



MOREHOUSE
SCHOOL OF MEDICINE

Child and Adolescent Psychiatry
Policy Manual

Academic Year
2022-2023

Table of Contents

Table of Contents	2
Preface—Our Vision and Mission	5
The Scope of This Manual	6
Message from the Interim Psychiatry Department Chair and Program Director	7
Message from the Associate Program Director	8
Aims of the Child and Adolescent Psychiatry Program	9
General Information for Faculty Members	9
Per Section II.B. of the ACGME Common Program Requirements	9
Faculty Responsibilities	9
Faculty Development	10
Faculty Qualifications	10
ACGME Specialty Review Committees	10
Graduate Medical Education Personnel	11
Current Core and Adjunct Faculty	11
Child and Adolescent Psychiatry Fellow Roster 2022-2023	13
Second Year Fellows	13
First Year Fellows	13
Orientation and Child Psychiatry Bootcamp	14
Child and Adolescent Psychiatry Fellow Benefits	14
General Information	15
Adherence to Policies and Procedures	15
Paychecks	15
Licensure Policy	15
Certifications	15
NPI Number	15
Mailboxes	15
Professional Organizations	15
Administrative/Educational Leave	16
Faculty Advisor Roles and Responsibilities	16
CAP Fellowship Master Clinical Schedules	17
First Year Fellow I—Alicia Lindsey, MD	17
First Year Fellow II—Ogonnaya Ifeadike, MD	18
Second Year Fellow I—Karyn Korsah, MD	19
Second Year Fellow II—Darron Lewis, MD	20
Learning Activities	21
Courses	21
Combined Class Courses	21
Biennial Combined Courses	21
Second Year Courses	21
Grand Rounds—MSM and New York University (NYU) Child Study Center	21
Clinical Case Conference	21
Journal Club	21
Evaluations of Fellows	22
Evaluations by Fellows	22
Child PRITE Exam	22
Scholarly Activity and PS/QI Project	23
Conferences and Presentations	23
MedHub and OneDrive	24
Web-Based Resources	24
MSM Online Library	24

ACGME Glossary of Terms	24
ACGME Milestones	24
ACGME Competencies	24
Educational Program Requirements	27
Child and Adolescent Psychiatry Fellow Position Summaries	29
Goals, Objectives, Key Personnel, and Site Information by Rotation	30
First Year.....	30
Child and Adolescent Fellowship Academic Elective	30
Akoma Counseling and Consulting.....	32
CHRIS 180.....	34
Child and Adolescent Fellowship Community Elective	37
Devereux Advanced Behavioral Health Georgia	38
Children’s Healthcare of Atlanta, Inc. (CHOA).....	41
Georgia Network for Educational and Therapeutic Support (GNETS)	44
Hillside Atlanta	47
The Insight Program.....	49
Children’s Physician Practice Group Neurology Practice	52
Veritas Collaborative.....	56
Willowbrooke at Tanner	58
Second Year.....	61
Child and Adolescent Fellowship Academic Elective	61
Child and Adolescent Fellowship Advocacy Elective.....	63
Akoma Counseling and Consulting.....	65
Barton Child Law and Policy Center at Emory University School of Law	67
Clinical Elective	71
Chris 180—Second Year Rotation.....	72
Georgia Department of Juvenile Justice	75
Georgia State University Counseling Center	77
Grady Infectious Disease Program Clinic	82
Children’s Healthcare of Atlanta—Hughes Spalding	84
KIPP Woodson Park Academy—School Consultation	87
Child and Adolescent Fellowship Patient Safety Quality Improvement	90
Sheltering Arms—Preschool.....	92
MSM CAP Fellowship Teaching Rotation	95
View Point Health.....	96
Whitefoord School Based Health Center	98
Policies, Procedures, Processes, and Program Templates.....	104
Adverse Academic Decisions and Due Process Policy	105
Annual Institution and Program Review Policy.....	115
Alertness Management and Fatigue Mitigation Policy.....	120
Clinical Experience and Education Hour Policy	122
Concern and Complaint (Grievance) Policy for Residents and Fellows.....	125
Disaster Preparedness Policy.....	128
Educational Program Requirements Policy.....	134
Evaluation of Residents, Fellows, Faculty, and Programs Policy	139
Fellow Advancement and Promotion Policy	146
Graduate Medical Education Committee Purpose and Structure Policy	149
International Elective Rotations Policy and Application	153
Moonlighting Policy.....	163
Patient Hand-Off—Transitions of Care Policy	168
Professionalism Policy.....	172
Program Call Policy	178
Quality Improvement and Patient Safety Guidelines	179

Table of Contents

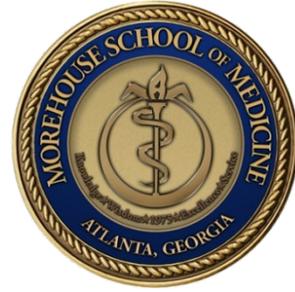
Resident and Fellow Eligibility, Selection, and Appointment Policy.....182
Resident and Fellow Impairment Policy194
Resident and Fellow Learning and Working Environment Policy199
Resident and Fellow Leave Policy207
Resident and Fellow Promotion Policy.....211
Sex/Gender Non-Discrimination and Sexual Harassment Policy214
Sleep Deprivation and Fatigue Policy232
Supervision and Accountability Policy.....236
USMLE Step 3 Requirement Policy240
Visiting Resident and Fellow Rotations Policy and Application242
Well-Being Policy248
ACGME Program Requirements for Graduate Medical Education in Child and Adolescent
Psychiatry250

Preface—Our Vision and Mission

MSM Vision

Leading the creation and advancement of health equity by:

- Translating discovery into health equity
- Building bridges between health care and health
- Preparing future health learners and leaders



MSM Mission

We exist to:

- Improve the health and well-being of individuals and communities;
- Increase the diversity of the health professional and scientific workforce;
- Address primary health care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

“We are on a mission”

Morehouse School of Medicine (MSM) is like no other medical school in the country. Like other schools, we attract students who want to be great doctors, scientists, and health care professionals, and who want to make a lasting difference in their communities. However, MSM ranks number one in the first-ever study of all United States medical schools in the area of social mission.

The ranking came as a result of MSM’s focus on primary care and its mission to address the needs of underserved communities, a commitment which the study emphasizes is critical to improving overall health care in the United States. Such recognition underscores the vital role that MSM and other historically black academic health centers play in the nation’s health care system by addressing, head on, the issues of diversity, access, and misdistribution.

Put simply, we attract and train the doctors and health professionals America needs most: those who will care for underserved communities; those who will contribute racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague the community and the nation.

Likewise, our researchers seek to understand not only the biological determinants of illness and health, but also the social determinants: the circumstances in which someone is born, lives, works, and ages. These circumstances can be shaped by diverse forces, but can be just as powerful as physiology, if not more so, when it comes to health and wellness.

The Scope of This Manual

The Child and Adolescent Psychiatry (CAP) Policy Manual is an outline of the basic CAP policies, practices, and procedures at Morehouse School of Medicine (*MSM* or *School*). The Child and Adolescent Psychiatry Policy Manual is intended only as an advisory guide. **The term *resident* in this document refers to both specialty residents and subspecialty fellows.**

This policy manual should not be construed as, and does not constitute, an offer of employment for any specific duration. This policy manual does not constitute an expressed or implied contract of employment for any period of time. Either MSM or an employee may terminate the employment relationship at any time with or without cause and with or without notice.

MSM will attempt to keep the Child and Adolescent Psychiatry Policy Manual and its online version current, but there may be cases when a policy will change before this material can be revised online. Therefore, you are strongly urged to contact the Child and Adolescent Psychiatry Office to ensure that you have the latest version of MSM's policies.

Policy updates will be communicated to the MSM community via email and will be posted on the MSM internet site. MSM may add, revoke, suspend, or modify the policies as necessary at its sole discretion and without prior notice to employees. This right extends to both published and unpublished policies. A copy of the Child and Adolescent Psychiatry Policy Manual is available for download from the MSM website.

The current MSM Policy Manual supersedes all previous Child and Adolescent Psychiatry Policy Manuals, policies, and employee handbooks of MSM. The effective date of each policy indicates the current policy and practice in effect for the school.

Message from the Interim Psychiatry Department Chair and Program Director



Greetings:

The Morehouse School of Medicine Child Psychiatry Program is excited to partner with you on your journey to become a child and adolescent psychiatrist. We are honored that you trusted us with your training and are committed to, and intentional about, our goal: developing excellent clinicians *and* effective advocates primed to make an impact in our communities.

This program is designed to provide you with a diversity of scholarly and clinical activities that increase your professional skills, medical knowledge, and clinical acumen. Just as importantly, it includes learning opportunities that will equip you to leverage your privilege, knowledge, and power to work collaboratively and innovatively across disciplines to advance children's mental health. To this end, the program provides you a broad-based training experience achieved through partnership with a variety of agencies: community- and academia-based organizations; private and public mental health care providers; and educational and legal institutions.

While rewarding, the work of child and adolescent psychiatry is challenging, nuanced, and demanding. As you learn to navigate patient care, self-care, professional development, and work-life integration in this new role, our faculty aims not only to provide guidance as it relates to the nuts and bolts of psychiatric practice, but also to serve as mentors and sources of support. They, along with the Morehouse School of Medicine administration and staff, value you and your wellness.

Mental health matters for every aspect of society. Healthy growth and development, and children's mental health promotion are absolutely critical in the creation and advancement of health equity. Thank you for joining us in this work. And welcome!

Sarah Y. Vinson, MD
Associate Professor of Clinical Psychiatry and Pediatrics
Program Director of the Child and Adolescent Psychiatry Fellowship Program
Interim Chair, Department of Psychiatry and Behavioral Sciences
Morehouse School of Medicine

Message from the Associate Program Director



I bring you greetings from Morehouse School of Medicine Child and Adolescent Psychiatry Fellowship Program leadership.

It is with great pleasure that I welcome you to train at our very special community-based program. As the program enters its third academic year, we are happy to announce that we have achieved continued accreditation and that we graduated our inaugural class of 2022! In fact, we have already seen new heights and expansion.

With over 20 community sites, your educational learning experience at Morehouse School of Medicine will encompass a variety of clinical settings, from inpatient psychiatric hospitals to consultation-liaison, to community mental health agencies, to school-based mental health clinics, not to mention the plethora of specialty electives we offer. This range of opportunities gives our program the unique benefit of being a true community-based program.

As is inherent in our vision and mission, we strive to pave the way for the education and advancement of young mental health professionals who will, in turn, provide the utmost care to historically marginalized and disadvantaged communities. We aim to diversify the health care workforce while increasing access to mental health care for those in greatest need.

It is an honor to be your Associate Program Director. I thoroughly enjoy working with our fellows and look forward to participating in your training through multiple levels of didactics, mentorship, and beyond. Please do not hesitate to email, text, or call me with questions and concerns, or if you just want to talk about your future or hobbies. We are a team here at Morehouse School of Medicine and are here to support you through your journey to the next level in your awesome career!

Again, Welcome!

Nina Joy Mena, MD

Assistant Professor of Clinical Psychiatry

Associate Program Director of the Child and Adolescent Psychiatry Fellowship Program

Morehouse School of Medicine

Aims of the Child and Adolescent Psychiatry Program

The Child and Adolescent Psychiatry Program has three primary aims:

- Provide a training experience that inspires child and adolescent psychiatry fellows to provide quality health care to all, especially historically marginalized and under-resourced populations in Georgia;
- Promote scholarship and leadership in the fields of child psychiatry by our faculty and fellows, by supporting advocacy, alliance-building, and academic pursuits;
- Deliver an academically rigorous, clinically relevant, and culturally and structurally informed training experience for our fellows that equips them to be excellent clinicians and effective physician advocates.

General Information for Faculty Members

The Graduate Medical Education Committee (GMEC) highly values the contributions of our faculty members. The GMEC agrees with, supports, and adheres to the ACGME requirements and standards as related to faculty members reflected in the following section of the *ACGME Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry, Common Program Requirements* from July 1, 2022:

Faculty members are a foundational element of graduate medical education—faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the wellbeing of the fellows and themselves.

Per Section II.B. of the ACGME Common Program Requirements

For each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all fellows at that location.

Faculty Responsibilities

Faculty members must:

- Be role models of professionalism;
- Demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care;
- Demonstrate a strong interest in the education of fellows;

General Information for Faculty Members

- Devote sufficient time to the educational program to fulfil their supervisory and teaching responsibilities;
- Administer and maintain an educational environment conducive to educating fellows;
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and
- Pursue faculty development designed to enhance their skills at least annually:

Faculty Development

Faculty Development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the fellowship program faculty in the aggregate.

Faculty Qualifications

Faculty members must:

- Have appropriate qualifications in their field and hold appropriate institutional appointments;
- Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee.

Any non-physician faculty members who participate in fellowship program education must be approved by the program director.

Core faculty members must:

- Have a significant role in the education and supervision of fellows;
- Devote a significant portion of their entire effort to fellow education and/or administration;
- Teach, evaluate, and provide formative feedback to fellows as a component of their activities; and
- Complete the annual ACGME Faculty Survey.

ACGME Specialty Review Committees

ACGME Specialty Review Committees:

- May further specify additional physician and non-physician faculty member qualifications;
- Must specify the minimum number of core faculty and/or the core faculty-to-fellow ratio; and
- May specify requirements specific to associate program director(s).

[Return to Table of Contents](#)

Graduate Medical Education Personnel

Assistant Dean/ Designated Institutional Official	Data Management Specialist	Associate Director
Chinedu Ivonye, MD, FACP 22 Piedmont Hall (404) 756-1373 civonye@msm.edu	Felicia Underwood 22 Piedmont Hall (404) 756-1348 funderwood@msm.edu	Tiffany Burns 22 Piedmont Hall (404) 752-1566 tburns@msm.edu
Director	Fellowship Program Manager	Fellowship Program Coordinator
Jason Griggs 22 Piedmont Hall (404) 752-1011 jgriggs@msm.edu	Kennyna Landing 50 Hurt Plaza (404) 756-1451 klanding@msm.edu	Kristopher Goodlow 50 Hurt Plaza (404) 756-5035 krgoodlow@msm.edu

Current Core and Adjunct Faculty

Core Faculty		
Sarah Y. Vinson, MD svinson@msm.edu	Nina Mena, MD njmena@msm.edu	Gail Mattox, MD gmattox@msm.edu
Nicole Cotton, MD ncotton@msm.edu	Fatima Kasiah, MD fkasiah@msm.edu	Hasani Baharanyi, MD drbaharanyi@gmail.com
LeRoy Reese, PhD lreese@akomacounseling.com	Marietta Collins, PhD mcollins@msm.edu	Shaakira Ford, LCSW, DSW saford@msm.edu

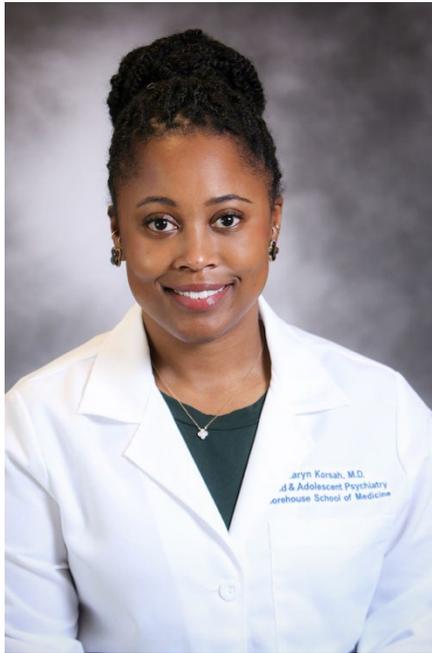
Additional CAP Faculty		
Ashraf Attalla, MD Devereaux Site Director ashraf.attalla@devereux.org	Ranjan Avasthi, MD RAVASTHI@augusta.edu	Joel Axler joel.axler@strategicba.com
Anastasia Brown-Alvarado, MD stac.alvarado@gmail.com	Melissa Carter, JD melissa.d.carter@emory.edu	Emilie Cartwright Emilie@discoverymontessoriacademy.com
Louis Adolph Casal, MD Adolph.Casal@choa.org	Kim Dobson-Callahan, MD kmdc52014@gmail.com	Bryon Evans, MD psych.consult@yahoo.com
Yolanda Fountain, PhD drfountain@playwellness.net	Brittnie Fowler, MD Bfowler3@tulane.edu	LaShondra Gadsen, MD, DFAPA lashondratw@aol.com
Ayo Gathering, MD ayoa23@hotmail.com	Kenneth Genova, MD kgenova@tanner.org	Ericka Goodwin, MD, DFAPA kiddieshrink@mac.com
Chanda Graves, PhD ccgrave@emory.edu	Jeana Griffith, MD jgriffith13@gsu.edu	Marcus C. Griffith, MD marcus.c.griffith@kp.org
Jamila Hallman-Cooper, MD jhallmancooper@emory.edu	Patrice Harris, MD, MA Patrice.Harris@ama-assn.org	Steven L. Jaffe, MD Insight/SUD Site Director srjaffe@bellsouth.net

Additional CAP Faculty		
Jayce Johnson, LCSW jjohnson@whitefoord.org	Kayln Lane, MD klane@unisonbh.com	Jonathan Levy, MD Veritas Attending/Supervisor jonathan.levy@veritascollaborative.com
Yolanda Malone-Gilbert, MD yogid@msn.com	Jenelle Martin, MD jmartinmdpc@gmail.com	Theodore McKinley Morgan, MD thmorgan2@gmail.com
Brian McGregor, PhD bmcgregor@msm.edu	Belinda Montoya, DO belindsm@gmail.com	Brett Murphy-Dawson, MD murphybnmd@gmail.com
Allison Nitsche, MD anitsche@msm.edu	Noriega, Arlene PhD dranor@bellsouth.net	Darshan Patel, MD Ridgeview Site Supervisor darshan.patel@gatech.edu
Vanderlyn Sewell, MD Vanderlyn.Sewell@uhsinc.com	Angela P. Shannon, MD shannonchipsy@gmail.com	Adam Silberman, MD Hillside Site Director ASilberman@hside.org
Sherri Simpson-Broadwater, MD sherri_simpson@hotmail.com	Nia Sipp, MD Dr.niasipp@gmail.com	Beverly Stoute, MD beverlystoutemd@gmail.com
Olufemi Taiwo, MD Heal650@bellsouth.net	Anna Tanner, MD anna.tanner@veritascollaborative.com	Randee Waldman, MD rwaldm2@emory.edu
Aleema Zakers, MD Devereux Supervisor/Attending aleema.zakers@devereux.org		

[Return to Table of Contents](#)

Child and Adolescent Psychiatry Fellow Roster 2022-2023

Second Year Fellows



Karyn Korsah, MD



Darron Lewis, MD

First Year Fellows



Alicia Lindsay, MD



Ifeadike Ogonnaya, MD

[Return to Table of Contents](#)

Orientation and Child Psychiatry Bootcamp

GME and institutional orientation for new fellows is held approximately one (1) week prior to beginning their F-1 year (July 1). Orientation includes information about the GME office, institution, policies, evaluation procedures, and benefits.

During their program-specific orientation, fellows receive an introduction to the administrative and academic requirements of the Child and Adolescent Psychiatry Fellowship Program and the Department of Psychiatry. They are provided information about the faculty, rotation and call schedules, conferences, advisors, and clinical and didactic learning activities.

Throughout the two years of fellowship training, the following records will be retained in each fellow's permanent file:

- ERAS application and supplemental materials
- Credentials, including degree, transcripts, and curriculum vitae
- Copies of temporary training permits, licensure, liability insurance
- Transfer records indicating previous training, performance, and a statement of integrity
- Examination scores (USMLE, Clinical Competency Exam, In-Training Exam)
- Signed attestation indicating receipt of goals and objectives
- Evaluation summaries
- Evidence of scholarly and PS/QI activity
- Patient logs
- Due process and grievance proceedings (when applicable)
- Checklist and verification statements from the program director, upon completion of the program
- Annual Training Agreement

The fellow's file is the property of the Morehouse School of Medicine CAP Fellowship Department.

Child and Adolescent Psychiatry Fellow Benefits

The following benefits are offered to Child and Adolescent Psychiatry fellows:

- Medical and dental insurance
- Life insurance
- Professional liability insurance
- Sick leave (15 days/year)
- Vacation (15 days/year)
- White coats (2)
- Administrative/educational leave (The 10-day baseline may be modestly increased for fellows participating in national meetings, boards, or committees, at the program director's discretion)

General Information

Adherence to Policies and Procedures

All fellows must comply with the policies and procedures of the program, GME, MSM, and all affiliate hospitals and sites where rotations are provided. The electronic version of this manual can be found on the Child and Adolescent Psychiatry Fellowship home page in MedHub.

NOTE: You must respond to a call at all times while on duty.

Paychecks

Paychecks are available biweekly (26 paychecks per calendar year).

Licensure Policy

Fellows are required to apply for and have their full Georgia State Medical License prior to entrance to the program. This is paid for by the institutional GME or fellowship. Fellows can apply through the licensure link: <http://medicalboard.georgia.gov/initial-physician-licensure>.

Certifications

Fellows are required to be certified and maintain certification in Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) throughout their fellowship.

NPI Number

If a fellow has not applied for a NPI and he or she has a Social Security Number, the fellow must complete the online application at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

If a fellow has not applied for an NPI and he or she does not have a Social Security Number, the fellow must complete the paper application found at the following link:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf>.

If a fellow is coming to a Morehouse School of Medicine-sponsored program and already has an NPI, the fellow must change the business address of the previous NPI number to their new program's mailing address. The fellow can get information by contacting the program.

Fellows must use their NPI number for writing prescriptions.

Mailboxes

Fellow mailboxes are located in the Department of Psychiatry in the Hurt Building. Fellows should purge their mailboxes on a weekly basis. We strongly encourage fellows to make an effort to change all mailing addresses to their home address; doing so ensures that fellows receive important mailings in a timely fashion.

Professional Organizations

The program provides support for the fellow's annual membership in the American Academy of Child and Adolescent Psychiatry (AACAP). We strongly recommend that each fellow becomes an active member of the Georgia Chapter of AACAP and takes full advantage of the organization's educational resources. Additionally, we encourage fellows to consider participation in the American Association of Community Psychiatry, the Black Psychiatrists of America, and the American Psychiatric Association.

Administrative/Educational Leave

The program provides fellows a maximum of 10 days paid administrative leave to attend educational-based conferences. This time away applies to the entire two (2) years of fellowship training and is based on prior approval from the program director. Leave for job interviews for third year fellows should be scheduled on the fellow's day off. Additional time off for interviews will be decided on a case-by-case basis. All leave must be approved by the program director.

Faculty Advisor Roles and Responsibilities

At the beginning of each academic year, MSM Child and Adolescent Psychiatry faculty members are selected to serve as faculty advisors for incoming fellows. Those faculty members selected each serve as an advisor/coach for a selected fellow for the entire two (2) years of their fellowship.

Faculty advisors serve as a resource, coach, role model, and teacher. Although the role of advisor is multi-faceted, and the day-to-day responsibilities vary depending on the fellow, an outline of the basic roles and responsibilities of the faculty advisor are listed below.

The following qualifications and responsibilities apply to faculty advisors:

- Be dedicated and enthusiastic about the fellow's education.
- Challenge and encourage fellows to be exemplary in their profession.
- Serve as role models for patient interactions.
- Encourage positive interaction and problem-solving skills.
- Advise the fellow on timely fulfillment of requirements (scholarly activity, duty hours, patient logs, etc.), improving study habits, and issues related to professionalism.
- Ensure that fellows are preparing themselves for life beyond fellowship to include guidance in the process of applying for exploration of other professional pursuits (private practice, academic medicine, etc.).
- Act as a liaison between the individual fellow and the administration.
- Provide the fellow opportunities to discuss confidential issues.

