hospitalized patients wish to contact their attending physicians about their medical care in accordance with the SC Blackman Patient Safety Act.

- B. Within the scope of the training program, all residents must function under the supervision of an attending physician. On-call schedules and rotation schedules for each residency program are to be developed on a periodic basis to provide residents with a variety of patient care educational experiences consistent with the program requirements of that program. At a minimum, backup must be available at all times for on-call residents in the form of more senior residents in addition to appropriately credentialed attending physicians.

It is the responsibility of each program director to establish categories of all resident activities according to graduated levels of responsibility and appropriate levels of supervision outlined below. It is the responsibility of the program director to ensure that resident-specific scopes of practice “privileges” are current and posted to the MedHub electronic residency management system so that both medical staff and hospital staff can determine which specific patient care activities can be carried out by residents. The level of supervision (direct, indirect, or oversight) needed by residents will be the responsibility of the Attending Physician. This level of supervision must be consistent with the requirement for progressively increasing resident responsibility during a residency program and the requirements of the individual department, as well as common standards of patient care.

## Levels of Supervision

1. To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:
2. Direct Supervision
  - a. The supervising physician is physically present with the resident during key portions of the patient interaction.
  - b. The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
3. Indirect Supervision – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
4. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

All residents must communicate with the on call attending physician for the following specific circumstances:

- a. Unexpected patient death;
- b. Patient with code (cardiac or respiratory arrest);
- c. Unexpected change requiring a higher level of care (transfer to the ICU);
- d. Unanticipated surgery or procedure; or
- e. Programs may set additional guidelines for circumstances and events.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

### Policy Standard

Quality graduate medical education can occur only in settings that are characterized by the provision of high-quality patient care. As a practical matter, preparing future practitioners to meet patients' expectations for excellence requires that they learn in environments epitomizing the highest standards of medical practice. Even more important, as an ethical matter, justifying the participation of residents in the care of patients requires adherence to uncompromised standards of quality medical care.

- a. The attending physician of record is responsible for the quality of all the clinical care services provided to his or her patients.
- b. All clinical services provided by resident physicians must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education, based on patient acuity and resident's graduated level of responsibility.
- c. Each residency program will have written guidelines governing supervision of residents; these guidelines will vary according to specialty, intensity of patient care responsibilities on a given rotation, level of experience of the resident, and educational requirements.
- d. Attending physicians directly responsible for the supervision of patient care services provided by resident physicians must be available to participate in that care. The presence of residents to "cover" patients on inpatient services or to provide care in ambulatory settings does not diminish the standards of availability required of the physician of record.
- e. Attending physicians are responsible for determining when a resident physician is unable to function at the level required to provide safe, high quality care to assigned patients, and must have the authority to adjust assigned duty hours as necessary to ensure that patients are not placed at risk by resident physicians who are overly fatigued or otherwise impaired.

### Procedure

All patient care performed by residents during training will be under the supervision of an attending physician credentialed to provide the appropriate level of care. The specifics of this supervision must be documented in the medical record by the attending physician or resident according to Medical Staff rules and regulations.

A supervising/attending physician must be immediately available to the resident in person or by telephone 24 hours a day during clinical duty. Residency Program Directors must ensure this occurs. Residents must know which supervising/attending physician is on call and how to reach this individual.

- a. **Inpatient supervision:** The supervising/attending physician must obtain a comprehensive presentation from the resident including a history and physical with co-signed attending attestation for each admission. This must be done within a reasonable time, but always within 24 hours of admission. The supervising/attending physician must also require the resident to present the progress of each inpatient daily, including discharge planning. All required supervision must be documented in the medical record by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- b. **Outpatient supervision:** The supervising/attending physician must require residents to present each outpatient's history, physical exam, and proposed decisions. All required supervision must be documented in the medical record by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- c. **Consultative Service supervision:** The supervising/attending physician must communicate with the resident and obtain a presentation of the history, physical exam, and proposed decisions for each referral. This must be done within an appropriate time but no longer than 24 hours after completion by the resident of the consultation request. All required supervision must be documented by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- d. **Operating Room and Non-Operating Room Procedural supervision:** The supervising/attending physician must ensure that procedures performed by the resident are warranted, that adequate informed consent has been obtained and that the resident has an appropriate level of supervision during the procedure. Attending responsibilities for procedures may include the administration of sedation. The level of supervision (according to the four levels outlined previously in this policy) must match both the resident's ability to determine the appropriateness of the procedure and the resident's ability to perform the procedure. The supervising/attending physician will be present for the key portions of all procedures performed in the ORs and for all other high-risk procedures, regardless of the setting. For all other procedures, the level of supervision must be commensurate with the competence demonstrated by the resident for that procedure.
- e. **Emergency care:** Nothing in this policy should limit the immediate provision by residents of life-saving care or care deemed essential for emergency circumstances. As soon as possible after resident delivers emergency care that would normally require the presence of an attending physician, resident physicians must notify the supervising/attending physician of the care delivered and discuss the patient's history and physical findings and the justification for emergency interventions. In exceptional circumstances, adequately trained residents may initiate surgery in the operating room if any delay would be considered life-threatening. Every reasonable effort must be made by the resident to confer with the attending physician before beginning a surgical case. An attending physician must join the surgical case as soon as possible.