By assisting fellows in identifying their strengths and weaknesses, faculty advisors can help to ensure that fellows make informed long-term decisions regarding their area of practice based on their personal abilities and desires.

[Return to Table of Contents](#)

CAP Fellowship Master Clinical Schedules

First Year Fellow I—Alicia Lindsey, MD

July-June		Monday	Tuesday	Wednesday	Thursday	Friday
July	AM	Devereux	Devereux	Didactics	Devereux	CHRIS 180
	PM	Devereux	Devereux	Didactics	Devereux	Acad. Elect.
August	AM	Devereux	Devereux	Didactics	Devereux	CHRIS 180
	PM	Devereux	Devereux	Didactics	Devereux	Acad. Elect.
September	AM	Devereux	Devereux	Didactics	Devereux	CHRIS 180
	PM	Devereux	Devereux	Didactics/GNET	Devereux	Acad. Elect.
October	AM	Tanner	Tanner	Didactics	Tanner	CHRIS 180
	PM	Tanner	Tanner	Didactics	Tanner	Acad. Elect.
November	AM	Egleston	Egleston	Didactics	Egleston	CHRIS 180
	PM	Egleston	Egleston	Didactics	Egleston	Egleston
December	AM	Egleston	Egleston	Didactics	Egleston	CHRIS 180
	PM	Egleston	Egleston	Didactics	Egleston	Egleston
January	AM	Eating D/O	Eating D/O	Didactics	Eating D/O	Comm'y Elect.
	PM	Eating D/O	Psychotx	Didactics	Eating D/O	CHRIS 180
February	AM	Hillside	Hillside	Didactics	Hillside	Psychotx
	PM	Hillside	Psychotx	Didactics	Hillside	CHRIS 180
March	AM	Hillside	Hillside	Didactics	Hillside	Psychotx
	PM	Hillside	Psychotx	Didactics	Hillside	CHRIS 180
April to Mid-May	AM	Neuro	Neuro	Didactics	Neuro.	Psychotx
	PM	Neuro	Psychotx	Didactics	Neuro.	CHRIS 180
Mid-May to June	AM	SUD	SUD	Didactics	SUD	Psychotx
	PM	SUD	Psychotx	Didactics	SUD	CHRIS 180

First Year Fellow II—Ogonnaya Ifeadike, MD

July-June		Monday	Tuesday	Wednesday	Thursday	Friday
July	AM	Hillside	Hillside	Didactics	Hillside	Acad. Elec.
	PM	Hillside	Psychotx	Didactics	Hillside	CHRIS 180
August	AM	Hillside	Hillside	Didactics	Hillside	Acad. Elec.
	PM	Hillside	Psychotx	Didactics	Hillside	CHRIS 180
September	AM	Tanner	Tanner	Didactics	Tanner	Acad. Elec.
	PM	Tanner	Tanner	Didactics	Tanner	CHRIS 180
October	AM	Devereux	Devereux	Didactics	Devereux	Acad. Elect.
	PM	Devereux	Devereux	Didactics/GNET	Devereux	CHRIS 180
November	AM	Devereux	Devereux	Didactics	Devereux	Comm'y Elect.
	PM	Devereux	Devereux	Didactics	Devereux	CHRIS 180
December	AM	Devereux	Devereux	Didactics	Devereux	Comm'y Elect.
	PM	Devereux	Devereux	Didactics	Devereux	CHRIS 180
January	AM	Egleston	Egleston	Didactics	Egleston	CHRIS 180
	PM	Egleston	Psychotx	Didactics	Egleston	Psychotx
February	AM	Egleston	Egleston	Didactics	Egleston	CHRIS 180
	PM	Egleston	Psychotx	Didactics	Egleston	Psychotx
March	AM	Eating D/O	Eating D/O	Didactics	Eating D/O	CHRIS 180
	PM	Eating D/O	Eating D/O	Didactics	Eating D/O	Psychotx
April to Mid-May	AM	Neuro	Neuro	Didactics	Neuro	CHRIS 180
	PM	Neuro	Neuro	Didactics	Neuro	Psychotx
Mid-May to June	AM	SUD	SUD	Didactics	SUD	CHRIS 180
	PM	SUD	SUD	Didactics	SUD	Psychotx

Key

- **Barton Consult**—Forensic Psychiatric Consultation to Juvenile Defender Clinic at Emory Law’s Barton Center
- **Barton Advocacy**—Interdisciplinary advocacy at state level with the Barton Center Legislative Arm
- **CHRIS 180**—Longitudinal psychopharmacology
- **CHRIS 180 II**—Junior Attending experience supervising and teaching general psychiatric fellows in Outpatient Child Psychiatric Clinic
- **Clinic at CHRIS 180 Eating D/O**—Rotation at Veritas Collaborative, Eating Disorder Specialty Center
- **Devereux**—Residential at Devereux Hospital
- **DJJ**—Direct patient care for detained youth
- **Egleston**—Inpatient psychiatric consult in Pediatric Hospital
- **GSU**—Student Mental Health Clinic at Georgia State University
- **Hillside**—Residential immersive DBT experience at Hillside Hospital
- **IDP**—Infections Disease Program, Integrated Care in Grady Hospital Medical Specialty Clinic
- **KIPP WPA/SBH**—School consult and clinical rotation at school-based health center at KIPP Woodson Park Academy
- **Neuro**—Inpatient and Outpatient Pediatrics; Neurology at Children’s Health care of Atlanta
- **Pediatrics Consult**—Integrated Care in MSM Pediatrics Continuity Clinic at Hughes Spalding Hospital
- **Psychotherapy**—Longitudinal psychotherapy experience in private practice
- **Sheltering Arms**—Pre-school and consult
- **SUD**—Outpatient and IOP SUD experience at Insight Program
- **Tanner**—Acute inpatient at Tanner at Willowbrooke
- **VPH**—Viewpoint Health

Second Year Fellow I—Karyn Korsah, MD

July-June		Monday	Tuesday	Wednesday	Thursday	Friday
July	AM	Teaching	Sheltering Arms	Didactics	Peds Consult	DJJ/Acad Elec
	PM	Teaching	VPH	Didactics	Psychthry	DJJ/Acad Elec
Aug.	AM	IDP	Sheltering Arms/ Barton Consult*	Didactics	Peds Consult	DJJ/Acad Elec
	PM	IDP	VPH	Didactics	Psychthry	DJJ/Acad Elec
September	AM	IDP	Sheltering Arms	Didactics	Peds Consult	DJJ/Acad Elec
	PM	IDP	VPH	Didactics	Psychthry	DJJ/Acad Elec
October	AM	IDP	Sheltering Arms	Didactics	Peds Consult	DJJ/PSQI
	PM	IDP	VPH	Didactics	Psychthry	DJJ/PSQI
November	AM	KIPP WPA/SBHC	Sheltering Arms	Didactics	Peds Consult	DJJ/PSQI
	PM	KIPP WPA/SBHC	VPH	Didactics	Psychthry	DJJ/PSQI
December	AM	KIPP WPA/SBHC	Sheltering Arms	Didactics	Peds Consult	DJJ/PSQI
	PM	KIPP WPA/SBHC	VPH	Didactics	Psychthry	DJJ/PSQI
January	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	Barton Advocacy
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychthry	Barton Advocacy
February	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	Barton Advocacy
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychthry	Barton Advocacy
March	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	Barton Advocacy
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychthry	Barton Advocacy
April	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	Advocacy Elective
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychthry	Advocacy Elective
May	AM	Clinical Elective	CHRIS 180 II	Didactics	GSU	Clinical Elective
	PM	Clinical Elective	CHRIS 180 II	Didactics	Psychthry	Clinical Elective
June	AM	Clinical Elective	CHRIS 180 II	Didactics	GSU	Clinical Elective
	PM	Clinical Elective	CHRIS 180 II	Didactics	Psychthry	Clinical Elective

*Schedule varies depending on service demands and direction of supervising faculty.

Second Year Fellow II—Darron Lewis, MD

July-June		Monday	Tuesday	Wednesday	Thursday	Friday
July	AM	Teaching	CHRIS 180 II	Didactics	GSU	DJJ/Acad Elec
	PM	Teaching	CHRIS 180 II	Didactics	Psychotherapy	DJJ/Acad Elec
August	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	DJJ/Acad Elec
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychotherapy	DJJ/Acad Elec
September	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	DJJ/Acad Elec
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychotherapy	DJJ/Acad Elec
October	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	DJJ/PSQI
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychotherapy	DJJ/PSQI
November	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	DJJ/PSQI
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychotherapy	DJJ/PSQI
December	AM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	GSU	DJJ/PSQI
	PM	KIPP WPA/SBHC	CHRIS 180 II	Didactics	Psychotherapy	DJJ/PSQI
January	AM	KIPP WPA/SBHC	Sheltering Arms/ Barton Consult*	Didactics	Peds Consult	Barton Advocacy
	PM	KIPP WPA/SBHC	VPH	Didactics	Psychotherapy	Barton Advocacy
February	AM	IDP	Sheltering Arms	Didactics	Peds Consult	Barton Advocacy
	PM	IDP	VPH	Didactics	Psychotherapy	Barton Advocacy
March	AM	IDP	Sheltering Arms	Didactics	Peds Consult	Barton Advocacy
	PM	IDP	VPH	Didactics	Psychotherapy	Barton Advocacy
April	AM	IDP	Sheltering Arms	Didactics	Peds Consult	Advocacy Elective
	PM	IDP	VPH	Didactics	Psychotherapy	Advocacy Elective
May	AM	Clinical Elective	Sheltering Arms	Didactics	Peds Consult	Clinical Elective
	PM	Clinical Elective	VPH	Didactics	Psychotherapy	Clinical Elective
June	AM	Clinical Elective	Sheltering Arms	Didactics	Peds Consult	Clinical Elective
	PM	Clinical Elective	VPH	Didactics	Psychotherapy	Clinical Elective

*Schedule varies depending on service demands and direction of supervising faculty.

[Return to Table of Contents](#)

Learning Activities

Courses

At a minimum, each fellow is expected to attend 70% of the regularly scheduled didactic sessions.

Each course carries an expectation that fellows prepare for class and then actively participate in the discussions. Syllabi for courses are housed in MedHub and OneDrive. The most up-to-date list of topics and readings is available on OneDrive.

Combined Class Courses

- **Development and Psychopathology**—Course Directors, Drs. Nicole Cotton and Nina Mena
- **Treatment Interventions**—Course Directors, Drs. Fatima Kasiah and Kristin Carothers
- **Assessment**—Course Director, Dr. Fatima Kasiah
- **Bootcamp**—Course Directors, Drs. Nina Mena and Fatima Kasiah
- **Neuroscience**—Course Director, Dr. Nina Mena

Biennial Combined Courses

- **Black Child Psychiatry**—Course Director, Dr. Sarah Y. Vinson
- **Life of Children**—Course Director, Dr. Sarah Y. Vinson

Second Year Courses

- **Literacy and Professionalism**—Course Director, Dr. Gail A. Mattox
- **Community and Consult**—Course Director, Dr. Gail A. Mattox

Grand Rounds—MSM and New York University (NYU) Child Study Center

MSM Child Psych Grand Rounds are held twice per year on Wednesdays at noon. The presentation is given by an MSM faculty member or guest speaker. CME is offered for all faculty, and lunch is generally provided. Additionally, first year fellows have protected time for the NYU Department of Child and Adolescent Psychiatry Virtual Grand Rounds on Fridays at 11 a.m. Fellows are expected to attend.

Clinical Case Conference

Clinical Case Conferences are held the third Wednesday of every other month at 12 noon. These conferences include a review of topics and cases in child and adolescent psychiatry. The Clinical Case Conference is organized by a faculty member; however, each week the learning activity is led by a fellow. Attendance at Clinical Case Conference is mandatory for fellows and there is an open invitation for any faculty member to attend.

Journal Club

Journal Club meetings are held on the first Wednesday of every other month. Generally, one or two recent and/or landmark journal articles are discussed by both faculty and fellows. Fellows are taught how to critically appraise and evaluate the medical literature. The Journal Club is organized by a faculty member; however, each week the learning activity is led by a fellow. Attendance at journal club is mandatory for fellows and there is an open invitation for any faculty member to attend.

Evaluations of Fellows

Multisource evaluative feedback on performance and progress in the training program is provided to the fellows throughout their training.

Supervising Attendings and/or site directors, course directors, the fellowship program leadership, psychotherapy supervisors, and advisors all provide feedback via MedHub. Additionally, fellows are provided links to share with members of the multidisciplinary care team, patients, peers, and students for 360-degree evaluations. Fellows are also expected to perform self-evaluations. Twice a year, each fellow receives their semi-annual evaluations by the program director. These evaluations are intended as a review of the overall progress of the fellow, to discuss any problems or concerns, and to identify goals for the upcoming year.

Midway through each rotation, the supervising Attending meets with each fellow to discuss their mid-rotation evaluation, document their progress, and provide feedback on the fellow's strengths and weaknesses. If this meeting is not initiated by the Attending, it should be initiated by the fellow. At the end of each rotation, the site supervisor and/or Attending completes a written evaluation on the performance of the fellow. The supervising Attending also meets with the fellow for end-of-rotation feedback. The faculty member evaluates the fellow on each of the six (6) core competencies established by the ACGME that are relevant for a given site:

- Professionalism
- Patient Care and Procedural Skills
- Medical knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Systems-Based Practice

Evaluations by Fellows

Fellows must complete a formal evaluation via MedHub for each of their learning activities and rotations. They are also asked to provide feedback in monthly meetings with the program director and/or the associate program director.

Child PRITE Exam

One of the most valuable contributions of the American College of Psychiatrists (ACP) to psychiatric education is the annual Child Psychiatry Resident-In-Training Examination (PRITE®). The ACP designed the CHILD PRITE as an educational resource for psychiatric fellows and training programs. Each section of the exam focuses on a particular component of psychiatry, offering references to support and explain correct answers.

CHILD PRITE results provide helpful information for both fellows and training directors as well as for the residency program. Fellows receive a detailed computer analysis of their test performance in comparison with other fellows at a similar level of training. Training directors receive results for their individual fellows as well as statistical summary data comparing their training program with other groups of participants. Residency programs use CHILD PRITE as one factor, among many, for assessing the competency of fellows. This information assists training directors in adjusting their programs to make them more effective.

CHILD PRITE is taken in December. Nearly all psychiatry fellows in the United States, and many in Canada, take the exam both years of their fellowship training. At the MSM fellowship, fellows also take two PRITE-style self-assessment exams over the course of the academic year.

Scholarly Activity and PS/QI Project

Fellows are required to complete a scholarly project/presentation entitled Senior Talk, and to participate in a PS/Q1 project prior to graduation. Potential scholarly activities must be approved by the program director or the associate program director, and include, but are not limited to, the following:

- Poster or oral presentation at a local, regional, or national conference
- Service on a national professional board
- Published letters to the editor
- Published case reports (all authors) and published research manuscripts (all authors)
- Partial or complete book chapters

Submitted manuscripts or posters which have not been accepted will be judged on a case-by-case basis.

Conferences and Presentations

Fellows may be selected to participate in conferences throughout the country. The Fellowship Program and the Department of Psychiatry work in collaboration to sponsor fellows for these important events with the following guidelines:

- Fellows must be in good standing, not on probation, and not have issues related to professionalism.
- An annual professional development stipend will be provided for the fellow to use for conference travel. The amount of the sponsorship is based on availability of funds.
- Notification of invitation to present must be submitted to the program at least 60 days in advance, whenever possible.
- Time away for conferences is awarded based on rotation and number of administrative days available and is awarded at the discretion of the program director. Number of days off for job and fellowship interviews will also be taken into account.
- Preference is given when fellows are presenting or serving on a national committee that is meeting at the conference.

The subject matter of the research or presentation is determined by the fellow in consultation with their faculty advisor or research mentor. Fellows must provide the Fellowship Program Office with documentation of their abstract acceptance. All abstracts prepared by fellows for submission and presentation at scientific meetings should have a designated faculty/mentor reviewer. Fellows are responsible for obtaining faculty/mentor review and signature on the abstract submission forms. With the help of their faculty mentor, fellows should determine at the onset of proposed research whether the research activity planned requires MSM IRB review and approval.

Lead time for requested departmental support/reimbursement is critical. As soon as the fellow is notified of an acceptance for a presentation, the fellow **MUST** inform the fellowship program. At least two (2) months lead time is required for reimbursement. In the case of requests submitted less than two (2) weeks prior to the event, the fellow will be responsible to cover the initial cost and may not be reimbursed at the full cost of the travel expenses, with partial or complete reimbursement determined as funds allow.

MedHub and OneDrive

All official documents related to the fellowship can be accessed through MedHub and/or OneDrive. MedHub contains the official records for fellows: evaluations, time off requests, moonlighting permission requests, schedules, and the fellows' portfolios. Schedules and syllabi housed there are updated at regular intervals by the program staff. The OneDrive folder is a more accessible, nimble online repository and will always include the most up-to-date syllabi, readings, and schedules. Additionally, it includes helpful information, such as faculty descriptions. Scholarly activity work product is stored here as well. Final projects are only entered into MedHub.

Web-Based Resources

MSM Online Library

To access books, full articles, and the other resources in the online library, no sign on is necessary when logging in on campus. However, when accessing the library resources off campus, sign on is required with the login name and password used to check webmail.

Among many other things, the MSM Online Library site provides access to:

- The PsychiatryOnline Database
- PubMed and some full articles
- Ovid and some full articles. You may need to have this site open when you are trying to download articles from PubMed.
- UpToDate; this site is available only from on campus.

ACGME Glossary of Terms

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

ACGME Milestones

<https://www.acgme.org/globalassets/pdfs/milestones/childandadolescentpsychiatrymilestones2.0.pdf>

ACGME Competencies

The term *resident* in this document refers to both specialty residents and subspecialty fellows. Common Program Requirements noted in each set of specialty and subspecialty requirements uses the terms *resident* and *fellow* interchangeably.

IV.B.1.a) Professionalism

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.B.1.a) Patient Care and Procedural Skills

Background and Intent: Quality patient care is safe, effective, timely, efficient, patient-centered, equitable, and designed to improve population health, while reducing per capita costs. (See the Institute of Medicine [IOM]'s Crossing the Quality Chasm: A New Health System for the 21st Century, 2001 and Berwick D, Nolan T, Whittington J. The Triple Aim:

care, cost, and quality. *Health Affairs*. 2008; 27(3):759-769.). In addition, there should be a focus on improving the clinician's well-being as a means to improve patient care and reduce burnout among residents, fellows, and practicing physicians.

These organizing principles inform the Common Program Requirements across all Competency domains. Specific content is determined by the Review Committees with input from the appropriate professional societies, certifying boards, and the community.

IV.B.1.b).(1) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. ^(Core)

IV.B.1.b).(1).(a) Fellows must demonstrate competence in:

IV.B.1.b).(1).(a).(i) evaluation and treatment of patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders; ^(Core)

IV.B.1.b).(1).(a).(ii) treatment of children and adolescents for the development of conceptual understanding and beginning clinical skills in major treatment modalities, including brief and long-term individual therapy, family therapy, group therapy, crisis intervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and pharmacotherapy; ^(Core)

IV.B.1.b).(1).(a).(iii) evaluation and treatment of patients from diverse cultural backgrounds and varied socioeconomic levels; and, ^(Core)

IV.B.1.b).(1).(a).(iv) performance and documentation of an adequate individual and family history; mental status; physical and neurological examinations when appropriate; supplementary medical and psychological data, and integration of these data into a formulation; differential diagnosis; and a comprehensive treatment plan. ^(Core)

IV.B.1.b).(2) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. ^(Core)

IV.B.1.c) Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care. ^(Core)

IV.B.1.c).(1) Fellows must demonstrate competence in their knowledge of:

IV.B.1.c).(1).(a) basic neurobiological, psychological, and clinical sciences relevant to psychiatry and the application of developmental, psychological, and sociocultural theories relevant to the understanding of psychopathology; ^(Core)

IV.B.1.c).(1).(b) the full range of psychopathology in children and adolescents, including the etiology, epidemiology, diagnosis, treatment, and prevention of the major psychiatric conditions that affect children and adolescents; ^(Core)

IV.B.1.c).(1).(c) recognition and management of domestic and community violence, including physical and sexual abuse, as well as neglect, as it affects children and adolescents; ^(Core)

IV.B.1.c).(1).(d) diversity and cultural issues pertinent to children, adolescents, and their families; and, ^(Core)

IV.B.1.c).(1).(e) the appropriate uses and limitations of psychological tests. ^(Core)

IV.B.1.d) Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. ^(Core)

Background and Intent: Practice-based learning and improvement is one of the defining characteristics of being a physician. It is the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

The intention of this Competency is to help a fellow refine the habits of mind required to continuously pursue quality improvement, well past the completion of fellowship.

IV.B.1.e) Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. ^(Core)

IV.B.1.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. ^(Core)

Educational Program Requirements

Per ACGME Common Program Requirements Section IV., accredited programs are expected to define their specific program aims consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

IV.A. All MSM GME programs' curriculum must contain the following educational components:

1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates.
 - a. The program's aims must be made available to program applicants, residents/fellows, and faculty members.
2. Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice.
 - a. These must be distributed, reviewed, and available to residents/fellows and faculty members.
3. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision.
4. A broad range of structured didactic activities.
 - a. Residents/fellows must be provided with protected time to participate in core didactic activities.
5. Advancement of residents/fellows' knowledge of ethical principles foundational to medical professionalism.
6. Advancement in the residents/fellows' knowledge of the basic principles of scientific inquiry, including how resident is designed, conducted, evaluated, explained to patients, and applied to patient care.

IV.B. ACGME Competencies – referenced and provided in detail above.

IV.C. Curriculum Organization and Resident Experiences – MSM GME programs must:

1. Ensure that the program curriculum is structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.
2. Provide instruction and experience in pain management, if applicable, for the specialty, including recognition of the signs of addiction.

IV.D. Scholarship

1. Program responsibilities include:
 - a. Demonstrating evidence of scholarly activities consistent with its mission(s) and aims.
 - b. In partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities.
 - c. Advancing residents' knowledge and practice of the scholarly approach to evidence-based patient care.
2. Faculty Scholarly Activity (both core and non-core faculty) – programs must demonstrate accomplishments in at least three (3) of the following domains:
 - a. Research in basic science, education, translational science, patient care, or population health
 - b. Peer-reviewed grants
 - c. Quality improvement and/or patient safety initiatives

- d. Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
 - e. Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
 - f. Contribution to professional committees, educational organizations, or editorial boards
 - g. Innovations in education
 - h. All MSM GME programs must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
 - i. Faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor
 - ii. Peer-reviewed publication
3. Resident/Fellow Scholarly Activity
- a. Residents and fellows must participate in scholarship activity.

The GME DIO and GMEC will provide oversight of programs' compliance with required educational components during the annual institutional and program review process and procedures.

All MSM GME programs are required to:

- 1. Track and document scholarly activity data annually for residents, fellows, and all faculty involved in teaching/advising/supervising, including both core and non-core faculty, as part of the Annual Program Evaluation (APE) process.
- 2. Document and implement program-level scholarly requirements and guidelines that are distributed and reviewed with the residents, fellows, and faculty members on an annual basis.

Child and Adolescent Psychiatry Fellow Position Summaries

Title: CAP Fellow, First-Year, PGY-4 or PGY-5

Reports to: Program Director

First year fellows are expected to build upon the knowledge and skills gained during their Psychiatry General Residency training. First year fellows are under the supervision of senior fellows and Attendings. However, they are also expected to have enough prior medical experience and knowledge to supervise fellows, interns, and medical students in psychiatry with Attending oversight. First year fellows will be expected to focus on gaining knowledge specific to the field of Child and Adolescent Psychiatry.

Title: CAP Fellow, Second Year, PGY-5 or PGY-6

Reports to: Program Director, Department of Psychiatry Faculty

Second year fellows are expected to focus on becoming experts in the clinical evaluation and treatment of children and adolescents with psychiatric disorders, and should be able to practice evidence-based medicine for the full spectrum of child and adolescent mental illness. Additionally, they are expected to be able to apply their clinical and developmental knowledge to non-clinical settings in order to further their consultation and advocacy for education and collaboration in interdisciplinary settings.

By the end of their second year, fellows should be deemed capable of practicing independently in the field of child and adolescent psychiatry in a competent and safe manner. Second year fellows should fully meet all six (6) of the ACGME general core competencies. With faculty support, second year fellows should be able to submit the results of their research or community outreach project as an abstract to the appropriate forum, and will be encouraged to submit full-length manuscripts for publication in clinical and/or scientific journals and/or for presentation at national or state professional meetings.

[Return to Table of Contents](#)

Goals, Objectives, Key Personnel, and Site Information by Rotation

First Year

Child and Adolescent Fellowship Academic Elective

Key Personnel

Dr. Gail A. Mattox, Attending and administrative contact; gmattox@msm.edu,

Location

720 Westview Drive SW, Atlanta, GA. 30310
404-756-1400

Frequency and Duration

- First-Year Fellows—Half-day on Fridays for three (3) months, from July through September
- Second Year Fellows—Half-day on Fridays, July through September

Overview and Goal

This elective is designed to provide fellows with mentorship and protected time in the initiation of an academic project that will be completed by the end of the fellows' first year of fellowship. Options are detailed in the table below. Fellows work with their program director or associate program director and their advisor to identify appropriate mentors for the scholarly activity. They also meet with a representative from either the MSM Office of Research Development or the MSM Psychiatry Research Development Committee.

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of severe psychiatric conditions in a residential treatment setting serving child and adolescent patients.

Objectives

Professionalism

The fellow will recognize the importance of participating in one's professional community.

Patient Care and Procedural Skills

To be determined upon selection of Academic Elective

Medical Knowledge

The fellow will demonstrate the knowledge of, and ability to perform thorough literature reviews regarding an area of interest.

Practice-Based Learning and Improvement

The fellow will regularly seek and incorporate feedback from advisors to improve performance.

Interpersonal and Communication Skills

The fellow will develop a rapport with Attendings, peers, fellows, and/or medical students for the purpose of conducting a comprehensive evaluation.

The fellow will consistently engage with their academic project advisor.

Systems-Based Practice

The fellow may coordinate care with community mental health agencies and professionals in other disciplines and settings in order to obtain scholarly activity work products.

The fellow will incorporate a lens of structural humility in all activities.

Type of Scholarship	Purpose	Type of Scholarship
Discovery	Build new knowledge through hypothesis-driven, original, basic, clinical, epidemiological, or other research on health or disease.	<ul style="list-style-type: none"> • Present a peer-reviewed poster at regional or state meetings. • Publish an original research paper in a peer-reviewed state or national medical journal. • Present a report of original research in grand rounds at another institution, or in a regional or national professional conference.
Integration	Synthesize current knowledge so as to make it useful to other researchers, clinicians, patients, policymakers, and/or educators.	<ul style="list-style-type: none"> • Publish a clinical review paper in a peer-reviewed national medical journal. • Publish a focused review (e.g., POEM) regarding a clinical question in a peer-reviewed online journal. • Testify in the state legislature or to a state commission regarding strategy to manage a public health problem. • Present a review of evidence-based guidelines for the management of a clinical problem in a statewide or national continuing medical education (CME) meeting.
Application	Use knowledge to improve health care, medical practice, health systems operation, public health, or policy.	<ul style="list-style-type: none"> • Present the results of a clinical quality improvement program implemented in a group of practices at a regional professional meeting. • Serve on a state or national professional committee developing and implementing programs to improve children’s mental health practice or education. • Obtain foundation, state, or federal government funding for a grant to implement practice improvement or redesign.
Teaching	Develop, implement, and evaluate educational programs, rotations, courses, materials, or other resources to educate students, health care professionals, patients, and/or the public.	<ul style="list-style-type: none"> • Develop, implement, and report a new curriculum for a national professional educational course or module and present to a national psychiatric education organization. • Evaluate a new skill-building workshop for students, faculty members, or fellows; present a curriculum and results at another residency program, presented at a state or national professional meeting.

Akoma Counseling and Consulting

Key Personnel

Dr. Leroy Reese, Associate Professor Community Health and Preventative Medicine, Site Director, Attending, administrative contact; lreese@akomacounseling.com

Location

125 E. Trinity Place #310, Decatur, GA 30030
(401) 375-7309

Frequency and Duration

Four (4) hours/day, one (1) day per week

Overview and Goal

CAP fellows have their outpatient psychotherapy experience at Akoma Counseling and Consulting. Under the guidance and supervision of Dr. Reese, licensed psychologist and Akoma's director, CAP fellows begin working with psychotherapy patients during the first year of CAP fellowship, providing them the opportunity to work longitudinally with their patients over a period of approximately 18 months. Dr. Reese provides clinical supervision and documents the fellow's work in the Akoma EMR.

Specific Activities

- Biopsychosocial evaluation of children and adolescents
- Long-term psychotherapy with children and adolescents
- Participation in supervision sessions with clinical child psychologist
- Clinical documentation of all patient encounters
- Treatment summaries and transfer notes at the conclusion of treatment

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select an appropriate psychotherapeutic modality for providing treatment.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.

- The fellow will gain skill in the application of psychotherapeutic techniques in the treatment of patients and families.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will be able to conceptualize the child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The fellow will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will receive written feedback from families to improve performance.

Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting psychotherapy.
- The fellow will verbally communicate treatment goals and progress to patient families.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to primary care providers.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

CHRIS 180

Key Personnel

- Anne Cornell, Site Director and administrative contact; Anne.Cornell@chris180.org
- Hasani Baharanyi, MD, (Fellowship Year 1), Attending; drbaharanyi@loriopsychgroup.com (404) 249-0520 ext. 3
- Sarah Y. Vinson, MD (Fellowship Year 2), Attending; svinson@msm.edu (404)756-5033

Location

1030 Fayetteville Rd., Atlanta, GA 30316, or remote (First Year)

3700 Martin Luther King Jr. Drive, Atlanta, GA 30331, or remote (Second Year)

Frequency and Duration

The CAP fellowship year-one rotation assignment is one fellow, for one (1) day per week, for six (6) months. The CAP fellowship year-two rotation has a rotation assignment of one (1) fellow, for one (1) day per week, for six (6) months.

Overview and Goal—Year 1 Rotation

Description of Clinical Services:

This rotation is designed to equip fellows with basic knowledge and skills to evaluate and treat child and adolescent psychiatry patients in an outpatient setting.

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting serving child and adolescent patients.

Clinical Population and Experience:

- Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment.
- The patients are seen for 30 to 60 minutes for psychopharmacology treatment appointments, which will include varying degrees of additional parenting and family therapeutic interventions.
- The rotation includes two (2) clinical sessions, one (1) fellow per session.
 - The first is 8:00 a.m. – 12:00 p.m.; the second is 1:00 p.m. – 5:00 p.m.
 - Didactics and supervision occur over lunch from 12:00 p.m. – 1:00 p.m.
 - The fellow and Attending assess patients together. For all aspects of the interview performed by the fellow, the Attending has direct supervision. The fellow also has the opportunity to observe the Attending's interview and therapeutic techniques. They interview patients and families together.
 - In the electronic health record, the fellow documents the evaluation, including links for the Attending physician to review and approve the documentation.
 - It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder.
 - The vast majority of patients seen in this clinic will have Medicaid or no insurance.

Average Case Load:

Fellows are responsible for the treatment of three (3) to eight (8) patients/families per session.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist backup when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will appropriately prescribe commonly used psychopharmacologic agents.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms.
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

Interpersonal and Communication Skills

- The fellow will develop a therapeutic relationship with patients in uncomplicated situations.
- The fellow will sustain working relationships in the face of conflict.
- The fellow will consistently engage patients and families in shared decision-making.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Child and Adolescent Fellowship Community Elective

Key Personnel

Dr. Sarah Vinson, Associate Professor of Clinical Psychiatry and Pediatrics, Program Director of the Child and Adolescent Psychiatry Fellowship Program, Attending and administrative contact; svinson@msm.edu

Location

Potential Agencies:

- NAMI Georgia, 4120 Presidential Pkwy, Suite 200, Atlanta, GA 30340
- Voices for Georgia's Children, 75 Marietta Street NW, Suite 401, Atlanta, GA 30303
- The American Academy of Pediatrics, Georgia Chapter, 1350 Spring St., Suite 700, Atlanta, GA 30309
- CHRIS 180's Drop-In Center "The SPOT," 1030 Fayetteville Rd., Atlanta, GA 30316

Frequency and Duration

One (1) half-day on Fridays from January through July

Overview and Goal

This elective is designed to provide fellows with protected time for community service, outreach, and advocacy experience. The SMART goals decided upon in collaboration with the community partner project site are to be completed by June. The elective can be spent at any organization that serves children and/or families, but is also subject to approval by Dr. Vinson. Fellows will work with their program director and advisor to identify appropriate sites for the community rotation.

The goal of this rotation is to provide a practical experience that will help the fellow understand cultural and structural issues related to the lives of children and families.

Objectives

Professionalism

The fellow will recognize the importance of participating in one's community.

Patient Care and Procedural Skills

To be determined upon selection of community site.

Medical Knowledge

To be determined upon selection of community site.

Practice-Based Learning and Improvement

The fellow will regularly seek and incorporate feedback from community partners to improve performance.

Interpersonal and Communication Skills

The fellow will develop a rapport with community agency partners and staff.

Systems-Based Practice

The fellow will develop a broader understanding of social and structural determinants of children's mental health.

Devereux Advanced Behavioral Health Georgia

Key Personnel

- Belinda Montoya, MD, Site Director and Attending; belindsm@gmail.com
- Kathy Stalcup, administrative contact; kstalcup@devereux.org
- Rudie Delien, credentialing contact; Rudie.Delien@devereux.org

Location

1291 Stanley Road, Kennesaw, GA 30152
(770) 427-0147

Frequency and Duration

Three (3) days per week, for four (4) months per academic year

Overview and Goals

CAP fellows rotate at a behavioral health treatment network for a three-month rotation during the first year of their CAP fellowship. They participate in direct patient care, multidisciplinary treatment team meetings, and various therapeutic interventions. Additionally, fellows attend regularly scheduled patient safety and quality improvement meetings with facility staff and administrators. During these meetings, incidents, near misses, and other related topics are discussed and addressed.

Devereux Advanced Behavioral Health Georgia is a behavioral health treatment network for children and young adults suffering from severe emotional and psychological challenges. The youth served at Devereux are those considered at the highest risk and require the most intensive level of services. Devereux clinicians provide combined therapeutic and educational programs to support the individual needs of each client, based on their diagnosis, strengths, and interests. Services include intensive residential services, specialty foster care, and residential group homes.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about, and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these while completing a comprehensive evaluation.
- The fellow will notify the team and enlist backup when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will demonstrate the ability to perform a thorough clinical evaluation of children, adolescents, and families presenting to residential treatment for psychiatric emergencies, including both psychiatric and biomedical assessments.
- The fellow will demonstrate the ability to form a therapeutic alliance with children and parents.
- The fellow will demonstrate the ability to develop a thorough differential diagnosis, formulation, and treatment plan for children and adolescents in residential settings.

- The fellow will demonstrate the ability to direct and/or conduct intervention including a range of psychosocial and pharmacological therapeutics for children, adolescents, and parents.
- The fellow will demonstrate the ability to write concise chart notes regarding child and adolescent psychiatric conditions.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will learn about interdisciplinary, systematic approaches to maintaining and addressing patient safety.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh the impact of trauma on psychiatric presentation and treatment.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will demonstrate knowledge of the major causes of psychiatric problems that present to residential treatment units.
- The fellow will be able to demonstrate an understanding of the basic forensic principles in residential care.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.
- The fellow will participate in quality improvement meetings with interdisciplinary staff and administrators.

Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting a comprehensive evaluation.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively communicate with members of a multidisciplinary treatment team.

Systems-Based Practice

- The fellow will be knowledgeable of the variety of dispositions available to children, adolescents, and families with psychiatric problems.
- The fellow will describe systems and procedures that promote patient safety.

Goals, Objectives, Key Personnel, and Site Information by Rotation

- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will work with the facility social worker to coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Children's Healthcare of Atlanta, Inc. (CHOA)

Key Personnel

- Kristen Weinschenk, MD, Site Director and Attending; Kristin.Weinschenk@choa.org
- Katie Smith, credentialing contact; KatieS.Smith@choa.org

Location

Children's Healthcare of Atlanta, 1405 Clifton Road NE, Atlanta, GA 30322
(404) 785-5437

Frequency and Duration

Three (3) days per week, for two (2) months per academic year

Overview and Goals

CAP fellows are part of the Children's Healthcare of Atlanta, Inc. psychiatric consult service three (3) days per week for one (1) month. They have weekday clinical consultation duties that include performing assessment and consultation services as part of a multidisciplinary consult team for inpatient and Emergency Department consult services at Egleston Children's Hospital at Emory University, Inc., DBA Children's Healthcare of Atlanta at Egleston.

The setting is an urban hospital system that provides care to medically complex children and adolescents. It is a tertiary care facility and one of the nation's largest children's hospitals. This rotation emphasizes assessment skills, consultation skills, working in a multidisciplinary team, providing feedback to primary treatment team providers, patients, and families, and the teaching of medical learners. It also provides an opportunity for child psychiatry trainees to gain firsthand knowledge about the pediatric hospital and emergency department systems.

This rotation is for second-year fellows. They will be directly supervised by the consult services' Attending physician and receive in-person as well as remote supervision.

Specific Activities:

- Biopsychosocial evaluation of children and adolescents
- Long-term psychotherapy with children and adolescents
- Participation in supervision sessions with a clinical child psychologist
- Clinical documentation of all patient encounters
- Treatment summaries and transfer notes at the conclusion of treatment

Objectives

Professionalism

- Understand the professional standards pertaining to the psychiatric care of youth, including reporting cases to Georgia Division of Family and Children Services State Office (DFCS)/Law Enforcement, and confidentiality issues.
- Set appropriate boundaries, deal with difficult families, and establish a rapport with colleagues and with patients/families.
- Demonstrate a consistently professional attitude that shows responsibility in record keeping and communications with patients, families, and staff.
- Develop skills for dealing with issues of confidentiality and parental involvement.
- Demonstrate responsible behavior in scheduling issues, returning calls, and providing consultative services.

Patient Care and Procedural Skills

- Gain an understanding of the interaction between biological, psychological, social, and spiritual/cultural factors in the development and maintenance of psychopathology.
- Gain skills necessary for the assessment and treatment of the major psychiatric disorders of childhood and adolescence at each major developmental stage to adulthood.
- Participate as part of a team.
- Be willing to take on challenging cases.
- Provide direct patient care and develop skills in psychiatric evaluation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Develop understanding and proficiency in the role of a psychiatric consultant.
- Incorporate patient preferences when consistent with excellent care.

Medical Knowledge

- Base therapeutic treatment interventions on evidence-based treatment as much as possible.
- Increase knowledge of medical and psychiatric comorbidities and their impact on presentation, assessment diagnosis, and treatment.
- Understand common presenting mental health complaints in children receiving acute/inpatient medical treatment.
- Develop proficiency in recommending various mental health interventions during the inpatient and emergency department treatment of mentally ill children and adolescents, basing decisions on medical evidence whenever possible.
- Be self-directed in learning; willing to share knowledge with the team; be open about areas in which learning is needed.
- Attend required seminars and complete assigned readings on therapeutic issues.

Interpersonal and Communication Skills

- Learn about the hospital system and team dynamics in the psychiatric consult process through observation and supervision.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Demonstrate respect for patients, their families, and staff.
- Communicate any concerns directly to the relevant staff.
- Provide consultative psychiatric care and develops skills in psychiatric consultation.
- Develop skills for addressing issues of confidentiality and parental involvement.

Practice-Based Learning and Improvement

- Use current texts, journals, and web-based resources to increase knowledge about diagnosis and treatment.
- Learn about assessment inventories and tools, and appropriate outcome measures.
- Develop an understanding of the structural factors involved in connecting children and adolescents with services upon discharge.
- Interact as a team player, receiving feedback constructively and providing open feedback to others.
- Seek out supervision in working with difficult families and incorporate feedback.
- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.

Systems-Based Learning

- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.
- Demonstrate a basic understanding of the pediatric acute care clinical setting and care delivery system.
- Gather information from other relevant sources for a comprehensive evaluation.
- Seek avenues to engage community resources to help promote resiliency and continuity of care.
- Demonstrate the willingness to learn about community resources.
- Gather information from other relevant sources for a comprehensive evaluation, following HIPPA guidelines, to adequately document behavioral/emotional problems and previous evaluations and interventions.
- Coordinate, with the assistance of faculty as needed, the appropriate referral of youth who require interventions beyond the capability of the clinic.

Georgia Network for Educational and Therapeutic Support (GNETS)

Key Personnel

- Gail A. Mattox, MD, Attending; gmattox@msm.edu
- Michele Baskett, administrative contact; mbaskett@msm.edu

Location

1862 Twin Towers East, 205 Jesse Hill Jr. Drive SE, Atlanta, GA 30334

Frequency and Duration

Fellows rotate for one (1) day a week for one (1) month.

Overview and Goals

The Georgia Network for Educational and Therapeutic Support (GNETS) is comprised of 24 programs which support the local school systems' continuum of services for students with disabilities, ages 5 through 21. The programs provide educational and therapeutic support services to students who might otherwise require residential or other more restrictive placements due to the severity of one or more of the characteristics of the disability category of emotional and behavioral disorders (EBD). The system has, however, experienced some controversy and has been sued for separate and unequal educational settings which has resulted in several changes within GNETS.

The fellow, under supervision, may provide client-centered, consultee-centered consultation, staff development, parent education, and rarely, program-oriented consultation, as negotiated. Supervision occurs one on one onsite with the Attending psychiatrist. Fellows will not provide any direct patient care during this rotation.

Objectives

Professionalism

- Knowledge—Be familiar with ethical issues which may arise as part of the school consultation process.
- Skills—Function in the role of child advocate while maintaining ethical role as child psychiatric consultant.
- Attitude—Clarify the fellow's role with school personnel.
- Arrive at work on time.
- Demonstrate flexibility in addressing needs.
- Discuss ethical considerations which arise during the consultation process which include issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Patient Care and Procedural Skills

- Knowledge
 - Identify the role of the child psychiatrist in providing client-centered consultation in a school system.
 - Recognize the GNET school as a system.
- Skills—Have sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with public schools.

- Attitude—Respect professional boundaries and only consult on individual children with the permission of the parent(s) or legal guardians.
- Acquire and/or extend knowledge concerning the structure and functioning of a special education school through interaction with school personnel, which may include psychologists, teachers, guidance counselors, school nurses, and administrative personnel, as well as the children and families they serve.

Medical Knowledge

- Knowledge—Extend knowledge of basic consultation theory in application to schools.
- Skills—Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- Attitude—Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.
- Attend lectures and complete assigned readings concerning schools as systems.
- Read or review assigned readings concerning basic consultation theory.
- Attend lectures and complete assigned readings concerning laws applying to public education.
- Investigate issues of organization and systems such as IEPs from school personnel and participate in student-intervention team meetings.

Interpersonal and Communication Skills

- Knowledge—Identify the hierarchy of personnel in the school and its relevance for the consultant to the school.
- Skills—Function in the role of child advocate while maintaining the ethical role as child psychiatric consultant.
- Attitude—Provide consultation without undermining the sense of value and need for the consults.
- Discuss the structure of the consultee in the school system during individual supervision, including hierarchy of key personnel within the school and their interactions with key personnel within the district.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Practice-Based Learning and Improvement

- Knowledge—Provide written consultations.
- Skills—Facilitate effectively during intervention meetings.
- Attitude—Accept and value feedback from school personnel and from supervision.
- Identify the importance of seeking out opportunities to maximize the educational experience.
- Utilize skills to provide useful consultation to one or more consultees within a special education school setting to include:
 - Writing a consultation report in easily understood language, without medical jargon;
 - Helping consultees understand the scope of their experience;
 - Modeling problem-solving skills which consultees can then apply to similar situations.

Systems-Based Learning

- Knowledge
 - Recognize the limitations of resources available in school systems, and how these impact available interventions.
 - Identify the pros and cons of placement in GNET schools for the developmentally disabled and for students with emotional and behavioral disorders.
 - Identify relationship issues between teachers and administration.
- Skills—Apply this knowledge to effectively liase with parents, teachers, and administrators for effective consultation.
- Attitude—Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nurses in the school systems.
- Discuss aspects of the school as a system which impacts consultation, including:
 - Existing therapeutic programming in the school,
 - Availability or scarcity of resources,
 - Attitude toward outside consultants,
 - Relationships between teachers and administration, and
 - Pressure from administration.

Reference Resources

Textbooks—Lewis and Dulcan

[AACAP Practice Parameter for Psychiatric Consultation](#)

[AAP Policy Statement on OSS and Expulsion](#)

[GNET Lawsuit Article](#)

[Georgia Network for Educational and Therapeutic Schools \(GNETS\)](#)

Hillside Atlanta

Key Personnel

- Adam Silberman, MD, Site Director and Attending; ASilberman@hside.org
- David Shadle, Site Administrator; DShadle@hside.org

Location

690 Courtenay Drive NE, Atlanta, GA, 30306
(404) 875-1394

Frequency and Duration

Four (4) days per week, for one (1) month

Overview and Goals

CAP fellows rotate at a behavioral health treatment network for a four-month rotation during the first year of their CAP fellowship. Hillside Atlanta is a behavioral health treatment network for children and young adults suffering from severe emotional and psychological challenges. The youth served at Hillside are those considered at the highest risk and require the most intensive level of services. Hillside clinicians provide combined therapeutic and educational programs to support the individual needs of each client based on their diagnosis, strengths, and interests, with an emphasis on Dialectical Behavioral Therapy (DBT). Services include intensive residential services, specialty foster care, and residential group homes.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of completing a comprehensive evaluation.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will demonstrate the ability to perform a thorough clinical evaluation of children, adolescents, and families presenting to residential treatment for psychiatric emergencies, including both psychiatric and biomedical assessments.
- The fellow will demonstrate the ability to form a therapeutic alliance with children and parents.
- The fellow will demonstrate the ability to develop a thorough differential diagnosis, formulation, and treatment plan for children and adolescents in residential settings.
- The fellow will demonstrate the ability to direct and/or conduct intervention including a range of psychosocial and pharmacological therapeutics for children, adolescents, and parents.
- The fellow will demonstrate the ability to write concise chart notes regarding child and adolescent psychiatric conditions.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.

- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh the impact or trauma on psychiatric presentation and treatment.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will demonstrate knowledge of the major causes of psychiatric problems that present to residential treatment units.
- The fellow will be able to demonstrate an understanding of the basic forensic principles in residential care.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting a comprehensive evaluation.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively communicate with members of a multidisciplinary treatment team.

Systems-Based Practice

- The fellow will be knowledgeable of the variety of dispositions available to children, adolescents, and families with psychiatric problems.
- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will work with the facility social worker to coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.
- The fellow will gain an appreciation for the decision-making process in determining suitability for residential, group home, and foster care placement.