## Related Policies

[CC009 Defining Required Teaching Physician Presence for Billed Procedures](#)

[CC022 Teaching Physician Regulations](#)

Document ID: 8924 [Lewis Blackman Act Policy](#)

## Transitions of Care/Handoff (IR 3.2.c.)

GMEC Approved: January 2023

Last Reviewed: January 2025

### Purpose

To establish protocol and standards within MUSC Medical Center residency programs that ensure the quality and safety of patient care when transfer of responsibility occurs due to shift changes or unexpected circumstances. Transfers of care have been associated with adverse clinical outcomes and improving handoffs is a national patient safety goal.

### Definition

A **clinical handoff** is the transfer of care and responsibility from the outgoing covering physician to the incoming covering physician. The transition/handoff process is an organized and interactive communication process of passing specific, essential patient information from one caregiver to another.

### Policy

The Sponsoring Institution must facilitate professional development for core faculty members and Residents regarding effective transitions of care; and in partnership with its ACGME-accredited programs, ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites (IR 3.2.c.). Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure (CPR 6.19.). Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety (CPR 6.19.a.). Programs must ensure that Residents are competent in communicating with team members in the hand-over process. (CPR 6.19.b.). Programs and clinical sites must maintain and communicate schedules of attending physicians and Residents currently responsible for care. (CPR 6.19.b.). Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in CPR 6.14. – 6.14.b.), in the event that a Resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (CPR 6.19.).

Individual residency programs must design schedules and clinical assignments to maximize the learning experience for Residents, respect duty hour requirements, and to optimize patient safety. This includes efforts to minimize transitions of care. Programs must ensure that all Residents have received training on handoffs and transitions of care. All PGY1 Residents are required to undergo formal training during GME orientation.

### Procedure

- Handoff should be face-to-face interaction for verbal communication whenever possible; when face-to-face handoff not possible (ex: home call), handoff should be verbal with both parties following along with the same handoff tool in the electronic health record (EHR). A solely written handoff with no verbal interaction is unacceptable.
- There should be no gap in coverage of patients by providers who have received handoff (i.e., team should not be covering who has not yet received handoff).

- Each program will use our EHR tool unless the program has developed a HIPAA compliant alternative approved by GMEC. APE will inquire about handoffs annually.
- Each program will have a faculty handoff champion responsible for oversight of supervised handoffs.
- The person receiving the handoff is expected to ask pertinent questions to clarify any unanswered questions. Handoffs should occur in a quiet place and be uninterrupted (office, call room, lounge) whenever possible.
- Clear accurate information needs to be handed off and received back (“close the loop”).

## Quality Improvement Resident Incentive Project Guidelines

*Last Reviewed: April 2025*

### Policy

Although residency training is a quality assurance activity of sorts, Residents and faculty must participate in the same quality assessment and improvement process as other members of the Medical University Hospital's Medical Staff. The MUSC Regional Network Quality Improvement Resident Incentive Project is designed to financially incentivize front line physicians to improve quality of care and to learn and practice quality improvement, while simultaneously contributing to the improvement of hospital quality and safety goals.

### Program Aims

- Incentivizing residents/fellows around specific quality metrics has been shown to increase participation in Quality Improvement and improve quality and safety metrics at other academic centers
- A financial incentive quality plan can help prepare trainees for the numerous and varied pay-for-performance programs they will experience once they graduate from their training program.
- Residents and fellows are front-line healthcare workers who practice in an important position to influence change and improve the quality of care provided to patients at MUSC
- ACGME requires that residents have exposure to and experience with QI methodologies and QI projects

### Procedure

- Residents will be assigned to a group within their own program and will create and complete a Quality Improvement project. The group will follow a Quality Improvement model of process improvement (PDSA cycle) throughout the study period.
- Each group will select a focus area from a list of potential projects for that year.
- Groups will be responsible for obtaining their own data as it pertains to their project
- Proposals will be submitted to the Director of the QI Resident Incentive Program. Proposals must include an AIM statement and detailed description of plan including metric and goal.
- All projects must conduct an entire PDSA cycle
- Each group will create an AIM statement including the metric, the goal, the intervention and the time frame. The time frame must end by the date specified by the Director of the QI Resident Incentive Program.
- If the proposed goal/metric goal is achieved, each resident in the group will receive the financial incentive for that year via Programs may set shorter time windows and adjust their intervention if the goal is not achieved. If the overall goal/metric is not achieved, the program must demonstrate utilization of the PDSA process and

adaptive approach, including creation and initiation of an adjusted intervention/plan in order to receive the financial incentive.