The Insight Program

Key Personnel

- Steven Jaffe, MD, Site Director and Attending; srjaffe@bellsouth.net
- Matt Meyers, administrative contact mattmyers@theinsightprogram.com

Location

5110 Old Ellis Pt., Roswell, GA 30076
(770) 751-8383

Frequency and Duration

Two (2) days per week, for three (3) months

Overview and Goals

CAP fellows have their substance use disorder educational experience at The Insight Program which has provided substance use disorder treatment for teens and young adults since 1987. The Insight Program provides all its services through a philosophy called Enthusiastic Sobriety. Making sobriety attractive to teens and young adults is challenging. The Insight Program has been successful in creating a program that reaches young people in a way that is inviting and fun. The Insight Program offers a number of services including intensive outpatient substance abuse treatment, outpatient substance abuse treatment, individual counseling, family counseling, support group meetings, parent support groups, and sober social functions.

Objectives

Professionalism

- Knowledge—Fellows work on gaining an understanding of how adolescents develop substance use disorders and how to approach them in a non-judgmental manner.
- Skills
 - Fellows interact with staff, the Attending physician, and patients in a respectful and professional manner.
 - Fellows should be able to recognize boundary violations and take appropriate actions to maintain appropriate rapport.
- Attitude—Fellows must be respectful of the patients and fellow faculty/staff.
- To demonstrate professionalism during interactions with The Insight Program staff and patients.

Patient Care and Procedural Skills

- Knowledge
 - Fellows gain knowledge of topics addressed in therapeutic programming as part of a substance use treatment for adolescents.
 - Fellows gain knowledge of the attitudes and opinions adolescents have regarding substance use and its potential dangers.
- Skills
 - Fellows learn methods used in a specialized treatment setting to effectively teach adolescents about substances, the dangers of substance use, and alternatives to using.
 - Fellows learn how patients respond over the course of treatment in a longitudinal, two-year substance use disorder treatment program, and how openly discussing their issues can help them overcome the stigma associated with substance use.

- Fellows learn how to complete thorough histories and examinations regarding adolescent substance use disorders.
- Fellows learn to develop client-centered treatment plans for dual diagnosis adolescent patients.
- Attitude
 - Fellows learn to develop an open and professional rapport with patients.
 - Fellows learn to discuss the causes of substance use in adolescents and respond to the attitudes of adolescents about substance use and recovery in a non-judgmental manner.
- Fellows have weekly one-on-one clinical meetings with one (1) or two (2) clients at The Insight Program.
- Fellows learn new techniques in discussing substance use with adolescents that will allow them to develop a rapport with the patients and have open conversations about substance use by adolescents.

Medical Knowledge

- Knowledge
 - Fellows acquire and/or enhance knowledge about substance-related issues regarding the adolescent's development, medical complications, appropriate medical monitoring, and treatment interventions.
 - Fellows gain a better understanding of the situations that lead to substance use in adolescents through listening and observing.
- Skills
 - Fellows learn to integrate the knowledge they gain in their readings, clinical experience, and supervision into the care of their own clinic patients with substance issues.
 - Fellows learn skills that improve their rapport and help patients to open up about their substance use.
- Attitude
 - Fellows keep a developmentally and culturally sensitive perspective on the impact of substance use in the adolescent population.
 - Fellows display a positive attitude towards learning about substance treatment.
- Fellows attend lectures and complete assigned readings in the areas of substance abuse/dependence, and attend applicable groups.
- Fellows make use of the library and online resources about the assessment and treatment of substance-related problems in adolescents.
- Fellows expand their knowledge of substances and the health issues related to the use of specific substances.

Practice-Based Learning and Improvement

- Knowledge—Fellows learn about practice-based treatments recommended for adolescents with substance use issues.
- Skills—Fellows learn to incorporate these treatments into their plan and involve patients and their families in the plan.
- Attitude—Fellows should have a positive attitude towards learning, and display self-initiative in this acquisition of knowledge.
- Fellows attend lectures and complete assigned readings in the areas of substance abuse/dependence, and attend applicable groups.

- Fellows make use of the library and online resources about the assessment and treatment of substance-related problems in adolescents.
- Fellows expand their knowledge of substances and the health issues related to the use of specific substances.

Interpersonal and Communication Skills

- Knowledge
 - Fellows learn to develop a positive rapport with patients through clinical experience and supervision.
 - Fellows observe and identify effective communication strategies in an SUD treatment setting.
- Skills—Fellows learn to incorporate communication strategies acquired from the group into their future clinical patient care.
- Attitude—Fellows demonstrate an attitude that shows interest in the perspectives of others and includes spiritually/culturally sensitive aspects of the physician-patient relationship.
- Fellows attend individual patient sessions weekly and actively participate.
- Fellows actively employ strategies taught and discussed in supervision, to assess individual patients' insight, readiness for change, and intellectual abilities.

Systems-Based Practice

- Knowledge
 - Fellows acquire and/or enhance knowledge of available community resources for potential follow-up services for adolescents with substance-related problems.
 - Fellows gain an understanding of the role the legal system plays in this population.
- Skills—Fellows begin to develop the skills needed to coordinate the involvement of ancillary resources.
- Attitude—Fellows demonstrate an attitude of inquiry that will enable them to find outpatient substance and mental health resources for adolescents in the future.
- Fellows develop a better understanding of available resources at the national, state, and community levels for both mental health and substance treatment for adolescents.
- Fellows begin to incorporate these resources into the care of their own clinic patients at the outpatient specialty clinic.

Children's Physician Practice Group Neurology Practice

Key Personnel

Jamika Hallman-Cooper, MD, Assistant Professor of Pediatrics, Site Director and Attending;
jhallmancooper@emory.edu

Location

35 Jesse Hill Jr Drive SE, Atlanta, GA 30303
(404) 785-5437

Frequency and Duration

One (1) day per week, for three (3) months per academic year

Overview and Goals

To fulfill ACGME Child and Adolescent Psychiatry training requirements, fellows and fellows complete one (1) month of Child Neurology training. The rotation includes experience in both inpatient and outpatient settings and, in addition to general child neurology, includes exposure to more specialized areas of the discipline such as pediatric epilepsy, neuromuscular disease, and neurodegenerative disorders in childhood. PGY-4 or -5 fellows spend mornings in the inpatient setting and afternoons in the outpatient setting. Fellows learn diagnostic and management principles for common neurological conditions in children. Emphasis is placed on fundamental issues of developmental neurobiology as they apply uniquely to normal and abnormal neurodevelopment in children.

Rotation environment:

The primary sites for the rotation are Children's Healthcare of Atlanta (CHOA) at Egleston, Children's Healthcare of Atlanta at Scottish Rite, and the Children's Physician Group Neurology practices at North Druid Hills and at Northside Hospital. CHOA at Egleston and Scottish Rite are the sites for the inpatient rotations.

- Egleston is located on the Emory University campus and is a 260-bed, free-standing children's hospital.
- Scottish Rite is located on Atlanta's northern perimeter and is a 273-bed, free-standing children's hospital.
- The Children's Physician Group Neurology practice has two outpatient clinic locations, one located in the Executive Park complex and the other across the street from Scottish Rite Hospital.

In the outpatient setting, fellows rotate through general neurology and subspecialty clinics, including cerebral palsy, neuromuscular, neurocutaneous disorders, neurodegenerative disorders, epilepsy, and neurodevelopment.

Rotation Duties:

At Egleston and Scottish Rite Hospitals, fellows provide consultative services to the general pediatric floor and the emergency room. Fellows are expected to pre-round on patients in the morning and meet with the Attending physician mid-morning for teaching and bedside rounds. Fellows complete medical record documentation, follow up on diagnostic test results, and update families and the primary teams. In the afternoons, fellows rotate in the outpatient clinic settings. In this location, fellows see new and follow-up patients individually and with the Attending physician in general neurology and subspecialty clinics.

While on the rotation, fellows attend and/or participate in the following conferences:

- Breakfast and Learn, every Tuesday at Egleston, 9:30 a.m.
- Lunch and Learn, every second and third Thursday at North Druid Hills clinic, 12:00 noon
- Neuroradiology Conference, first Friday of the month at Scottish Rite, 7:00 a.m.
- Pediatric Neurology Grand Rounds, first of the month at Scottish Rite, 8:00 a.m.
- Pediatric Neurology Case Conference, third Friday of the month at Egleston, 8:00 a.m.
- Pediatric Neurology Journal Club, third Friday of the month at Egleston, 9:00 a.m.
- Pediatric Neuroradiology Rounds, third Friday of the month at Egleston, 10:00 a.m.

Objectives

Professionalism

- Consider cultural factors as they influence disease presentation and management strategies.
- Attend and actively participate in conferences and didactics.
- Communicate effectively with patients, families, and other health care providers.

Patient Care and Procedural Skills

- Become competent in obtaining a complete, relevant, and organized neurologic history from parents and children.
- Develop competency in the performance of an age-appropriate neurological exam.
- Become familiar with appropriate management of neurological disorders affecting children: epilepsy, cerebrovascular disease, neuromuscular disorders, central nervous system trauma, brain tumors, movement disorders, neurodegenerative diseases, and neurobehavioral disorders.
- Gain experience managing chronic childhood neurologic disorders in the outpatient setting.
- Learn to organize and prioritize outpatient diagnostic evaluations.

Medical Knowledge

- Learn the normal timeframe for the acquisition of developmental milestones and recognize abnormal patterns of neurodevelopment.
- Become knowledgeable of the common presentation, pathogenesis, and evaluation of neurological disorders in infancy and childhood, including headache disorders, epilepsy syndromes, developmental delay, movement disorders, neuromuscular disorders, sleep disorders, cerebral palsy, neurometabolic/neurodegenerative disorders, and neurocutaneous syndromes.
- Understand and recognize genetic factors in the evaluation of children with abnormal neurological development.

Practice-Based Learning and Improvement

- Use the patient's history, patient exam findings, and literature review to order the most appropriate neurodiagnostic studies.
- Use reference books and teaching files to review the clinical presentation, pathophysiology, evaluation, and management of childhood neurologic disorders.
- Use evidence-based literature to guide patient care management.

Interpersonal and Communication Skills

- Become competent in educating patients, families, and other health care providers about the management of childhood neurologic disorders.
- Become comfortable discussing the sequelae of neurologic insults/disorders with patients and families.
- Become competent in long-term outpatient management and in communicating with patients and families both in person and through phone contacts.

Systems-Based Practice

- Learn the cost of neurologic laboratory and electrophysiologic testing and neuroimaging modalities, and be aware of their impact on the patient and the health care system.
- Develop a strategy for cost-effective use of the diagnostic test.
- Use the patient's history, patient exam findings, and literature review to order the most appropriate diagnostic studies.
- Incorporate bioethical issues into the overall plan for comprehensive care of the patient and their family.

Reading List

Recommended textbooks and websites:

- Fenichel, Gerald. *Clinical Pediatric Neurology: A Signs and Symptoms Approach*
- Holmes, Gregory. *Pediatric Neurology (What Do I Do Now)*
- Bale J, et al. *Pediatric Neurology (A Color Handbook)*
- Rosser, Tena. *Pediatric Neurology: A Case-Based Review*
- Forsyth and Newton. *Pediatric Neurology (Oxford Specialist Handbooks)*
- library.med. utah.edu/pedineurologicexam
- Genetests.org
- Neuromuscular. wustl.edu

Additional Faculty

These faculty members are board-certified in neurology by the ABPN with special qualifications in child neurology.

Additional Faculty		
Ranjan Avasthi, MD RAVASTHI@augusta.edu	Joel Axler, MD joel.axler@strategicba.com	Anastasia Brown Alvarado, MD stac.alvarado@gmail.com
Melissa Carter, JD melissa.d.carter@emory.edu	Louis Adolph Casal, MD Adolph.Casal@choa.org	Kim Dobson-Callahan, MD kmdc52014@gmail.com
Bryon Evans, MD psych.consult@yahoo.com	Yolanda Fountain, PhD, LPC drfountain@playwellness.net	Brittnie Fowler, MD Bfowler3@tulane.edu
Ayo Gathering, MD ayoa23@hotmail.com	Kenneth Genova, MD kgenova@tanner.org	Ericka Goodwin, MD kiddieshrink@mac.com
Chanda Graves, PhD ccgrave@emory.edu	Jeana Griffith, PhD jgriffith13@gsu.edu	Marcus Griffith, MD marcus.c.griffith@kp.org
Jamika Hallman-Cooper, MD jhallmancooper@emory.edu	Patrice Harris, MD, MA Patrice.Harris@ama-assn.org	Steven Jaffe, MD srjaffe@bellsouth.net
Jayce Johnson, LCSW jjohnson@whitefoord.org	KayIn Lane, MD klane@unisonbh.com	Jonathan Levy, MD jonathan.levy@veritascollaborative.com

Goals, Objectives, Key Personnel, and Site Information by Rotation

Additional Faculty		
Yolanda Malone-Gilbert, MD yogid@msn.com	Brian McGregor, PhD bmcgregor@msm.edu	Theodore McKinley Morgan, MD thmorgan2@gmail.com
Brett Murphy-Dawson, MD murphybnmd@gmail.com	Belinda Montoya belindsm@gmail.com	Allison Nitsche, MD anitsche@skylandtrail.org
Arlene Noriega, PhD dranor@bellsouth.net	Le'Roy Reese, PhD lreese@msm.edu	Vanderlyn Sewell, MD Vasmd99@yahoo.com
Angela P. Shannon, MD shannonchipsy@gmail.com	Adam Silberman, MD ASilberman@hside.org	Nia Sipp, MD nsipp@devereux.org
Beverly Stoute, MD beverlystoutemd@gmail.com	Anna Tanner, MD anna.tanner@veritascollaborative.com	Randee Waldman, JD rwaldm2@emory.edu
Aleema Zakers, MD Azakers3@gatech.edu		

Veritas Collaborative

Key Personnel

- Jonathan Levy, MD, Site Director and Attending; jonathan.levy@veritascollaborative.com
- Amy Gerberry, MA, LP, Executive Director; Amy.Gerberry@veritascollaborative.com

Location

41 Perimeter Center E., Suite 250, Dunwoody, GA 30346
(770) 871-3730

Frequency and Duration

Three (3) days a week, for one (1) month

Overview and Goals

Veritas Collaborative in Atlanta provides outpatient services for children, adolescents, and young adults with known or suspected eating disorders or disorders eating. Veritas offers multidisciplinary evaluations and treatment, including medical, psychiatric, dietetic, and psychotherapeutic care. This is a variable-length rotation depending on the interest of the fellow and the availability of supervision. Fellows have the opportunity to observe medical, psychological, psychiatric, and dietary assessments of patients with eating disorders, and also have the opportunity to observe multidisciplinary team meetings determining the level of care and recommended services.

Expected Previously-Acquired Information, Abilities, Knowledge, Skill

- Ability to perform a psychiatric assessment
- Basic understanding of and ability to use DSM-5 classification and psychiatric disorders
- Basic understanding of medical disorders
- Ability to consult with medical providers
- Ability to develop and implement a treatment plan
- Basic understanding of and ability to use pharmacological, therapeutic, and psychosocial psychiatric interventions
- Basic understanding of and ability to negotiate systems of care

Objectives

Professionalism

Exhibits attitudes and behaviors consistent with the roles and responsibilities of a psychiatrist.

Patient Care and Procedural Skills

- Improve outpatient psychiatric assessments, with particular emphasis on eating disorders and disordered eating.
- Effectively determine the appropriate level of care for patients with eating disorders and provide basic treatment recommendations for patients with eating disorders.
- Work effectively with other team members providing multidisciplinary assessments of patients with disordered eating; develop working relationships across specialties; actively participate in and support activities of team-based care.
- Demonstrate initiative and consistency in learning through required and independent educational activities.

Medical Knowledge

Expand and broaden knowledge of eating disorders and their management in an outpatient setting

Practice-Based Learning and Improvement

Demonstrate initiative and consistency in learning through required and independent educational activities.

Interpersonal and Communication Skills

Work effectively with other team members providing multidisciplinary assessments of patients with disordered eating; develops working relationships across specialties; actively participates in and supports activities or team-based care.

Systems-Based Practice

Learn about eating disorder-specific systems of care and resources available to children, adolescents, and families.

Willowbrooke at Tanner

Key Personnel

- Kenneth Genova, MD, Site Director and Attending; kgenova@tanner.org
- Marcy Edwards, administration contact; medwards@tanner.org

Location

20 Herrell Road, Villa Rica, GA 30108
(770) 812-3945

Frequency and Duration

Three (3) days a week, for one (1) month

Overview and Goals

During the first year of their fellowship, CAP fellows spend a one-month rotation at Willowbrooke at Tanner that includes clinical experiences in the general acute inpatient child and adolescent unit. Willowbrooke at Tanner is a not-for-profit facility that serves an 80% Medicaid and/or state-funded and racially diverse patient population. During this experience, fellows are involved in psychiatric assessment, follow-up, short-term psychotherapy, family sessions, interdisciplinary team meetings, and psychopharmacology for children and adolescents with acute psychiatric symptoms.

Specific Activities

- Biopsychosocial evaluations of children, adolescents, and families in the inpatient child and adolescent psychiatric unit
- Participation in multi-disciplinary treatment team meetings
- Participation in care coordination with community mental health care providers
- Observation of inpatient groups
- Verbal feedback to patients and families regarding symptoms, diagnoses, and treatment
- Participation in family meetings
- Participation in supervision sessions with the Attending psychiatrist

Professionalism

- Knowledge—Be familiar with the professional responsibilities of an inpatient unit, including confidentiality, team participation, and pursuing excellence in every patient who is assessed and treated.
- Skills—Develop high ethical standards, values, and professional behavior.
- Attitude—Value the input of other team members.
- Knowledge—Be familiar with the professional responsibilities of an inpatient unit, including confidentiality, team participation, and pursuing excellence in every patient who is assessed and treated.
- Skills—Develop high ethical standards, values, and professional behavior.
- Attitude—Value the input of other team members.

Patient Care and Procedural Skills

- Knowledge—Gain knowledge and skills necessary for the assessment and treatment of the major psychiatric disorders of children/adolescents.
- Skills—Gain the ability to apply discrete treatment modalities in common practice on child and adolescent acute inpatient units.

- Attitude
 - Demonstrate a responsible attitude in determining the appropriate interventions based on existing knowledge, thorough assessments, and receptivity to input from the patient, family, faculty, and the treatment team.
 - Demonstrate self-motivation to increase knowledge and skills through reading relevant literature, consulting experts in the field, etc.
- Complete a thorough psychiatric assessment on all assigned patients.
- Perform at least one (1) psychiatric interview observed by Attending, and present the case, mental status exam, case formulation, and plan.
- Demonstrate the ability to integrate information obtained from assessments in an organized fashion.
- Write comprehensive, clear, and concise diagnostic and treatment summaries under review of the supervising physician.
- Employ various pharmacologic agents in the acute inpatient treatment of severely disturbed children/adolescents.
- Demonstrate the ability to educate parents about diagnosis and treatment, and help families resolve conflicts.
- Participate in the development of a behavioral plan for at least one (1) case.
- Develop knowledge of the signs and symptoms of mental illness in children and adolescents.
- Understand child and adolescent development.
- Incorporate interventions for addressing acute mental health symptoms in this population.

Practice-Based Learning and Improvement

- Knowledge—Gain sufficient knowledge concerning laws that affect inpatient treatment of children and adolescents.
- Skills
 - Use appropriate resources (journals, texts, information technology) to develop competence in evidence-based treatments of acute mental health problems in children and adolescents.
 - Use observation skills and incorporate feedback to improve clinical performance.
- Attitude—Demonstrate self-motivation to increase knowledge and skills through reading relevant literature, consulting experts in the field, etc.
- Observe the Attending on unit perform at least one (1) psychiatric interview and mental status exam.
- Participate in at least three (3) family meetings.
- Recognize and understand the feelings generated by clinical experiences, training, and supervision, and how these can be resolved in a way that fosters growth for all concerned.
- Understand the role of the psychiatrist in educating and modeling interactions with staff and patients.

Interpersonal and Communication Skills

- Knowledge—Demonstrate written and verbal communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent.
- Skills
 - Gain skills to conduct sensitive and constructive assessment interviews with parents or families.
 - Successfully navigate relationships within a multidisciplinary treatment team.
 - Complete timely, effective medical record documentation.

- Attitude—Demonstrate a constructive attitude in working as a member of a multidisciplinary team and in shared decision making with patients and families.
- Participate as a therapist or co-therapist in family therapy of all assigned adolescents.
- Demonstrate abilities to educate parents about diagnosis and treatment and help families resolve conflicts.
- Demonstrate the ability to write comprehensive, clear, and concise discharge and transfer summaries.

Systems-Based Practice

- Knowledge
 - Develop knowledge of when and how to appropriately involve other professionals in the adolescent's care.
 - Learn about differences in the admissions process, levels of care, and inpatient care.
 - Understand insurance coverage and how it impacts access to care and treatment.
- Skills
 - Coordinate referrals to improve patient care.
 - Advocate for appropriate clinical care for patients.
- Attitude—Participate in coordinating such referrals with the social worker, demonstrating a willingness to learn more about systems through being involved in the referral process.
- Incorporate input from other members of the team or request appropriate outside consultation as needed (e.g., pediatric or neurologic consultation).
- Liaise with social workers in coordinating follow-up care for inpatients.
- Learn about community systems of care, including residential treatment program.

Second Year

Child and Adolescent Fellowship Academic Elective

Key Personnel

Dr. Gail A. Mattox, Attending and administrative contact; gmattox@msm.edu

Location

720 Westview Drive SW, Atlanta GA 30310
(404) 756-1400

Frequency and Duration

- First-Year Fellows—One (1) half-day on Fridays for three (3) months, from July through September
- Second Year Fellows—One (1) half-day on Fridays, July through September

Overview and Goal

This elective is designed to provide fellows with mentorship and protected time in the initiation of an academic project to be completed by the end of the fellows' first year of fellowship. Options are detailed in the table below. Fellows work with their program director or associate program director and their advisor to identify appropriate mentors for the scholarly activity. They also meet with a representative from either the MSM Office of Research Development or the MSM Psychiatry Research Development Committee.

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of severe psychiatric conditions in a residential treatment setting serving child and adolescent patients.

Objectives

Professionalism

The fellow will recognize the importance of participating in one's professional community.

Patient Care and Procedural Skills

To be determined upon selection of academic project.

Medical Knowledge

The fellow will demonstrate the knowledge of, and ability to perform thorough literature reviews regarding an area of interest.

Practice-Based Learning and Improvement

The fellow will regularly seek and incorporate feedback from advisors to improve performance.

Interpersonal Skills and Communication

The fellow will develop a rapport with Attendings, peers, fellows, and/or medical students for the purpose of conducting a comprehensive evaluation.

The fellow will consistently engage with their academic project advisor.

Systems-Based Practice

- The fellow may coordinate care with community mental health agencies and professionals in other disciplines and settings in order to attain scholarly activity work products.
- The fellow will incorporate a lens of structural humility in all activities.

Type of Scholarship	Purpose	Type of Scholarship
Discovery	Build new knowledge through hypothesis-driven, original, basic, clinical, epidemiological, or other research on health or disease.	<ul style="list-style-type: none"> • Present a peer-reviewed poster at regional or state meetings. • Publish an original research paper in a peer-reviewed state or national medical journal. • Present a report of original research in grand rounds at another institution, or in a regional or national professional conference.
Integration	Synthesize current knowledge so as to make it useful to other researchers, clinicians, patients, policymakers, and/or educators.	<ul style="list-style-type: none"> • Publish a clinical review paper in a peer-reviewed national medical journal. • Publish a focused review (e.g., POEM) regarding a clinical question in a peer-reviewed online journal. • Testify in the state legislature or to a state commission regarding strategy to manage a public health problem. • Present a review of evidence-based guidelines for the management of a clinical problem in a statewide or national continuing medical education (CME) meeting.
Application	Use knowledge to improve health care, medical practice, health systems operation, public health, or policy.	<ul style="list-style-type: none"> • Present the results of a clinical quality improvement program implemented in a group of practices at a regional professional meeting. • Serve on a state or national professional committee developing and implementing programs to improve children's mental health practice or education. • Obtain foundation, state, or federal government funding for a grant to implement practice improvement or redesign.
Teaching	Develop, implement, and evaluate educational programs, rotations, courses, materials, or other resources to educate students, health care professionals, patients, and/or the public.	<ul style="list-style-type: none"> • Develop, implement, and report a new curriculum for a national professional educational course or module and present to a national psychiatric education organization. • Evaluate a new skill-building workshop for students, faculty members, or fellows; present a curriculum and results at another residency program, presented at a state or national professional meeting.

Child and Adolescent Fellowship Advocacy Elective

Key Personnel

Sarah Vinson, MD, Supervising Attending, administrative contact; svinson@msm.edu

Location

Potential Agencies:

- NAMI Georgia, 4120 Presidential Pkwy, Suite 200, Atlanta, GA 30340
- Voices for Georgia's Children, 75 Marietta Street NW, Suite 401, Atlanta, GA 30303
- The American Academy of Pediatrics, Georgia Chapter, 1350 Spring St., Suite 700, Atlanta, GA 30309
- Georgia Psychiatric Physicians Association, 2700 Cumberland Pkwy SE, #570, Atlanta, GA 30339

Frequency and Duration

Fridays in April of the second year

Overview and Goal

This elective is designed to provide fellows with protected time for an advocacy project. The project is to be completed by the last week of May. The elective can be done in collaboration with any organization that addresses issues pertinent to the mental health of children and families but the choice of organization is subject to approval by the elective Supervising Attending. Fellows work with their program director and advisor as well as the [AACAP Advocacy Trainee Program](#) to identify, create, and complete projects.

The goal of this rotation is to provide a practical experience that will help the fellow understand and practice advocacy regarding children's mental health.

Rotation Documentation

- The fellow will complete weekly updates of approximately 250 words and place them in a shared folder to be sent to the rotation Attending prior to 8 a.m. on the Wednesday following every Friday of dedicated time.
- The same should be done with monthly emails on the final Friday in April and May.
- The fellow will store a report of 500-600 words describing the final project and any materials produced (fact sheets, presentations, etc.) in the shared folder. The fellow will present to the group and select faculty members the first week of June.

Objectives

Professionalism

The fellow will recognize the importance of leveraging one's privilege as a physician for advocacy.

Patient Care and Procedural Skills

To be determined upon selection of advocacy project.

Medical Knowledge

To be determined upon selection of advocacy project.

Practice-Based Learning and Improvement

The fellow will regularly seek and incorporate feedback from the Attending, advisor, collaborators, and/or advocacy target audience to improve performance.

Interpersonal and Communication Skills

The fellow will develop a rapport with the community and institutional collaborators.

Systems-Based Practice

- The fellow will develop a broader understanding of social and structural determinants of children's mental health.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Akoma Counseling and Consulting

Key Personnel

Dr. Leroy Reese, Associate Professor Community Health and Preventative Medicine, Site Director, Attending, administrative contact; lreese@akomacounseling.com

Location

125 E. Trinity Place #310, Decatur, GA 30030

Frequency and Duration

Four (4) hours/day, one (1) day per week

Overview and Goals

CAP fellows have their outpatient psychotherapy experience at Akoma Counseling and Consulting. Under the guidance and supervision of Dr. Reese, licensed psychologist and Akoma's director, CAP fellows begin working with psychotherapy patients during the first year of CAP fellowship, providing them the opportunity to work longitudinally with their patients over a period of approximately 18 months. Dr. Reese provides clinical supervision and documents the fellow's work in the Akoma EMR.

Specific Activities

- Biopsychosocial evaluation of children and adolescents
- Long-term psychotherapy with children and adolescents
- Participation in supervision sessions with clinical child psychologist
- Clinical documentation of all patient encounters
- Treatment summaries and transfer notes at the conclusion of treatment

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select an appropriate psychotherapeutic modality for providing treatment.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.

- The fellow will gain skill in the application of psychotherapeutic techniques in the treatment of patients and families.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will be able to conceptualize the child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The fellow will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will receive written feedback from families to improve performance.

Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting psychotherapy.
- The fellow will verbally communicate treatment goals and progress to patient families.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to primary care providers.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Barton Child Law and Policy Center at Emory University School of Law

Key Personnel

- Randee Waldman, JD, Policy Center Clinical Law Professor and Supervising Attorney; rwaldm2@emory.edu
- Melissa Carter, JD, Policy Center Clinical Law Professor and Supervising Attorney; melissa.d.carter@emory.edu
- Sarah Y. Vinson, MD, Clinical Attending (remote); svinson@msm.edu

Location

1784 N. Decatur Road Suite 100, Atlanta, GA 30322 (See directions at the end of this rotation description.)
(404) 727-6664

Frequency and Duration

One (1) day per week, for three (3) months (January through March) during the fellow's second academic year for advocacy; and variable hours during the fellowship's second academic year for forensic consultation.

Overview and Goals

CAP fellows complete two (2) rotations at the Barton Child Law and Policy Center, one (1) rotation for legal consult and the other for advocacy.

The legal consult rotation involves working with various aspects of legal and court systems involved with children, adolescents, and families. The fellows work with personnel associated with the DeKalb County Juvenile Court, attorney Randee Waldman, the director of Emory Law's Barton Juvenile Defender Clinic, law students, and Dr. Sarah Vinson, the supervising faculty. The fellow attends the semester clinical orientation and various legal activities throughout the semester. During that time, fellows also complete at least one (1) forensic evaluation. Activities may include participation in and/or observation of manifestation hearings, juvenile delinquency court proceedings, or individualized educational plan meetings.

The advocacy rotation involves working with lobbyists, physician advocates, nonprofit advocacy organizations, and state legislators to design and advance policies impacting children, adolescents, and families. The schedule is one (1) day per week for three (3) months and may include additional activities such as observing testimony before state legislative committees.

Specific Activities

Forensic Rotation—Barton Juvenile Defender Clinic/DeKalb County Juvenile Court

- This rotation can include:
 - Forensic psychiatric evaluation of youth as appropriate with recommendations to the Juvenile Defender Clinic legal team
 - Participation in the work and various activities of the Juvenile Defender Clinic attorney and law students
 - Observation of and participation in juvenile court proceedings as appropriate
 - Attendance at Juvenile Defender Clinic weekly clinic meetings and individual case supervision meetings, time to be determined, and as possible
 - Attendance at court, interviews in the client's home, IEP meetings, etc., as fellows' clinical duties and service demands permit

Goals, Objectives, Key Personnel, and Site Information by Rotation

- During the rotation, fellows coordinate with Attorney Waldman to attend:
 - At least one IEP meeting
 - One morning in observing juvenile court in DeKalb County
 - A “Know Your Rights” educational session
- During the rotation, fellows meet with additional stakeholders in the juvenile court process, including a probation officer, a district attorney, and/or a judge.
- At the beginning of the law school semester during which the fellow is assigned to the juvenile defender clinic, the fellow rotating at the Juvenile Defender Clinic that semester should attend the clinic orientation that Randee Waldman holds for the incoming Juvenile Defender Clinic law students.
- Variable activities depend on Dr. Vinson’s schedule and obligations. Possible activities include:
 - Custody, mitigation or competency evaluations;
 - Preparing for litigation;
 - Reviewing juvenile facilities; or
 - Other child forensic activities.

Each fellow is expected to participate in at least one (1) forensic evaluation during the academic year.

Advocacy Rotation—Barton Legislative Advocacy Clinic

- This rotation can include:
 - Participation in briefings regarding state legislation that impacts children and families with Barton Child Law and Policy Center legislative team
 - Participation in the work and various activities of the Barton Center faculty, fellows, and law students
 - Observation of and participation in state legislative proceedings
 - Attendance at weekly clinic meeting each Friday from 8:30 a.m. - 10:00 a.m. in the Barton Center conference room, as possible
- During the rotation:
 - Fellows coordinate with the child forensic fellow and Professor Carter to attend at least one Georgia state legislature subcommittee and/or committee meeting.
 - During the rotation, fellows meet with lobbyists from the Georgia Psychiatric Physicians Association.

Expected Previously Acquired Information, Abilities, Knowledge, Skill

- Basic understanding of the state juvenile justice and child welfare systems
- Basic understanding of the state legislative system
- Ability to perform a clinical psychiatric assessment of children, adolescents, and families
- Basic understanding of and ability to use DSM-5 classification and psychiatric disorders of children and adolescents
- Basic understanding of and ability to use pharmacological, therapeutic, and psychosocial psychiatric interventions for youth and families
- Basic understanding of and ability to negotiate systems of care relevant to children, adolescents, and families

Objectives

Professionalism

- Exhibit attitudes and behaviors consistent with the roles and responsibilities of a child and adolescent psychiatrist.
- Develop positive working relationships with legal and legislative team members.
- Acquire the competencies to be an engaged professional.

Patient Care and Procedural Skills

- Learn about the impact of unmet educational needs on psychiatric symptoms and the presentation of psychiatric illness in children and adolescents with mental illness and learning and or developmental disorders.
- Learn juvenile justice/forensic-related consultation and liaison skills.

Medical Knowledge

- Expand and broaden knowledge of children, adolescents, and families involved in juvenile court or forensic systems and of the frequently encountered psychiatric diagnosis.
- Expand and broaden knowledge of the prevalence of trauma in juvenile justice-involved youth.
- Learn about the manifestations of trauma and how they place youth at increased risk of juvenile justice system involvement.
- Learn the basics of providing consultation and liaison services in juvenile court or forensic systems.

Practice-Based Learning and Improvement

Demonstrate initiative and consistency in learning through required and independent educational activities.

Interpersonal and Communication Skills

- Tailor psychiatric assessment and documentation skills for juvenile court and defense attorney consultations.
- Learn how to conduct and document a child forensic assessment.
- Learn how to communicate information regarding psychiatric illness and symptoms in children and adolescents to court personnel.
- Learn skills for effectively communicating with legislators regarding the impact of legislation on the mental health of children.
- Learn how to effectively interact with representatives of the legal and legislative systems such as lobbyists, community advocates, legislators, defense and prosecution attorneys, and judges.
- Give feedback to judges and juvenile court personnel.
- Learn about skills in presenting to state legislators for the purposes of child advocacy.
- Work effectively with children advocacy organizations to provide quality presentations and advocacy materials to inform legislation.
- Work effectively with child defense attorneys to provide high-quality consultation and liaison services.
- Demonstrate leadership skills in working with multidisciplinary groups.

Systems-Based Practice

- Learn about consultation with juvenile courts, defense attorneys, and other individuals working in forensic and juvenile justice systems.
- Obtain an understanding of processes and structures of juvenile court, legal, and forensic systems.
- Obtain an understanding of processes and the structure of the Georgia state legislative system.
- Learn about the major child advocacy organizations operating in the state of Georgia.
- Improve skills in advocating for children, adolescents, and families with the juvenile justice system and/or child welfare system involvement.
- Improve skills for tracking and evaluating policies with potential impacts on children's mental well-being.
- Improve skills in advocating for improvements in systems that impact the mental well-being of children and families.
- Learn about the relationship between mental health care access in the community and child welfare and juvenile justice system involvement.
- Understand the role of education and the unique, scholastic challenges of children and adolescents with learning, emotional, and behavioral problems.
- Understand the interplay between school advocacy and risk for juvenile justice system involvement and/or recidivism.
- Gain a better understanding of how systems such as juvenile court, juvenile justice, and child protective services work.

Location and Directions

Forensic and DeKalb Juvenile Court Assessments and Supervision
Emory Briarcliff Campus, Building A, 3rd floor, South wing

Barton Center Activities

- Emory Law School Building
Note: the Barton Center offices are located at 1784 N. Decatur Road in suite 100, not the main law school building (Gambrell Hall)
- Georgia State Capitol, DeKalb County Juvenile Court, and other locations depending on the case

References

Martin A & Volkmar F (eds). (2007). *Lewis's Child and Adolescent Psychiatry A Comprehensive Textbook*, 4th edition, Lippincott Williams & Wilkins, Philadelphia.

Dulcan M. (2015). *Dulcan's Textbook of Child and Adolescent Psychiatry*, American Psychiatric Publishing, Inc, Washington DC.

Clinical Elective

Key Personnel

The fellow works with the program director and their advisor to explore and identify potential clinical elective sites. Key personnel and location will vary based on the site selected.

Location

To be determined upon selection of clinical site.

Frequency and Duration

Two (2) days per week for two (2) months during the second year

Overview and Goals

The fellow and site director at the selected location determine the rotation structure, goals, and objectives.

Objectives

The fellow and site director at the selected location determine the rotation structure, goals, and objectives.

Chris 180—Second Year Rotation

Key Personnel

- Anne Cornell, Site Director and administrative contact; Anne.Cornell@chris180.org
- Hasani Baharanyi, MD, (Fellowship Year 1), Attending; drbaharanyi@loriopsychgroup.com (404) 249-0520 ext. 3
- Sarah Y. Vinson, MD (Fellowship Year 2), Attending; svinson@msm.edu (404)756-5033

Location

3700 Martin Luther King Jr. Drive, Atlanta, GA 30331, or remote (Second Year)

Frequency and Duration

The CAP fellowship year-two rotation has a rotation assignment of one (1) fellow, for one (1) day per week, for six (6) months.

Overview and Goals

This rotation is designed to equip fellows with advanced knowledge and skills to:

- Evaluate and treat child and adolescent psychiatry patients in an outpatient setting.
- Provide clinical supervision.
- Create and deliver educational content for adult mental health clinician learners.

This rotation is to provide:

- An advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting serving child and adolescent patients
- Experience and feedback in teaching and supervising adult learners
- Experience and feedback in the development of educational content for adult learners

Clinical Population and Experience

CAP fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. This experience involves an Attending psychiatrist, a child psychiatry fellow, and a PGY-2 general psychiatry fellow. Under the Attending's supervision, the child psychiatry fellow operates in a supervisory and teaching role with the general psychiatry fellows. In this clinic, patients are seen for 30 to 60 minutes for medication management, parenting, and family therapeutic interventions, and other psychosocial interventions.

This rotation begins at 9:30 a.m. with the first 45 minutes dedicated to lecture and discussion. The following 45 minutes is a review of notes from the previous week. Lunch is from 11:10 a.m. to 12 p.m. Starting at noon, the Attending, CAP fellow, and general psychiatry fellow evaluate and treat children and adolescents in a psychopharmacology clinic. The CAP fellow and general psychiatry fellow see the patient first and present to the Attending physician in a hand-off format, including the assessment and plan. In the electronic health record, the fellow documents the assessment and plan including links for the Attending physician to review and approve. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder. The vast majority of patients seen in this clinic will have either Medicaid or no insurance.

Average Case Load

CAP fellows are responsible for one (1) lecture and for providing supervision to the fellow's assigned general psychiatry fellow supervisee.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will appropriately prescribe commonly used psychopharmacologic agents.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms.
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

Interpersonal and Communication Skills

- The fellow will develop a therapeutic relationship with patients in uncomplicated situations.
- The fellow will sustain working relationships in the face of conflict.
- The fellow will consistently engage patients and families in shared decision making.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Georgia Department of Juvenile Justice

Key Personnel

- Fatima Kasiah, MD, Site Director and Attending; fkasiah@msm.edu
- Shawn Allen, MD, administrative contact; shawnallen@djj.state.ga.us

Location

3408 Covington Hwy, Decatur, GA 30032
(404) 508-6500

Frequency and Duration

One (1) day every other week for six (6) months

Overview and Goals

Description of Clinical Services

This rotation is designed to equip fellows with the knowledge and skills to evaluate and treat child and adolescent psychiatry patients in an outpatient setting.

Clinical Population and Experience

Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. Patients are seen for 30 to 60 minutes for medication management, parenting and family therapeutic interventions, and other psychosocial interventions. Clinical sessions begin at 8:00 a.m. and conclude at approximately noon, followed by supervision and didactics. The fellow sees the patient first and presents to the Attending physician in a hand-off format, including the assessment and plan. In the electronic health record, the fellow documents the assessment and plan including links for the Attending physician to review and approve. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder.

Average Case Load

Fellows are responsible for the treatment of three (3) to eight (8) patients/families per session.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient and family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select an appropriate psychotherapeutic modality for providing treatment.

- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will gain skill in the application of psychotherapeutic techniques in the treatment of patients and families.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will be able to conceptualize child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The fellow will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations.

Practice Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will receive written feedback from families to improve performance.

Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting psychotherapy.
- The fellow will verbally communicate treatment goals and progress to patient families.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to primary care providers.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Georgia State University Counseling Center

Key Personnel

Jeanna Griffith, PhD, Site Director; jgriffith13@gsu.edu

Kim Dobson-Callahan, MD, Site Supervisor; kmdc52014@gmail.com

Location

141 Piedmont Avenue NE, Atlanta, GA 30303
(404) 413-1890

Frequency and Duration

One (1) day per week for six (6) months

Overview and Goals

Description of Clinical Services

This rotation is designed to equip fellows with basic knowledge and skills to evaluate and treat child and adolescent psychiatry patients in an outpatient setting.

Clinical Population and Experience

Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. Patients are seen for from 30 to 60 minutes for psychopharmacology treatment appointments, which include varying degrees of additional parenting and family therapeutic interventions. There are two clinical sessions with one fellow per session. The first is 8:00 a.m. – noon and the second is 1:00 p.m. – 5:00 p.m. Didactics and supervision are held over lunch from noon to 1:00 p.m.

The fellow and the Attending assess patients together. For all aspects of the interview performed by the fellow, the Attending has direct supervision. The fellow also has the opportunity to observe the Attending's interview and therapeutic techniques. The fellow and Attending interview patients and families together. In the electronic health record, the fellow documents the evaluation including links for the Attending physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder. The vast majority of patients seen in this clinic will have Medicaid or no insurance.

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in a college counseling center serving university students.

Average Case Load

Fellows are responsible for the treatment of approximately three (3) to eight (8) patients per semester.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations and comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will appropriately prescribe commonly used psychopharmacologic agents.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms.
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

Interpersonal and Communication Skills

- The fellow will develop a therapeutic relationship with patients in uncomplicated situations.
- The fellow will sustain working relationships in the face of conflict.
- The fellow will consistently engage patients and families (when appropriate) in shared decision making.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Objectives

Description of Clinical Services

This rotation is designed to equip fellows with advanced knowledge and skills to:

- Evaluate and treat emerging adult and adult psychiatry patients in a counseling center setting.
- Provide clinical supervision.
- Create and deliver educational content to staff clinicians.

Clinical Population and Experience

CAP fellows evaluate emerging adult and adult patients at a University Counseling Center who require psychiatric treatment. This clinic is comprised of a contracted Attending psychiatrist and a child psychiatry fellow. In addition, there are social workers, psychologists, and counselors who provide mental health services to students.

The fellow sees patients for psychiatric assessments and follow-up appointments. In addition, they provide one (1) integrated health case conference per semester to the integrated health team consisting of health care providers, mental health clinicians, and nutritionists. In this clinic, patients are seen for a 45- to 50-minute initial psychiatric appointment followed by 30-minute follow-up medication management appointments. This rotation is on Thursdays and begins at 9:00 a.m. and ends at 1:00 p.m. The fellow will see the patient and present the information to the Attending in supervision or as needed in between patients. Supervision takes place each week for one (1) hour. In the electronic health record, the fellow documents the evaluation including links for the Attending physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression and Autism Spectrum Disorder.

The majority of patients seen in this clinic will either have Medicaid or no insurance. There is no fee for service at this clinic as long as the patient is a registered GSU student. Students must be in individual counseling to be seen at this clinic. This enables consultation and coordination of care between therapist and psychiatrist.

Average Case Load

CAP fellows are responsible for seeing one (1) to five (5) patients per week and for providing one (1) case conference to the integrated health team of practitioners per semester.

Overview and Goal

The goals of this rotation are to provide:

- An advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in a college counseling center psychiatry setting serving emerging adult and adult patients;
- Experience and feedback in the development of educational content for integrated health practitioners.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will appropriately prescribe commonly used psychopharmacologic agents.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms.
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will assume a role in the clinical teaching of integrated health practitioners.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Grady Infectious Disease Program Clinic

Key Personnel

Nicole King Cotton, MD, Site Director and Attending; ncotton@msm.edu (404) 756-5716

Location

341 Ponce De Leon Avenue NE, Atlanta, GA 30308
(404) 616-2440

Frequency and Duration

One (1) half-day per week for six (6) months

Overview and Goals

The Grady Hospital Infectious Disease Program (IDP) clinic is a medical specialty outpatient clinic within a community hospital system. The patient population receives treatment for HIV along with mental health and social interventions within the same clinical setting. Fellows are part of a multidisciplinary treatment team and provide psychiatric consultation and direct patient care for select clinic patients. Fellows are embedded in the IDP clinic. They also provide consultations on patients for whom they do not serve as the primary clinician, with an emphasis on treatment planning and referral to the most appropriate community mental health and psychosocial resources through collaboration with the clinic social worker.

Objectives

Child/Family Assessment Clinic

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of completing a comprehensive evaluation.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient /family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints or the consulting clinician's question.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection or treatment recommendations.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will have sufficient knowledge to identify common medical conditions.
- The fellow will identify psychiatric symptoms associated with HIV infection and that may be side effects of treatments for HIV.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will incorporate the results of written feedback from multidisciplinary team members to improve performance.
- The fellow will assume a role in the consulting psychiatrist to other multidisciplinary treatment team members.

Interpersonal Skills and Communication

- The fellow will develop a rapport with patients and families for the purpose of conducting a comprehensive evaluation.
- The fellow will verbally communicate preliminary impressions and findings on the day of the evaluation to members of the multidisciplinary treatment team.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to multidisciplinary treatment teams.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Children's Healthcare of Atlanta—Hughes Spalding

Key Personnel

Sher Gardner, MD, Site Director; sgardner@msm.edu

Sarah Y. Vinson, MD, Attending (remote); svinson@msm.edu

Anita Albritton, Program Manager, administrative contact; aalbritton@msm.edu

Location

720 Westview Drive SW, Atlanta, GA 30310

Frequency and Duration

One (1) half-day day per week, for six (6) months per academic year

Overview and Goals

CAP fellows attend the Morehouse School of Medicine pediatric continuity clinic one (1) half-day per week for six (6) months, taking both teaching and clinical consultation duties. Teaching experiences include brief prepared presentations for the pediatric fellows regarding mental health topics as well as case-based teaching. Consultation duties include outpatient consultation for patients served in the Morehouse School of Medicine pediatric fellow continuity clinic. The setting is an urban, hospital-based, primary care clinic with an emphasis on providing care to underserved and minority populations.

This rotation emphasizes assessment skills, consultation skills, working in a multidisciplinary team, providing feedback to primary care providers patients and families, and teaching medical learners. It also provides an opportunity for child psychiatry trainees to gain firsthand knowledge about the pediatric primary care setting and system. This rotation is for fellows in their second year of fellowship. Fellows receive supervision by phone during clinic as needed, as well as during semi-weekly group supervision. They also receive 360-degree evaluations from staff in the pediatric clinic.

Objectives

Professionalism

- youth, including reporting cases to Department of Social Services (DSS)/Law Enforcement, and confidentiality issues.
- Skills—Set appropriate boundaries, deal with difficult families, and provide continuity of care.
- Attitude—Demonstrate a consistently professional attitude that shows responsibility in record keeping and communications with patients, families, and staff.
- Gather information from other relevant sources for a comprehensive evaluation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Incorporate patient preferences, when consistent with excellent care.
- Develop skills for dealing with issues of confidentiality and parental involvement.
- Demonstrate responsible behavior in scheduling issues, returning calls, and providing continuity of care.