- Faculty participating in RIP are encouraged to apply for MOC credit. Multiple faculty members participating may receive credit but must submit individual MOC forms.
- In addition to support from program faculty mentors, residents will have support from periodic “check ins’ through the AY from the Director of the QI Resident Incentive Program.

## Resident Forum (Council)

*GMEC Approved: July 2025*

### Background and Purpose

The Resident Council (RC) (IR 2.3.) - is a forum for residents across all MUSC-Regional Network programs to communicate and exchange information with each other relevant to their ACGME-accredited programs and their learning and working environment. The RC meets monthly and is comprised of peer-elected residents from each program. All residents are welcome to attend these meetings and have the opportunity to raise concern to the RC. Residents conduct their forum (at least in part) without the DIO, faculty members, or other administrators present. Residents have the option to present concerns that arise from discussions at the forum to the DIO and GMEC.

The council serves as an integral line of communication between residents, faculty and staff. MUSC-Regional Network GME is committed to advocating the highest quality of education and patient care experiences to all residents in an atmosphere of safety, mutual respect and teamwork. The RC is a venue in which residents can organize events and bring issues and concerns in a non-threatening and confidential manner to the GME Office and the GMEC. Representatives share ideas and educational experiences to further professional development and increase the quality of medical practice. The council president is a voting member of the GMEC, and he or his designee presents information from RC meetings to the GMEC.

### Procedure

Prior to the beginning of the AY (except for the inaugural programs, when it happens in July), the GME office is to reiterate the institutional purpose of the RC and call for programs to conduct the election detailed below. Representatives are residents who desire to improve resident education through active participation in the RC and is in good standing with the program.

#### Program Elections:

Each program with resident representation will hold its own election for one primary delegate, and one alternate delegate, who will be eligible to vote, hold office as a program representative within the MUSC-Regional Network Resident Council.

Terms: RC membership is for one year and residents can have additional terms, if peer elected for the AY.

Executive Committee Elections: President carries out agenda items with VP, Vice President (VP) assembles agenda, keeps minutes.

- Eligibility for Nomination: Any peer-elected program resident representative may run for any position on the

Executive Committee. Each nominee will provide a statement of interest to the GME office liaison that addresses their qualifications and prospective RC goals for the coming academic year. The nomination form must have the approval of the resident's program director.

- Timing of elections: Elections will occur at the May Resident Council Meeting permitting a change of leadership by the July GMEC meeting.
- Election process: Elections of officers shall occur by balloting among peer-elected program resident representatives in good standing. The date and time of the election will be distributed to all residents two weeks prior to the election. A majority vote is required to attain office. Run-off elections will be held if no candidate receives a majority vote.

## RHN GME Well-Being Committee

*GMEC Approved: January 2026*

### Background and Purpose

Well-Being Committee was established to promote the physical, emotional, and professional well-being of all members within MUSC Regional Health Network GME Programs. The committee serves as a collaborative forum for identifying needs, sharing resources, and implementing initiatives that foster a healthy and supportive environment where postgraduates can learn and thrive.

### The Committee aims to

- Provide a confidential space for feedback and discussion.
- Advocate for well-being programs and resources.
- Develop strategies to reduce burnout and enhance resilience.
- Serve as a liaison between staff, leadership, and well-being resources.

### Membership

Representatives from RHN GME programs, this includes one Program Manager, one resident from each residency/fellowship programs and minimum one faculty member.

Eligibility: Members should demonstrate interest in well-being initiatives and maintain good standing within their respective roles.

Terms: Membership is for one year, renewable upon mutual agreement.

### Meetings

Frequency: Monthly, minimum of nine (9) a year.

Format: Meetings will be 50 minutes and will include open discussion, updates on initiatives, and planning for upcoming events.

Confidentiality: Sensitive topics will be handled respectfully and confidentially.

## Roles and Responsibilities

Chairperson (2 Co-Chairs: Director of Postgraduate Well-Being and GME Director of Administration): Oversees agenda, facilitates meetings, and represents Well-Being Committee at RHN GMEC.

Secretary (RHN GME Data Administrator): Generates agenda, schedules meetings, records and distribute minutes.

Members: Participate actively, share ideas, and support implementation of wellness initiatives.

Reporting: Well-Being Committee will provide quarterly updates to MUSC RHN GMEC and submit an annual summary of activities to GMEC. This GMEC subcommittee does not perform required GMEC functions, it is intended to ensure fluid communication and facilitate institutional initiatives in the wellbeing area across all programs.

Approved by: [RHN GMEC]

Effective Date: [January 8, 2026]