Patient Care and Procedural Skills

- Knowledge—Gain an understanding of the interaction between biological, psychological, social and spiritual/cultural factors in the development and maintenance of psychopathology.
- Skills
 - Gain skills necessary for the assessment and treatment of the major psychiatric disorders of childhood and adolescence at each major developmental stage to adulthood.
 - Gain skills for making appropriate referrals for psychological testing.
- Attitude
 - Participate as part of a team.
 - Be willing to take on challenging cases.
- Provide direct patient care and develop skills in psychiatric evaluation.
- Employ psychological testing and diagnostic testing for a complete evaluation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Incorporate patient preferences when consistent with excellent care.
- Provide psychiatric care for an average of eight (8) to 10 face-to-face hours weekly, with an average cumulative caseload of 30 patients in the second year.
- Provide individual psychotherapy for children and adolescents, using any of the following treatment modalities;
 - Individual play therapy
 - Cognitive-behavioral therapy
 - Psychoeducation
 - PCIT
 - Insight oriented psychotherapy
- Participate as a therapist in family therapy in at least one (1) child or adolescent outpatient case.
- Incorporate appropriate boundaries and limit setting inpatient care.

Medical Knowledge

- Knowledge—Base therapeutic treatment interventions as much as possible on evidence-based treatment.
- Skills—Use various pharmacologic agents in the outpatient treatment of mentally ill children and adolescents, whenever possible basing decisions on medical evidence.
- Attitude
 - Self-directed in learning;
 - Willing to share knowledge with the team;
 - Be open about areas in which learning is needed.
- Attend required seminars and complete assigned readings on therapeutic issues.
- Employ psychological testing and diagnostic testing for a complete evaluation.

Practice-Based Learning and Improvement

- Knowledge
 - Utilize current texts, journals, and web-based resources to increase knowledge about diagnosis and treatment.
 - Learn about assessment inventories and tools, and about appropriate outcome measures.

- Skills—Interact as a team player, receiving feedback constructively, and providing open feedback to others.
- Attitude—Seek out supervision; incorporates feedback in working with difficult families.
- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.

-

Interpersonal and Communication Skills

- Knowledge
 - Use current texts, journals, and web-based resources to increase knowledge about diagnosis and treatment.
 - Learn about assessment inventories/tools, and appropriate outcome measures.
- Skills—Interact as a team player, receiving feedback constructively and providing open feedback to others.
- Attitude—Seek out supervision/incorporates feedback in working with difficult families.
- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.

Systems-Based Learning

- Knowledge
 - Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.
 - Demonstrate a basic understanding of the pediatric primary care clinical setting and care delivery system.
- Skills
 - Gather information from other relevant sources for a comprehensive evaluation.
 - Seek avenues to engage community resources to help promote resiliency.
- Attitude—Demonstrate the willingness to learn about community resources.
- Gather information from other relevant sources for a comprehensive evaluation following HIPPA guidelines, to adequately document behavioral/emotional problems and previous evaluations and interventions coordinate.
- Make the appropriate referral for youth who require interventions beyond the capability of the clinic, with the assistance of faculty, as needed.

KIPP Woodson Park Academy—School Consultation

Key Personnel

Adrianna Woolley, Site Director and Lead Counselor; awoolley@kippmetroatlanta.org
Kristin Carothers, PhD, Attending (remote); kcarothers@msm.edu

Location

1605 Donald L. Hollowell Parkway, Atlanta, GA 30318
(470) 453-3873

Frequency and Duration

One (1) day every other week, for six (6) months per academic year

Overview and Goals

Fellows rotate for one (1) day a week every other week for six (6) months. The fellow may provide client-centered, staff development, or rarely, program-oriented consultation. Supervision with the rotation Attending occurs during scheduled group supervision sessions. Fellows do not provide any direct patient care during this rotation.

The rotation setting is an urban charter school that serves over 90% of African-American students from under-resourced communities. This school is part of a group of charter schools that has distinguished itself as one with high academic expectations and intensive educational programs such as extended hours and Saturday school.

Objectives

Professionalism

- Knowledge—Be familiar with ethical issues which may arise as part of the school consultation process.
- Skills—Function in the role of child advocate while still maintaining an ethical role as a child psychiatric consultant.
- Attitude
 - Clarify role with school personnel.
 - Arrive at work on time.
 - Demonstrate flexibility in addressing needs.
- Discuss ethical considerations which arise during the consultation process, including issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship.
- Understand the limits to this relationship.

Patient Care and Procedural Skills

- Knowledge
 - Understand the role of the child psychiatrist in providing client-centered consultation in a school system.
 - Understand the school as a system.
- Skills—Have sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with public schools.

- Attitude—Respect professional boundaries and only consult on individual children with the permission of the parents or legal guardians.
- Acquire and/or extend knowledge concerning the structure and functioning of a representative urban charter school through interaction with school personnel, which may include psychologists, and teachers, guidance counselors, school nurses, and administrative personnel, as well as the children and families they serve.

Medical Knowledge

- Knowledge—Extend knowledge of basic consultation theory in application to schools.
- Skills—Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- Attitude—Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.
- Attend lectures and complete assigned readings concerning school systems.
- Read or review assigned readings concerning basic consultation theory.
- Attend lectures and complete assigned readings concerning laws applying to public education.
- Learn about issues of organization and systems such as Individualized Educational Plans (IEPs) from school personnel and participate in student intervention team meetings.

Practice-Based Learning and Improvement

- Knowledge—Learn to provide written consultations.
- Skills—Learn how to be an effective facilitator during intervention meetings.
- Attitude
 - Appreciate feedback from school personnel and from supervision.
 - Understand the importance of seeking out opportunities to maximize the educational experience.
- Employ skills to provide useful consultation to one or more consultees who work within a public school setting including writing a consultation report in easily understood language, without medical jargon.
- Help consultees understand the scope of one's experience.
- Model problem-solving skills which consultees can then apply to similar situations.

Interpersonal and Communication Skills

- Knowledge—Understand the hierarchy of personnel in the school and its relevance for the consultant to the school.
- Skills—Function in the role of child advocate while still maintaining an ethical role as a child psychiatric consultant.
- Attitude—Provide consultation without undermining the sense of value and need for the consults.
- Discuss during group supervision the function of the consultee in the school system, including the hierarchy of key personnel within the school and their interactions with key personnel within the district.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Systems-Based Learning

- Knowledge
 - Understand the limitations of resources available in school systems, and how these impact available interventions.
 - Understand relationship issues between teachers and administration.
- Skills—Apply this knowledge to effectively liaise with parents, teachers, and administrators for effective consultation.
- Attitude—Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nurses in the school systems.
- Discuss aspects of the school as a system which impacts consultation, including availability or scarcity of resources, attitude toward outside consultants, relationships between teachers and administration, and pressure from administration.

Child and Adolescent Fellowship Patient Safety Quality Improvement

Key Personnel

Sarah Y. Vinson, MD, Rotation Co-Director; svinson@msm.edu

Nina Mena, MD, Rotation Co-Director; njmena@msm.edu

Location

Morehouse School of Medicine, 720 Westview Drive SW, Atlanta, GA 30310



Frequency and Duration

The course is based on the “Plan-Do-Check-Act” quality improvement cycle. More sessions may be added as scheduling permits.

Month	Topic	Activities
November	Didactic session: QI overview	<ul style="list-style-type: none"> • Presentation on QI basics. • Aim Statement assignment given
December	Check in with Dr. Mena	<ul style="list-style-type: none"> • Review Aim statements in class • Submit revised Aim statement one week later • Plan for further defining problem: process mapping, baseline data, etc.
January	Plan: Design Intervention	<ul style="list-style-type: none"> • Review baseline data • Plan intervention • Plan how pre/post data will be measured
March	Do: Implement Intervention	<ul style="list-style-type: none"> • Touch base on progress and troubleshooting
January through March	Check: Data analysis	<ul style="list-style-type: none"> • Analyze results
May 8	Act: Lessons learned, poster	<ul style="list-style-type: none"> • Review results and lessons learned • Start poster for end of the year presentation

Milestones:

- End of first month: Review lecture and readings; explore PSQI project options.
- End of second month: Complete project plan and gather baseline data.
- End of third month: Deploy the intervention.
- March 2023: Present findings: written report or grand rounds.

Overview and Goal

Fellows have protected times for the development of a quality improvement project at one of their clinical sites. It is then implemented over the remainder of the academic year. Additionally, fellows receive feedback and instruction on applying specific quality improvement methods to their project.

The goal of this course is to learn quality improvement methods by applying them to a real-life problem in the fellow's clinical setting. Some projects will have fantastic results. Some projects may lead to publications or further research. Some projects may run into barriers and not get the desired result. That's OK. The point is to learn the process.

Sheltering Arms—Preschool

Key Personnel

- Felicia Hurst, Center Director and Attending; fhurst@shelteringarmsforkids.com
- Gail A. Mattox, MD, Attending (remote); gmattox@msm.edu

Location

385 Centennial Park Drive NW, Atlanta, GA 30313
(404) 523-2767

Frequency and Duration

One (1) half-day per week, for four (4) months per academic year

Overview and Goals

Sheltering Arms is the longest-established and one of the largest nonprofit early childhood education organizations in Georgia, providing high-quality early education, childcare, and comprehensive family support services since 1888. The agency serves more than 3,000 children annually and their families at 13 metropolitan Atlanta locations in Cobb, DeKalb, Douglas, Fulton, and Gwinnett counties. Sheltering Arms consistently meets accreditation standards by the National Association for the Education of Young Children. On average, children attending Sheltering Arms score in the 90th percentile for language and literacy, exceeding developmental milestones for kindergarten readiness.

Fellows rotate for one (1) half-day a week for four (4) months. The fellow may provide client-centered, staff development, or rarely, program-oriented consultation, as negotiated. Supervision occurs during scheduled group supervision sessions. Fellows do not provide any direct patient care during this rotation.

Upon completion of the rotation, the program director requires fellows to complete an evaluation of the teaching faculty and the rotation, per program evaluation procedures. Faculty and rotation evaluations may be shared with Sheltering Arms administration as needed. The program director meets periodically and on a yearly basis with the site director to provide feedback about the rotation and to ensure that fellow working and learning conditions are appropriate.

Objectives

Professionalism

- Knowledge—Be familiar with ethical issues which may arise as part of the school consultation process.
- Skills—Function in the role of child advocate while still maintaining ethical role as child psychiatric consultant.
- Attitude
 - Clarify the fellow's role with preschool personnel.
 - Arrive at work on time.
 - Demonstrate flexibility in addressing needs.
- Understand the role of psychiatrist in school-based consultation.

- Discuss ethical considerations which arise during the consultation process, including issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Patient Care and Procedural Skills

- Knowledge
 - Understand the role of the child psychiatrist in providing client-centered consultation in a school system.
 - Understand the preschool as a system.
 - Understand preschool resources and policies including practices for determining learning issues and differences, behavioral practices related to on task and off task behaviors, and disciplinary procedures/code.
- Skills—Obtain sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with preschools.
- Attitude—Respect professional boundaries and only consult on individual children with the permission of the parents or legal guardians.
- Acquire and/or extend knowledge concerning the structure and functioning of a preschool through interaction with school personnel, which may include psychologists, teachers, guidance counselors, school nurses, and administrative personnel, as well as the children and families they serve.

Medical Knowledge

- Knowledge—Extend knowledge of basic consultation theory in application to preschools.
- Skills—Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- Attitude—Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.
- Attend lectures and complete assigned readings concerning childcare systems in the United States.

Practice-Based Learning and Improvement

- Knowledge—Learn to provide written consultations.
- Skills—Learn how to be an effective facilitator during intervention meetings.
- Attitude
 - Appreciate feedback from school personnel and from supervision.
 - Understand the importance of seeking out opportunities to maximize the educational experience.
- Employ skills to provide useful consultation to one or more consultees who work within a preschool setting to include:
 - Writing a consultation report in easily understood language, without medical jargon;
 - Helping consultees understand the scope of one's experience;
 - Modeling problem-solving skills which consultees can then apply to similar situations.

Interpersonal and Communication Skills

- Knowledge—Understand the hierarchy of personnel in the school and its relevance for the consultant to the school.
- Skills—Function in the role of child advocate while still maintaining an ethical role as child psychiatric consultant.
- Attitude—Provide consultation without undermining the sense of value and need for the consults.
- Discuss during group supervision the function of the consultee in the school system, including hierarchy of key personnel within the school and their interactions with key personnel within the district.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Systems-Based Practice

- Knowledge
 - Understand Bronfenbrenner’s Ecological Systems Theory as it relates to children in preschool systems.
 - Understand the limitations of resources available in preschool systems, and how these impact available interventions.
 - Understand relationship issues between teachers and administration.
- Skills—Apply this knowledge to effectively liaise with parents, teachers, and administrators for effective consultation.
- Attitude—Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nurses in the school systems.
- Discuss aspects of childcare as a system which impacts consultation, including availability or scarcity of resources, attitude toward outside consultants, relationships between teachers and administration, and pressure from administration.

Readings

Articles

- Elliott, S., & Davis, J. M. (2020). Challenging taken-for-granted ideas in early childhood education: A critique of Bronfenbrenner’s Ecological Systems Theory in the age of post-humanism. *Research Handbook on Childhood Nature: Assemblages of Childhood and Nature Research*, 1119-1154.
- Truscott, S. D., Kreskey, D., Bolling, M., Psimas, L., Graybill, E., Albritton, K., & Schwartz, A. (2012). Creating consultee change: A theory-based approach to learning and behavioral change processes in school-based consultation. *Consulting Psychology Journal: Practice and Research*, 64(1), 63.
- Walter, H. J., & Berkovitz, I. H. (2005). Practice parameter for psychiatric consultation to schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(10), 1068-1083. [AACAP Practice Parameter for Psychiatric Consultation](#)
- American Academy of Pediatrics Committee on School Health (2003). Policy Statement: Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children Out-of-School Suspension and Expulsion. *Pediatrics*, 112 (5). [AAP Policy Statement on OSS and Expulsion](#)

Textbook

- Dulcan, M. K., & Wiener, J. M. (Eds.). (2006). *Essentials of child and adolescent psychiatry*. American Psychiatric Pub.

MSM CAP Fellowship Teaching Rotation

Key Personnel

Sarah Y. Vinson, MD, Attending; svinson@msm.edu

Location

Remote

Frequency and Duration

Determined by individualized yearly rotation schedule

Overview and Goal

This rotation provides dedicated time for the fellow to learn about teaching, apply what has been learned, and creation of content and learning activities.

Rotation Activities

This rotation provides fellows with protected time to increase their knowledge base about adult learning, presentation creation, and teaching techniques. The rotation includes both theoretical and practical components.

Objectives

Professionalism

- Knowledge—Recognize principles of adult education and their applicability to the role of a clinician teacher.
- Skills—Develop effective instructional content.
- Attitude
 - Complete all readings and learning activities in a timely manner and with attention to detail.
 - Arrive fully prepared to supervision sessions.
- Identify and embody the role of child and adolescent psychiatrist as educator in the academic setting, with medical colleagues, and in the larger community.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will create teaching content.

Interpersonal and Communication Skills

- The fellow will develop proficiency in at least two forms of presentation software.
- The fellow will demonstrate the ability to effectively convey concepts and information related to the mental health of children, adolescents, transitional age youth and families.

View Point Health

Key Personnel

- Anastasia Alvarado, M.D., Site Director, Attending; stac.alvarado@gmail.com
- Gretchen Collins, Medical Director, administrative contact; gretchen.collins@vphealth.org

Location

175 Gwinnett Drive, Suite 260, Lawrenceville, GA 30046
(678) 209-2411

Frequency and Duration

One (1) half-day per week for six (6) months per year

Overview and Goal

Viewpoint Health is a major mental health safety net provider in the Atlanta Metropolitan Area. This second year outpatient psychopharmacology experience is designed to further develop and expand fellows' knowledge and skills in the evaluation and treatment of child and adolescent psychiatry patients in an outpatient setting.

Fellows evaluate child and adolescent patients and their families who are being seen in an outpatient community psychopharmacology clinic. The patients are seen for 60 minutes for initial evaluations, and a minimum of 30 minutes for follow-ups, which include varying degrees of additional parenting and family therapeutic interventions. Only one fellow at a time is in an afternoon clinic session. In the electronic health record, the fellow documents the session including links for the Attending physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression and Autism Spectrum Disorder. The vast majority of patients seen in this clinic are publicly insured. The fellows are responsible for the treatment of from three (3) to eight (8) patients/families per session.

The goal of this rotation is to provide an advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting, serving child and adolescent patients.

Objectives

Professionalism

- The fellow will demonstrate the capacity for self reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will appropriately prescribe commonly used psychopharmacologic agents.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms.
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications.
- The fellow will list situations that mandate reporting or breach of confidentiality.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

Interpersonal and Communication Skills

- The fellow will develop a therapeutic relationship with patients in complicated situations.
- The fellow will sustain working relationships in the face of conflict.
- The fellow will consistently engage patients and families in shared decision making.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of care, for example medication costs.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

Whitefoord School Based Health Center

Key Personnel

- Jayce Johnson, LCSW, Site Director; jjohnson@whitefoord.org
- Kristin Carothers, PhD, Educational Supervisor; Kjcarothers@msm.edu
- Louis Simmons, administrative contact; louis.simmons@whitefoord.org

Location

1353 George W. Brumley Way SE, Atlanta, GA 30317
(404) 373-6614

Frequency and Duration

One (1) day, every other week, for six (6) months

Overview and Goals

For the school consultation aspect of the rotation, the fellow may provide client-centered, staff development, or rarely, program-oriented consultation as negotiated. Supervision occurs during scheduled group supervision sessions with the site director.

For the psychotherapy aspect of the rotation, fellows provide trauma focused Cognitive Behavioral Therapy for up to two (2) students at a time. The students must be patients of the primary care clinic and this service will be delivered under the supervision of the site director.

For the integrated care aspect, fellows receive warm handoffs and perform outpatient Behavioral Health (counseling) consultation to the primary care providers at Whitefoord School Based Health Center. Fellows can only consult on patients who receive primary care services at the SBHC and cannot write any orders or prescriptions, only consult notes. Supervision for this aspect of the rotation is provided remotely by Fatima Kasiah, MD in group supervision or in individual supervision, as needed.

The rotation setting is a school-based health center with an urban charter school that serves over 90% African-American students from historically marginalized and under-resourced communities. This school is part of a group of charter schools that has distinguished itself as one with high academic expectations and intensive educational programming such as extended hours and Saturday school.

Objectives—School Consultation

Professionalism

- Knowledge—Be familiar with ethical issues which may arise as part of the school consultation process.
- Skills—Function in the role of child advocate while still maintaining an ethical role as child psychiatric consultant.
- Attitude:
 - Clarify the fellow's role with school personnel.
 - Arrive at work on time.
 - Demonstrate flexibility in addressing needs.

- Be able to discuss ethical considerations which arise during the consultation process, including issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Patient Care and Procedural Skills

- Knowledge
 - Understand the role of the child psychiatrist in providing client-centered consultation in a school system.
 - Understand the school as a system.
- Skills—Acquire sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with public schools.
- Attitude—Respect professional boundaries and only consult on individual children with the permission of the parents or legal guardians.
- Acquire and/or extend knowledge concerning the structure and functioning of a representative urban charter school through interaction with school personnel, which may include psychologists, teachers, guidance counselors, school nurses, school-based health center personnel, and administrative personnel, as well as the children and families they serve.

Medical Knowledge

- Knowledge—Extend knowledge of basic consultation theory in application to schools.
- Skills—Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- Attitude—Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.
- Attend lectures and complete assigned readings concerning schools as systems.
- Read or review assigned readings concerning basic consultation theory.
- Attend lectures and complete assigned readings concerning laws applying to public education.
- Learn about issues of organization and systems such as Individual Education Plans (IEPs) from school personnel, and participate in student intervention team meetings.

Practice-Based Learning and Improvement

- Knowledge—Learn to provide written consultations.
- Skills—Learn how to be an effective facilitator during intervention meetings.
- Attitude
 - Appreciate feedback from school personnel and from supervisor.
 - Understand the importance of seeking out opportunities to maximize the educational experience.
- Employ skills to provide useful consultation to one or more consultees who work within a public school setting to include:
 - Writing a consultation report in easily understood language, without medical jargon;
 - Helping consultees understand the scope of one's experience;
 - Modeling problem-solving skills which consultees can then apply to similar situations.

Interpersonal and Communication Skills

- Knowledge—Understand the hierarchy of personnel in the school and its relevance for the consultant to the school.
- Skills—Function in the role of child advocate while still maintaining an ethical role as child psychiatric consultant.
- Attitude—Provide consultation without undermining the sense of value and need for the consults.
- Discuss, during group supervision, the function of the consultant in the school system, including hierarchy of key personnel within the school and their interactions with key personnel within the district.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

Systems-Based Practice

- Knowledge
 - Understand the limitations of resources available in school systems and how these impact available interventions.
 - Understand relationship issues between teachers and administration.
- Skills—Apply this knowledge to effectively liaise with parents, teachers, and administrators for effective consultation.
- Attitude—Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nurses in the school systems.
- Discuss aspects of the school as a system which impacts on consultation including availability or scarcity of resources, attitude toward outside consultants, relationships between teachers and administration, and pressure from administration.

Objectives—Psychotherapy

Specific Activities

- Biopsychosocial evaluation of children and adolescents
- Time-limited, manualized psychotherapy with adolescents
- Participation in supervision sessions with clinical social worker and educational supervision sessions with psychologist
- Clinical documentation of all patient encounters

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

Patient Care and Procedural Skills

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will provide Trauma-Focused CBT for select patients.

- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5-TR diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will be able to conceptualize child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The fellow will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations.

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from the supervising clinician and educational supervisor to improve performance.
- The fellow will receive written feedback from families to improve performance.

Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting psychotherapy.
- The fellow will verbally communicate treatment goals and progress to patient families.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to primary care providers.

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of different patient care options.
- The fellow will coordinate patient access to community and system resources.

Objectives—Integrated Care

Professionalism

- Knowledge—Understand the professional standards pertaining to psychiatric care of youth, including reporting cases to DFCS/Law Enforcement, and confidentiality issues.
- Skills
 - Set appropriate boundaries.
 - Deal with difficult families.
 - Provide continuity of care.
- Attitude—Demonstrate a consistently professional attitude that demonstrates responsibility in record keeping and communication with patients, families, and staff.
- Gather information from other relevant sources for a comprehensive evaluation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.

- Incorporate patient preferences when consistent with excellent care.
- Develop skills for dealing with issues of confidentiality and parental involvement.
- Demonstrate responsible behavior in scheduling issues, returning calls, and providing continuity of care.

Patient Care and Procedural Skills

- Knowledge—Gain an understanding of the interaction between biological, psychological, social, and spiritual/cultural factors in the development and maintenance of psychopathology.
- Skills
 - Gain skills necessary for the evaluation of the major psychiatric disorders of childhood and adolescence, and effectively communicate recommendations to the primary care clinician.
 - Gain skills for making appropriate referrals for psychological testing.
- Attitude
 - Participate as part of a team.
 - Be willing to take on challenging cases.
- Employ evaluation techniques and rating scales in outpatient psychiatric consultation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Incorporate patient preferences when consistent with excellent care.
- Incorporate appropriate boundaries and limit setting in patient care.

Medical Knowledge

- Knowledge—Develop a technical and practical understanding of the major psychiatric disorders of childhood and adolescence.
- Skills
 - Employ results of rating scales and assessment outcomes to determine when further evaluation is needed for the treatment of mentally ill children and adolescents.
 - Make appropriate referrals, as indicated.
- Attitude
 - Be self-directed in learning.
 - Be willing to share knowledge with the team.
 - Be open about areas in which learning is needed.
- Attend required seminars and complete assigned readings on therapeutic issues.
- Employ psychological testing and diagnostic testing for complete evaluation.

Practice-Based Learning and Improvement

- Knowledge
 - Use current texts, journals, and web-based resources to increase knowledge about diagnosis and evaluation.
 - Learn about assessment inventories and tools, and appropriate outcome measures for a primary care treatment setting.
- Skills—Interact as a team player, receiving feedback constructively and providing open feedback to others.
- Attitude—Seek out supervision and incorporate feedback in working with difficult families.
- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.

Interpersonal and Communication Skills

- Knowledge—Learn about family dynamics in the interview/assessment process through observation and supervision.
- Skills—Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Attitude
 - Demonstrate respect for patients, their families, and staff.
 - Communicate any concerns directly to the relevant staff.
- Provide direct patient care and develop skills in psychiatric evaluation.
- Develop skills for addressing issues of confidentiality and parental involvement.

Systems-Based Practice

- Knowledge
 - Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.
 - Demonstrate a basic understanding of the pediatric primary care clinical setting and care delivery system.
- Skills
 - Gather information from other relevant sources for a comprehensive evaluation.
 - Seek avenues to use community resources to help promote resiliency.
- Attitude—Demonstrate willingness to learn about community resources.
- Gather information from other relevant sources for a comprehensive evaluation, following HIPPA guidelines, to:
 - Adequately document behavioral/emotional problems and previous evaluations and interventions, and
 - Coordinate, with the assistance of faculty as needed, the appropriate referral of youth who require interventions beyond the capability of the clinic.

**Child and Adolescent Psychiatry
Policies, Procedures, Processes, and Program Templates**



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-01
EFFECTIVE DATE	06/01/2017
PAGE(S)	10
SUPERSEDES	05/01/2015 06/01/2014 04/01/2011 04/01/2013

SUBJECT
ADVERSE ACADEMIC DECISIONS AND DUE
PROCESS POLICY

Adverse Academic Decisions and Due Process Policy

I. PURPOSE:

- 1.1. Morehouse School of Medicine (MSM) shall provide residents and fellows with an educational environment that MSM believes is fair and balanced.
- 1.2. This policy outlines the procedures which govern adverse academic decisions and due process procedures relating to residents and fellows during their appointment periods at Morehouse School of Medicine regardless of when the resident or fellow matriculated.
- 1.3. Actions addressed within this policy shall be based on an evaluation and review system tailored to the specialty in which the resident/fellow is matriculating.

II. SCOPE:

- 2.1. All MSM administrators, faculty, staff, residents, fellows and administrators at participating affiliates shall comply with this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.
- 2.2. Residents and fellows shall be given a copy of this Adverse Academic Decisions and Due Process Policy at the beginning of their training.

III. DEFINITIONS:

3.1. Academic Deficiency

- 3.1.1. A resident/fellow's academic performance is deemed deficient if performance does not meet/does not satisfy the program and/or specialty standards.
- 3.1.2. Evidence of academic deficiency for a resident/fellow can include, but is not limited to:
 - 3.1.2.1. Having an insufficient fund of medical knowledge
 - 3.1.2.2. Inability to use medical knowledge effectively
 - 3.1.2.3. Lack of technical skills based on the resident/fellow's level of training
 - 3.1.2.4. Lack of professionalism, including timely completion of administrative functions such as medical records, Duty Hours, and case logging
 - 3.1.2.5. Unsatisfactory written evaluation(s)
 - 3.1.2.6. Failure to perform assigned duties
 - 3.1.2.7. Unsatisfactory performance based on program faculty's observation
 - 3.1.2.8. Any other deficiency that affects the resident/fellow's academic performance

- 3.2. Opportunity to Cure** occurs when a resident/fellow is provided the opportunity to correct an academic deficiency and corrects the academic deficiency to the satisfaction of the faculty, program director, department chairperson, and Clinical Competency Committee of the program in which the resident is enrolled.
- 3.3. Day**—a calendar business day from 8:30 am to 5:00 pm, Monday-Friday; weekends and MSM-recognized holidays excluded.
- 3.4. Corrective Action**
- 3.4.1.** Corrective action is defined as written formal action taken to address a resident's or fellow's academic, professional, and/or behavioral deficiencies and any misconduct.
- 3.4.2.** Typically, corrective action includes/may include probation which can result in disciplinary action such as suspension, non-promotion, non-renewal of residency/fellowship appointment agreement, dismissal, or termination pursuant to the due process guidelines outlined in this policy or in other appropriate MSM policies.
- 3.4.3.** Corrective action does not include a written or verbal notice of academic deficiency.
- 3.5. Dismissal**—the immediate and permanent removal of the resident from the educational program for failing to maintain academic and/or other professional standards required to progress in or complete the program. This includes conduct described in section 4.2 of this policy.
- 3.6. Due Process**
- 3.6.1.** For matters involving academic deficiency(ies) in resident/fellow performance, due process involves:
- 3.6.1.1.** Providing notice to the resident of the deficient performance issue(s);
- 3.6.1.2.** Offering the resident/fellow a reasonable opportunity to cure the academic deficiency; and
- 3.6.1.3.** Engaging in a reasonable decision-making process to determine the appropriate course of action to take regarding whether to impose corrective action.
- 3.7. Due Process Disciplinary Actions** include suspension, non-renewal, non-promotion, or dismissal.
- 3.8. GME**—Graduate Medical Education
- 3.9. GME Office**—Graduate Medical Education Office of Morehouse School of Medicine
- 3.10. Mail**—to place a notice or other document in the United States mail or other courier or delivery service
- 3.10.1.** Notices mailed via first class mail, postage prepaid, unless returned to sender by the United States Postal Service or other courier or delivery service, are presumed to have been received three (3) days after mailing.
- 3.10.2.** Unless otherwise indicated, it is not necessary in order to comply with the notice requirements in this policy to hand-deliver the notice or use certified or registered mail. However, such methods of delivery, when documented, will verify actual notice. It is the resident's responsibility to ensure that his or her program and the GME office possess the resident/fellow's most current mailing address.

3.10.3. Email Notification—Morehouse School of Medicine email addresses (@msm.edu) are the official email communication for all employees including residents/fellows. Emailing information to the resident's official MSM email address is sufficient to meet MSM's notification and mail obligations except where otherwise indicated. Residents/fellows are responsible for ensuring that they check and are receiving email communication.

3.11. Meeting

3.11.1. The appeals process outlined in this policy provides the resident an opportunity to present evidence and arguments related to why he or she believes the decision by the program director, department chairperson, or Clinical Competency Committee to take action for non-renewal or dismissal is unwarranted.

3.11.2. It is also the opportunity for the program director, department chairperson, or Clinical Competency Committee to provide information supporting its decision(s) regarding the resident.

3.12. Misconduct

3.12.1. Misconduct involves violations of standards, policies, laws, and regulations that affect professional and ethical standards of a physician in training.

3.12.2. These violations constitute a breach of the MSM Resident Training Agreement.

3.13. Non-Renewal of Appointment—if the residency program determines that a resident's performance is not meeting the academic or professional standards of MSM, the program, the ACGME program requirements, the GME requirements, or the specialty board requirements, the resident will not be reappointed for the next academic year.

3.13.1. Reappointment in a residency/fellowship program is not automatic.

3.13.2. The program may decide not to reappoint a resident/fellow, at its sole discretion.

3.14. Non-Promotion

3.14.1. Resident/fellow annual appointments are for a maximum of 12 months, year to year.

3.14.2. A delay in being promoted to the next level is an academic action used in limited situations. These limited situations include, but are not limited to, instances where a resident has an overall unsatisfactory performance during the academic year or fails to meet any promotion criteria as outlined by the program.

3.15. Notice of Deficiency—the residency/fellowship program director may issue a written warning to the resident to give notice that academic deficiencies exist that are not yet severe enough to require a formal corrective action plan or disciplinary action, but that do require the resident to take immediate action to cure the academic deficiency. It is at the program director's discretion to require a written remediation or not.

3.16. CCC—The Clinical Competency Committee reviews all resident/fellow evaluations at least semi-annually; prepares and ensures the semi-annual reporting of Milestones evaluations of each resident to ACGME; and advises the program director regarding resident progress, including promotion, remediation, or dismissal.

3.17. Probation—a residency/fellowship program may use corrective action when a resident's/fellow's violations include but are not limited to:

3.17.1. Providing inappropriate patient care;

3.17.2. Lacking professionalism in the education and work environments;

3.17.3. Failure to cure notice of academic deficiency or other corrective action;

3.17.4. Negatively impacting health care team functioning; or

3.17.5. Causing residency/fellowship program dysfunction.

3.18. Remediation

3.18.1. Remediation cannot be used as a stand-alone action and must be used as a tool to correct a Notice of Academic Deficiency or probation and assists in strengthening resident performance when the normal course of faculty feedback and advisement is not resulting in a resident's improved performance.

3.18.2. Remediation allows the resident/fellow to correct an academic deficiency(ies) that would adversely affect the resident/fellow's progress in the program.

3.19. Suspension

3.19.1. Suspension is the act of temporarily removing a resident from all program activities for a period of time because the resident/fellow's performance or conduct does not appear to provide delivery of quality patient care or is not consistent with the best interest of the patients or other medical staff.

3.19.2. While a faculty member, program director, chairperson, clinical coordinator, administrative director, or other professional staff of an affiliate may remove a resident from clinical responsibility or program activities, only the program director makes the determination to suspend the resident and the length (e.g., days) of the resident/fellow's suspension.

3.19.3. Depending on circumstances, a resident/fellow may not be paid while on suspension. The program director determines whether a resident will be paid or not paid.

3.20. Reportable Adverse Actions—probation, suspension, non-renewal, and dismissal may be reportable actions by the program/MSM for state licensing, training verifications, and hospital/insurance credentialing depending upon the state and entity.

IV. POLICY:

4.1. When a resident/fellow fails to achieve the standards set forth by the program, decisions must be made about notice of academic deficiency, probation, suspension, non-promotion, non-renewal of residency appointment agreement, and in some cases, dismissal. MSM is not required to impose progressive corrective action but may determine the appropriate course of action to take regarding its residents/fellows depending on the unique circumstances of a given issue.

4.2. Residents/fellows engaging in conduct violating the policies, rules, bylaws, or regulations of MSM or its educational affiliates, or local, state, and federal laws regarding the practice of medicine and the standards for a physician in training may, depending on the nature of the offense, be dismissed.

4.2.1. Such misconduct will be considered a breach of the Resident/fellow Appointment Agreement or Reappointment Agreement.

4.2.2. In such instances, the Graduate Medical Education Office and Human Resources Department may be involved in the process of evaluating the violation.

4.3. A resident who exhibits unethical or other serious behaviors that do not conform to achieving the skills required for the practice of medicine may be summarily dismissed.

V. PROCEDURES:

5.1. If any clinical supervisor deems a resident/fellow's academic or professional performance to be less than satisfactory, the residency/fellowship program director will require the resident to take actions to cure the deficiencies.

5.2. Notice of Academic Deficiency

5.2.1. The residency/fellowship program director may issue a Notice of Academic Deficiency to a resident to give notice that academic deficiencies exist that are not yet severe enough to require corrective action, disciplinary action, or other adverse actions but that do require the resident/fellow to take immediate action to cure the academic deficiency.

5.2.2. This notice may be concerning both progress in the program and the quality of performance.

5.2.3. Residents/fellows will be provided reasonable opportunity to cure the deficiency(ies) with the expectation that the resident/fellow's academic performance will be improved and consistently maintained.

5.2.4. It is the responsibility of the resident/fellow, using necessary resources, including advisor, faculty, PDs, chairperson, etc., to cure the deficiency(ies).

5.2.5. The residency/fellowship program director will notify the GME director in writing of all notices of deficiency(ies) within five (5) calendar days of the program director's decision.

5.3. Probation

5.3.1. A residency/fellowship program may use this corrective action when a resident/fellow's actions are associated with:

5.3.1.1. Providing inappropriate patient care;

5.3.1.2. Lacking professionalism in the education and work environments;

5.3.1.3. Negatively impacting health care team functioning; or

5.3.1.4. Failure to comply with MSM, GME, and/or program standards, policies, and guidelines.

5.3.1.5. Causing residency/fellowship program dysfunction.

5.3.2. Probation can be used as an option when a resident/fellow fails to cure a notice of academic deficiency or other corrective action.

5.3.3. The program director must notify and consult with the GME DIO and/or director before issuing a probation letter to a resident.

5.3.3.1. A probation letter must be organized by ACGME core competencies and detail the violations and academic deficiencies.

5.3.3.2. A probationary period must have a definite beginning and ending date and be designed to specifically require a resident/fellow to correct identified deficiencies through remediation.

- 5.3.3.3.** The length of the probationary period will depend on the nature of the particular infraction and be determined by the program director. However, the program director should set a timed expectation of when improvement should be attained. The duration will allow the resident/fellow reasonable time to correct the violations and deficiencies.
- 5.3.3.4.** A probation period cannot exceed six (6) months in duration and residents cannot be placed on probation for the same infraction/violation for longer than 12 consecutive months (i.e., maximum of two (2) probationary periods).
- 5.3.4.** Probation decisions shall not be subject to the formal appeals process.
- 5.3.5.** While on probation, a resident/fellow is not in good standing.
- 5.3.6.** Remediation must be used as a tool for probation. Developing a viable remediation plan consists of the following actions:
 - 5.3.6.1.** The resident/fellow must be informed that the remediation is not a punishment, but a positive step and an opportunity to improve performance by resolving the deficiency.
 - 5.3.6.2.** The resident/fellow may be required to make up time in the residency/fellowship if the remediation cannot be incorporated into normal activities and completed during the current residency year.
 - 5.3.6.3.** The resident/fellow must prepare a written remediation plan, with the express approval of the program director as to form and implementation. The program director may require the participation of the resident/fellow's advisor in this process.
 - 5.3.6.3.1.** The plan shall clearly identify deficiencies and expectations for reversing the deficiencies, organized by ACGME core competencies.
 - 5.3.6.3.2.** It is the responsibility of the resident to take actions to meet all standards, and to take the initiative to make improvements as necessary.
- 5.3.7.** All residents placed on probation are required to meet with the Director for Graduate Medical Education.
- 5.3.8.** If the deficiency(ies) persist during the probationary period and are not cured, the residency program director may initiate further corrective or disciplinary action including but not limited to continuation of probation with or without non-promotion, non-renewal of residency/fellowship appointment agreement, or dismissal.
- 5.3.9.** The program director must notify and consult with the GME DIO and/or director before initiating further corrective or disciplinary action.
 - 5.3.9.1.** If the reasons for non-promotion, non-renewal of appointment, or dismissal occur within the last four (4) months of the resident/fellow's appointment year, the program will provide the resident/fellow reasonable notice of the reasons for the decision as circumstances reasonably allow.
 - 5.3.9.2.** The decision of the program director will be communicated to the resident/fellow and to the Office of Graduate Medical Education.
 - 5.3.9.3.** The residency/fellowship program director will notify the resident/fellow in writing of non-promotion, non-renewal of appointment, or dismissal decisions.

5.4. Suspension

- 5.4.1.** Suspension shall be used as an immediate disciplinary action because of a resident/fellow's misconduct. Suspension is typically mandated when it is in the best interest of the patients [patient care] or professional medical staff that the resident/fellow be removed from the workplace.
- 5.4.2.** A resident/fellow may be placed on paid or unpaid suspension at any time for significant violations in the workplace.
- 5.4.3.** A resident may be removed from clinical responsibility or program activities by a faculty member, program director, department chairperson, clinical coordinator, or administrative director of an affiliate. At his or her sole discretion, that individual can remove the resident/fellow if he or she determines that one of the following types of circumstances exist:
 - 5.4.3.1.** The resident/fellow poses a direct detriment to patient welfare.
 - 5.4.3.2.** Concerns arise that the immediate presence of the resident/fellow is causing dysfunction to the residency program, its affiliates, or other staff members.
 - 5.4.3.3.** Other extraordinary circumstances arise that would warrant immediate removal from the educational environment.
- 5.4.4.** All acts of removal from clinical responsibility or program activities shall be documented by the initiating supervisor or administrator and submitted to the program director in writing within 48 hours of the incident/occurrence, explaining the reason for the resident/fellow's removal and the potential for harm.
- 5.4.5.** After receiving written documentation of the incident/occurrence, the program director has up to five (5) days to determine if a resident/fellow will be suspended.
- 5.4.6.** Only the program director has authority to suspend a resident/fellow from the program and decide the length of time of the suspension, regardless of individual hospital or affiliate policies and definitions of suspension.
- 5.4.7.** The program director must notify and consult with the GME DIO and/or director before suspending a resident/fellow.
- 5.4.8.** After a period of suspension is served, further corrective or disciplinary action is required.
 - 5.4.8.1.** The program director shall review the situation and determine what further disciplinary action is required.
 - 5.4.8.2.** Possible actions to be taken by the program director regarding a suspended resident/fellow may be to:
 - 5.4.8.2.1.** Return the resident/fellow to normal duty with a Notice of Academic Deficiency;
 - 5.4.8.2.2.** Place the resident/fellow on probation; or
 - 5.4.8.2.3.** Initiate the resident/fellows' dismissal from the program.

5.5. Failure to Cure Academic Deficiency—if a resident/fellow fails to cure academic deficiencies through an approved corrective action, formal corrective action plan (remediation), probation, or other forms of academic support, the program director may take an action, including but not limited to, one or more of the following actions:

- 5.5.1. Probation/continued probation
- 5.5.2. Non-promotion to the next PGY level
- 5.5.3. Repeat of a rotation or other education block module
- 5.5.4. Non-renewal of residency/fellowship appointment agreement
- 5.5.5. Dismissal from the residency/fellowship program

5.6. The resident/fellow shall have the right to appeal only the following disciplinary actions:

- 5.6.1. Dismissal or termination from the residency/fellowship program
- 5.6.2. Non-renewal of the resident/fellow's appointment

5.7. Appeal Procedures—Program and Department

5.7.1. All notices of dismissal from the residency/fellowship program or a non-renewal of the resident/fellow's appointment shall be delivered to the resident/fellow's home address by priority mail and email. A copy may also be given to the resident/fellow on site, at the program's sole discretion.

5.7.2. If the resident intends to appeal the decision, he or she should communicate intent to do so in writing to the program director within seven (7) days upon receipt of the letter that identifies the decision.

5.7.3. The program director will notify the department chairperson who then convenes the departmental appeal committee.

5.7.3.1. The Departmental Appeal Committee shall consist of a minimum of three (3) faculty members and one (1) administrative person (usually the residency/fellowship program manager) who functions as a facilitator and manages scheduling, communication, and administrative functions of the committee. The Departmental Appeal Committee will select one of the three faculty members as lead to complete the written recommendation on behalf of the committee.

5.7.3.2. A Departmental Appeal Committee will meet to review the resident/fellow's training documents and hear directly from the resident/fellow and program director regarding the matter.

5.7.3.3. The Departmental Appeal Committee will notify the resident/fellow and program director of the meeting date, time, place, and committee members' names and titles.

5.7.3.4. The program director must submit a written summary letter and timeline of events for the committee to review at least 24 hours before the scheduled meeting.

5.7.3.5. The resident may submit written documentation to the committee to review and must do so at least 24 hours before the scheduled meeting.

5.7.3.6. The resident/fellow may bring an advocate, such as a faculty member, staff member, or other resident.

5.7.3.7. Legal counsel is not permitted to attend the appeal because the process is an academic appeal.

5.7.3.8. Appeal meetings may not be recorded.

5.7.3.9. The Department Appeal Committee reserves the right to determine the manner in which the meetings with the resident/fellow and program director will be conducted.

5.7.4. The Departmental Appeal Committee will present its written recommendation to the program director within seven (7) days of the end of the appeal meeting. The program director will then forward the resident's training documents, all information concerning the dismissal/termination/nonrenewal, written appeal recommendation, and any other pertinent information to the department chairperson.

5.7.5. The department chairperson will review all materials and make the final departmental decision within seven (7) days of receipt of materials.

5.7.6. The department chairperson will communicate the final written departmental decision to the program director.

5.7.7. The program director will then communicate the decision by written letter to the resident/fellow via mail and email. This should occur within ten (10) days of the final decision.

5.8. Appeal to the Dean

5.8.1. The resident/fellow may appeal the decision of the department chair.

5.8.2. If the resident/fellow is unsuccessful in his or her appeal to the chairperson, he or she may submit a written request to the dean for a review of due process involved in the program's decision of dismissal/termination/non-renewal of appointment.

5.8.3. A request for appeal to the dean must be submitted in writing within seven (7) days of the notification of the final departmental decision.

5.8.4. The appeal must be submitted to both the dean and the program director.

5.8.5. The dean shall instruct the GME office to convene an Institutional Appeal Committee to review the case and provide an advisory opinion regarding whether or not the residency/fellowship program afforded the resident/fellow due process in its decision to dismiss or not renew the resident's appointment. This review is program protocol and required documentation in each case. MSM's Designated Institutional Officer, or his or her designee, shall chair the Institutional Appeal Committee.

5.8.5.1. The Institutional Appeal Committee shall consist of the DIO, two (2) faculty members, and one (1) administrative employee, usually the GME Director, who functions as a facilitator and manages scheduling, communication, and administrative functions of the committee.

5.8.5.2. The Institutional Appeal Committee will meet to review the resident/fellow's training documents and hear directly from the resident/fellow and program director regarding the matter.

5.8.5.3. The Institutional Appeal Committee will notify the resident/fellow and program director of the meeting date, time, place, and the committee members' names and titles.

- 5.8.5.4.** The program director shall provide the training documents and record of the departmental appeal proceedings.
The program director must also provide a written summary letter and timeline of events for the committee to review at least 24 hours before the scheduled meeting.
- 5.8.5.5.** The Institutional Appeal Committee shall give the resident/fellow an opportunity to present written and/or verbal evidence to dispute the allegations that led to the disciplinary action.
The resident/fellow may submit written documentation to the committee to review and must do so at least 24 hours before the scheduled meeting.
- 5.8.5.6.** The resident/fellow may bring to the meeting an advocate, such as a faculty member, staff member, or other resident/fellow.
- 5.8.5.7.** Legal counsel is not permitted to attend the appeal because the process is an academic appeal.
- 5.8.5.8.** Recording of the meeting(s) and/or proceedings is prohibited.
- 5.8.6.** The institutional appeals committee chair will submit a written report of the findings to the dean who will make the final determination regarding the status of the resident/fellow.
- 5.8.7.** The final written determination by the dean may be:
- 5.8.7.1.** That the resident/fellow is returned to the residency/fellowship program without penalty;
 - 5.8.7.2.** Recommendation for dismissal, termination, or non-renewal of appointment stands;
 - 5.8.7.3.** Other determination as deemed appropriate by the dean.
- 5.8.8.** If a recommendation for dismissal/termination/non-renewal is confirmed, the resident/fellow is removed from the payroll effective the day of the dean's decision.



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

SUBJECT
ANNUAL INSTITUTION AND PROGRAM REVIEW
POLICY

POLICY NUMBER	CAP-02
EFFECTIVE DATE	06/01/2019
PAGE(S)	05
SUPERSEDES	06/01/2014

Annual Institution and Program Review Policy

I. **PURPOSE:**

The purpose of this policy is to provide guidelines for the Accreditation Council of Graduate Medical Education (ACGME) Next Accreditation System (NAS) required Graduate Medical Education Committee (GMEC) oversight of institutional- and program-level annual review procedures and processes, effective July 1, 2014 with minor revisions effective July 1, 2019.

II. **SCOPE:**

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, fellows, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. All ACGME programs must conduct and implement program-level procedures and processes for annual program evaluation and review.

III. **GLOSSARY OF ANNUAL REVIEW TERMS:**

- 3.1. **Graduate Medical Education Committee (GMEC)**—ACGME-required advisory committee with oversight of institution and program accreditation. Membership includes program directors, assistant program directors, program managers, residents/fellows, MSM and affiliate representatives from human resources, legal, patient safety, and quality improvement, the DIO, and GME office staff.
- 3.2. **Annual Institutional Review (AIR)**—ACGME-required process to review and assess performance indicators, quality improvement goals and metrics, monitoring procedures, and action plans.
- 3.3. **Annual Program Review (APR)**—GMEC- and GME-required process to ensure program maintenance of ACGME accreditation.
- 3.4. **Special Review (SR)**—ACGME process to identify and assist in the improvement of underperforming programs.
- 3.5. **Self-Study Visit (SSV)**—Replaces ACGME site visits and will eventually occur every 10 years, as long as programs and institutions demonstrate substantial compliance with ACGME requirements and performance indicators.
- 3.6. **Annual Program Evaluation (APE)**—Written documentation that through their PECs, programs are documenting formal, systematic, annual evaluation of the curriculum according to ACGME requirements.

IV. ANNUAL INSTITUTION AND PROGRAM REVIEW POLICIES AND PROCEDURES:

- 4.1.** Responsibilities of the GMEC include effective oversight of the ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs, through the following measures.
- 4.2. Annual Institutional Review (AIR)**—Oversight of the sponsoring institution’s accreditation is performed through the Annual Institutional Review (AIR).
- 4.2.1.** The GMEC must identify institutional performance indicators for the AIR to include, at a minimum:
- The most recent ACGME institutional letter of notification,
 - Results of ACGME surveys of residents/fellows and core faculty members, and
 - Each of its ACGME-accredited programs’ ACGME accreditation information, including accreditation statuses and citations.
- 4.2.2.** The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution’s governing body. The written executive summary must include:
- A summary of the institutional performance on indicators for the AIR, and
 - Action plans and performance monitoring procedures resulting from the AIR.
- 4.3. Annual Program Review Process (APR)**—Oversight of the residency programs’ accreditation through an Annual Program Review Process (APR) will include review of:
- 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, and
 - The programs’ annual evaluation and improvement activities.
- 4.4. GME APE Report**—Programs must have a program-level APE policy and process and must complete the GME APE report template for submission of GMEC review and approval.
- 4.5. ACGME Annual Accreditation Data System (ADS)**—Programs must track and monitor required data and information to accurately complete the ACGME Annual Accreditation Data System (ADS) update, including:
- Changes in program and participating sites,
 - Progress of addressing any citations,
 - Educational environment—curriculum, Duty Hours, supervision, etc.,
 - Faculty and resident scholarly activity,
 - Faculty development activities, and
 - Resident and faculty participation in Patient Safety and Quality Improvement activities.
- 4.6.** Programs must annually review and monitor their compliance with the following program performance indicators:
- ACGME resident and faculty survey results,
 - Program Board pass rates,
 - Semi-annual resident evaluation—Milestone-based evaluation reporting, and
 - Clinical experience—case/patient/procedure logs.

- 4.7. The GME DIO and program director will complete annual scorecards for each program based on assessment of the data above, metrics, and information.
- 4.8. The annual program scorecards create the Institutional Dashboard for monitoring programs' compliance with APR requirements.
- 4.9. Oversight of underperforming programs is performed through a Special Review process.
- 4.9.1. **Special Review Criteria:** A program will be placed on a special review for non-compliance in three (3) of the five (5) areas as follows:
- ACGME letters of warning, concern, complaint, and/or focused or full site visit announcements
 - Underperformance in five (5) or more of the 18 Annual GME Program Scorecard Metrics, including the ACGME program performance indicators:
 - Annual ADS updates
 - APE Report
 - GMEC/GME program compliance
 - Accreditation status
 - Citations/progress reports
 - Match fill rate
 - Program policies
 - ITE results
 - Resident PSQI involvement
 - Faculty PSQI involvement
 - Resident scholarly activities
 - Faculty scholarly activities
 - Case/procedure/patient logs
 - Semi-annual resident evaluation
 - Faculty evaluation of residents
 - Duty Hour monitoring and oversight
 - Milestone data/reporting
 - Faculty development
 - Failure to comply with ACGME Common and Specialty Specific program requirements not stated/listed in this policy
 - Noncompliance with Specialty Board pass rates
 - Noncompliance with ACGME Resident Survey in two (2) or more of the seven (7) content areas below the national compliance rate:
 - Duty Hours
 - Faculty
 - Evaluation
 - Educational content
 - Resources
 - Patient safety/teamwork
 - Overall evaluation of program

4.9.2. Special Review Protocol

4.9.2.1. The GME Office will schedule a special review of a program. Separate meetings with program stakeholders will include:

- Residents/fellows
- Core faculty
- Program leadership—the department chairperson, program director, associate program director(s), and program manager

The number of faculty and residents that need to attend will be determined by the GME Office based on the size of the program.

4.9.2.2. Members of the special review committee will include the MSM Dean (as necessary), Designated Institutional Official, Director of GME, a program director and program manager from another program, and a member of the Resident Association that is not in the program being reviewed.

4.9.2.3. Program Performance Indicator and metrics data utilized during a special review include:

- Most current annual program scorecard
- ACGME resident and faculty survey results
- ADS summary report
- Board exam pass rates
- Annual program evaluation reports
- Special review faculty and resident questionnaires
- Program policies, resident training files, program compliance reports from New Innovations
- Any additional information deemed pertinent by the Review Committee

4.9.3. Special Review Report, Institutional Decisions, and GMEC Monitoring

4.9.3.1. A special review report that describes the quality improvement goals, the corrective actions, institutional decisions, and the process for GMEC monitoring of outcomes will be completed by the GME Office and presented to the GMEC for review and approval.

4.9.3.2. For institutional decisions and action regarding Special Review status of a program, the program director of a special review program must provide semiannual written and verbal progress reports to the GMEC demonstrating improvement per recommendations and deadlines detailed in the special review report.

4.9.3.3. Period of time for Special Review status

4.9.3.3.1. Programs on Special Review status will have a maximum of two (2) years to improve in the criteria stated and be removed from special review status.

4.9.3.3.2. The period of time starts when the special report is presented to the GMEC.

- 4.9.3.3.3.** If a program is on Special Review status for more than two (2) years, the GMEC will appoint a subcommittee that consists of a program director, Director of GME, and a program manager to conduct a thorough review of the program, provide recommendations, and present those recommendations to the dean and chair of the department on Special Review.
- 4.9.3.3.4.** The dean, DIO, and chair will meet to discuss the GMEC recommendations.

[Return to Table of Contents](#)



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-03
EFFECTIVE DATE	06/01/2019
PAGE(S)	02
SUBJECT	SUPERSEDES

SUBJECT
ALERTNESS MANAGEMENT AND FATIGUE
MITIGATION POLICY

Alertness Management and Fatigue Mitigation Policy

I. PURPOSE:

- 1.1. The Child and Adolescent Psychiatry Fellowship Program educates faculty and fellows in fatigue mitigation processes, in recognition of the signs of fatigue and sleep deprivation.
- 1.2. The following fatigue mitigation plan includes strategic napping, adjusting schedules, or arranging for back-up support, including a process to ensure continuity of patient care should faculty or fellow be unable to perform his or her duties.
- 1.3. In compliance with the ACGME requirement to ensure that faculty and fellows appear for duty appropriately rested and fit for duty (C.P.R.VI.A.1), this policy provides guidance on the methods used to educate faculty members and fellows regarding:
 - Recognizing the signs of fatigue and sleep deprivation
 - Alertness management and fatigue mitigation processes
 - Adopting fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

II. DEFINITIONS:

- 2.1. Fatigue management—Recognition by either a faculty or supervisor of a level of fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue
- 2.2. Fitness for duty—Mentally and physically able to effectively perform required duties and promote patient safety
- 2.3. Fellow—Any physician in an accredited graduate medical education program, including interns, fellows, and fellows
- 2.4. Scheduled duty periods—Assigned duty within the institution encompassing hours, which may be within the normal work day, beyond the normal work day, or a combination of both

III. PROCEDURE:

- 3.1. MSM will provide all faculty members and fellows information and instruction on recognizing the signs of fatigue and sleep deprivation, and information on alertness management and fatigue mitigation processes, and on how to adopt these processes to avoid potential negative effects on patient care and learning. This is accomplished by orientation sessions sponsored by GME and a department-specific orientation early in the academic year.

3.2. Patient care must not be compromised.

3.2.1. If a fellow or faculty member must apply fatigue mitigation techniques while on scheduled duty, fellows should contact their faculty supervisor so that appropriate coverage can be obtained to ensure continuity of patient care.

3.2.2. MSM Child and Adolescent Psychiatry Fellowship program and its hospital affiliates ensure that adequate sleep facilities are available to fellows and/or provide safe transportation options for fellows requesting assistance due to fatigue because of time spent on duty.

[Return to Table of Contents](#)



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-04
EFFECTIVE DATE	06/01/2019
PAGE(S)	03
SUPERSEDES	

SUBJECT
CLINICAL EXPERIENCE AND EDUCATION HOUR
POLICY

Clinical Experience and Education Hour Policy

I. PURPOSE:

- 1.1. The purpose of this policy is to outline the program’s monitoring and oversight of clinical experience and education hours, and to document how clinical experience and education hour logging issues and/or violations are addressed by the program.
- 1.2. The Child and Adolescent Psychiatry Fellowship Program complies with fellow clinical experience and education hours and definitions as set forth by the ACGME.

II. SCOPE:

- 2.1. All fellows must log in daily to MedHub in order to report (or log) their clinical experience and education hours as well as their procedure/patient logs for that day. Each field on the procedure/patient log should be completed.
- 2.2. During annual fellow orientation and throughout the year fellows receive education about logging clinical experience and education hours and about ACGME clinical experience and education hour rules. They receive updates in regularly scheduled monthly meetings and program emails.
- 2.3. The program director and the program manager and or coordinator will monitor clinical experience and education hours with a frequency to ensure compliance with ACGME requirements.
- 2.4. The program adheres to the following ACGME Clinical Experience and Education Hour rules:
 - 2.4.1. 80 Hour—fewer than 80 hours per week averaged over a four-week period (includes clinical work done from home—anything patient related, such as finishing patient notes)
 - 2.4.2. Eight (8) hours off between scheduled clinical work and education periods (no more 10-hour requirement)
 - 2.4.3. 14 hours free of clinical work and education after 24 hours of in-house call
 - 2.4.4. One (1) day in seven (7) off must be scheduled for fellows/fellows (when averaged over four (4) weeks)
 - 2.4.5. At-home call cannot be assigned on free days
 - 2.4.6. 24 hours maximum for all clinical and educational work periods (applies to all fellows/fellows—no longer 16 hours for PGY-1s), transitions of care, and/or fellow/fellow education.
 - 2.4.7. Additional patient care responsibilities must not be assigned to a fellow/fellow during this time.

- 2.4.8.** Day Off—One 24-hour period off per week averaged over four (4) weeks. No at-home call assigned.
- 2.5.** Per the ACGME C.P.R.s, in unusual circumstances, fellows on their own initiative may remain beyond their scheduled period of duty up to 4 hours to continue to provide care to a single patient.
- 2.5.1.** Justifications for such extensions are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
- 2.5.2.** Documentation of such extensions must be submitted to the program director for review and feedback.
- 2.5.3.** Fellows are required to report these instances when they must return to hospital activity with fewer than eight (8) hours away from the hospital and they are monitored by the program director via New Innovations.
- 2.5.4.** Each submission of additional service is reviewed and tracked by the program director for both individual fellows and program-wide episodes.
- 2.6.** Clinical Experience and Education hours are defined as all clinical and academic activities related to the program:
- Patient care (both inpatient and outpatient)
 - Administrative duties relative to patient care
 - The provision for transfer of patient care
 - Time spent in-house during call activities
 - Scheduled activities, such as conferences
- 2.7.** Clinical Experience and Education Hours do not include reading and preparation time spent away from the duty site.

III. PROGRAM MONITORING AND REPORTING PROCESS

- 3.1.** Clinical Experience and Education Hour Exceptions
- 3.1.1.** In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
- 3.1.1.1.** To continue to provide care to a single severely ill or unstable patient,
- 3.1.1.2.** Humanistic attention to the needs of a patient or family; or,
- 3.1.1.3.** To attend unique educational events.
- 3.1.2.** These additional hours of care or education will be counted toward the 80-hour weekly limit.
- 3.2.** Clinical Experience and Education Logging Compliance Process
- 3.2.1.** Logging compliance will be checked weekly.
- 3.2.2.** Each Monday morning (or the first day of the week if Monday is a holiday), the program manager (PM) reviews clinical experience and education duty hour logging compliance for the prior week using the New Innovation Dashboard.
- 3.2.3.** An email reminder is then sent to each noncompliant fellow reminding him or her to complete the logging requirements ASAP but no later than 24 hours from the notification time.

- 3.2.4.** If logging is still not completed within 48 to 72 hours, the program director will generate a Notice of Deficiency for the fellow who will then be in jeopardy of losing good standing in the program.
- 3.3.** Clinical Experience and Education Hour Violations
- 3.3.1.** On a daily basis, clinical experience and education hour violations are reviewed by the program director and/or program manager.
- 3.3.2.** Initially, the PM informs the fellows if there is an error in documentation (if the documentation is unclear, then the PM informs the fellow) and then provides guidance on the proper logging process.
- 3.3.3.** True clinical experience and education hour violations are addressed with the fellow and service by the PD to avoid future occurrences.
- 3.3.4.** On a weekly basis, the PD reviews each violation and then either approves the cause or reason (justification) submitted, declines the justification, or, if a justification is not given, asks for more information or a justification.
- 3.3.5.** For recurrent true violations, the PD initiates direct or systemic changes to minimize violations. These include:
- Directly contacting Attending of record for further education
 - Changing fellow hours/rotations
- 3.4.** The Clinical Experience and Education Compliance Report is generated in MedHub on a monthly basis. A monthly action plan to address new or recurrent violations will be generated.



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-05
EFFECTIVE DATE	02/01/2020
PAGE(S)	03
SUPERSEDES	06/01/2019 8/14/2018 06/01/2014

SUBJECT
CONCERN AND COMPLAINT (GRIEVANCE) POLICY
FOR RESIDENTS AND FELLOWS

Concern and Complaint (Grievance) Policy for Residents and Fellows

I. PURPOSE:

- 1.1. The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level that minimizes conflicts of interest (ACGME Institutional Requirements IV.D.).
- 1.2. The purpose of this policy is to provide guidelines for communication of resident and fellow concerns and complaints related to residency/fellowship training and learning environment, and to ensure that residents/fellows have a mechanism through which to express concerns and complaints.
- 1.3. **Note:** For purposes of this policy, a concern or complaint involves issues relating to personnel, patient care, and matters related to the program or hospital training environment, including professionalism and adherence to clinical and educational work (duty hour) standards.

II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, fellows, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. All residency and fellowship programs must have a program-level Concern and Complaint (Grievance) Policy that aligns with this GMEC policy and is included in the program's policy manual.
- 2.3. Residents, fellows, and faculty agree to work in good faith to resolve any problems or issues that distract from optimal training.

III. POLICY:

- 3.1. Morehouse School of Medicine and affiliated hospitals encourage resident/fellow participation in decisions involving educational processes and the learning environment. Such participation should occur in both formal and informal interactions with peers, faculty, and Attending staff.
- 3.2. Efforts should be undertaken to resolve questions, problems, and misunderstandings as soon as they arise. Residents/fellows are encouraged to initiate discussions with appropriate parties for the purpose of resolving issues in an informal and expeditious manner.
- 3.3. With respect to formal processes designated to address issues deemed as complaints (grievances) under the provisions of this policy, each program must have an internal process, known to residents, through which residents may address concerns. The program director should be designated as the first point of contact for this process.

- 3.4. A grievance is defined as a complaint that directly and adversely affects a residents/fellows' education, training, or professional activities as a result of an arbitrary or capricious act, or failure to act, or a violation of School policy or procedure, by the School or anyone acting officially on behalf of the School.
- 3.5. Matters that are not grievable include probation and corrective actions, as detailed in the GME Adverse Academic Decisions and Due Process Policy, salary and benefits, and issues not relating to personnel, patient care, program or hospital training environment, including professionalism and adherence to clinical and educational work (Duty Hour) standards.
- 3.6. If the complaint is to formally notify the institution of an incident involving harassment or discrimination, see the Morehouse School of Medicine Sex/Gender, Non-Discrimination, Anti-Harassment, and Retaliation Policy for procedures to be followed. The contact person for this policy is Marla Thompson, Title IX Coordinator for MSM, 404-752-1871, mthompson@msm.edu.

IV. PROCEDURE:

- 4.1. **Reporting Structure** "chain of command" for resident/fellow concerns and complaints (grievances)
 - 4.1.1. Step 1: Residents and fellows should first talk to program-level persons to resolve problems and concerns.
 - 4.1.1.1. The program's APD or PD should be the first point of contact.
 - 4.1.2. Step 2: If the resident/fellow is not satisfied with the program-level resolution, the individual should discuss the matter with the department chair, or service director, or chief of a specific hospital.
 - 4.1.3. Step 3: If no solution is achieved, the resident/fellow may seek assistance from the Graduate Medical Education (GME) Designated Institutional Official (DIO), Dr. Chinedu Ivonye (civonye@msm.edu).
- 4.2. Other Grievance Resources and Options
 - 4.2.1. If for any reason the resident does not want to discuss concerns or complaints with the chief resident, program director, associate program director, department chair, service director or chief, or Designated Institutional Official (DIO), the following resources are available:
 - 4.2.1.1. For issues involving program concerns, training matters, professionalism, or work environment, residents can contact the Graduate Medical Education Assistant Dean and Director at (404) 752-1011 or tsamuels@msm.edu.
 - 4.2.1.2. For problems involving interpersonal issues, the resident/fellow may be more comfortable discussing confidential informal issues apart and separate from the resident/fellow's parent department with the Resident Association president or president elect.
 - 4.2.1.2.1. Any resident or fellow may directly raise a concern to the Resident Association Forum.
 - 4.2.1.2.2. Resident Association Forums and meetings may be conducted without the DIO, faculty members, or other administrators present.

4.2.1.2.3. Residents and fellows have the option to present concerns that arise from discussions at Resident Association Forums to the DIO and GMEC.

4.2.2. Residents and fellows can provide anonymous feedback, concerns, and complaints by completing the GME Feedback Form at <http://www.msm.edu/Education/GME/feedbackform.php>.

4.2.2.1. Comments are anonymous and cannot be traced back to individuals.

4.2.2.2. Personal follow-up regarding how feedback, concerns, or complaints have been addressed by departments and/or GME will be provided only if the resident/fellow elects to include his or her name and contact information in the comments field.

4.2.3. MSM Office of Compliance and Corporate Integrity is at <http://www.msm.edu/Administration/Compliance/index.php>

4.2.3.1. The MSM Compliance Hotline, 1 (855) 279-7520, is an anonymous and confidential mechanism for reporting unethical, noncompliant, and/or illegal activity.

4.2.3.2. Call the Compliance Hotline or email www.msm.ethicspoint.com to report any concern that could threaten or create a loss to the MSM community including:

- Harassment—sexual, racial, disability, religious, retaliation
- Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical, and waste management safety issues
- Other reporting purposes:
 - Misuse of resources, time, or property assets
 - Accounting, audit, and internal control matters
 - Falsification of records
 - Theft, bribes, and kickbacks

Refer to the current version of the MSM [GME Policy Manual](#) for detailed information regarding the Adverse Academic Decisions and Due Process Policy for matters involving resident/fellow suspension, non-renewal, non-promotion, or dismissal.

[Return to Table of Contents](#)



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-06
EFFECTIVE DATE	07/01/19
PAGE(S)	06
SUBJECT	SUPERSEDES
DISASTER PREPAREDNESS POLICY	06/01/2014 04/01/2011

Disaster Preparedness Policy

I. PURPOSE:

- 1.1. The purpose of this policy is to provide guidelines for communication with and assignment/allocation of resident physician manpower in the event of disaster, and the policy and procedures for addressing administrative support for Morehouse School of Medicine (MSM) Graduate Medical Education (GME) programs and residents in the event of a disaster or interruption in normal patient care.
- 1.2. It also provides guidelines for communication with residents and program leadership whereby to assist in reconstituting and restructuring educational experiences as quickly as possible after a disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. This policy is in addition to any emergency preparedness plans established by MSM and its affiliate institutions.
- 2.3. Residents are also subject to the inclement weather policies of the medical school and affiliate institutions.

III. GLOSSARY OF DISASTER TERMS:

- 3.1. A disaster is defined within this policy as an event or set of events causing significant alteration of the residency experience at one or more residency programs.
- 3.2. This policy and procedures document acknowledges that there are multiple strata or types of disaster:
 - Acute disaster with little or no warning (e.g., tornado or bombing)
 - Intermediate disaster with some lead time or warning (e.g., flooding or ice)
 - Insidious disruption or disaster (e.g., avian flu)
- 3.3. This document addresses disaster or disruption in the broadest terms.

IV. DISASTER POLICIES AND PROCEDURES:

- 4.1. In accordance with ACGME, the Sponsoring Institutional must maintain a policy consistent with ACGME policies and procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of disaster or interruption of patient care.

- 4.2.** Every effort will be taken to minimize the interruption in continuation of salary, benefits, and resident/fellow assignments.
- 4.3.** A Resident's Duties in Disasters
 - 4.3.1.** In the case of anticipated disasters, residents are expected to follow the rules in effect for the training site to which they are assigned at the time.
 - 4.3.2.** In the immediate aftermath, the resident is expected to attend to personal and family safety and then render humanitarian assistance where possible.
 - 4.3.3.** In the case of anticipated disasters, residents who are not "essential employees" and are not included in one of the clinical site's emergency staffing plans should secure their property and evacuate, should the order come.
 - 4.3.4.** If there is any question about a resident status, he or she should contact the program director before the pending disaster.
 - 4.3.4.1.** Residents who are displaced out of town will contact their program directors as soon as communications are available.
 - 4.3.4.2.** During and/or immediately after a disaster (natural or man-made), residents will be allowed and encouraged to continue their roles where possible and to participate in disaster recovery efforts.
- 4.4.** Manpower/Resource Allocation during Disaster Response and Recovery
 - 4.4.1.** All residency programs at MSM are required to develop and maintain a disaster recovery plan.
 - 4.4.1.1.** These plans should include, but are not limited to, designated response teams of appropriate faculty, staff, and residents, pursuant to departmental, MSM, and affiliated hospital policies.
 - 4.4.1.2.** These response team listings should be reviewed on a regular basis, and the expectations of those members should be relayed to all involved.
 - 4.4.2.** As determined to be necessary by the program director and/or chief medical officer at the affiliated institutions (and/or MSM leadership), physician staff reassignment or redistribution to other areas of need will be made. This shall supersede departmental team plans for manpower management.
 - 4.4.2.1.** Information on the location, status, and accessibility and availability of residents during disaster response and recovery is derived from the Designated Institutional Official (DIO) and/or Associate Dean for Clinical Affairs or their designees in communication with program directors and/or program chief residents.
 - 4.4.2.2.** The DIO and Associate Dean for Clinical Affairs will then communicate with the chief medical officers of affiliated institutions as necessary to provide updated information throughout the disaster recovery and response period.

4.4.3. Due to the unique nature of the Grady Health System, it is intended that its supporting academic institutions strive to provide support, such as resident placement, in concert with Grady Health System and Emory University School of Medicine in times of disaster or in the case of other events resulting in the interruption of patient care. The MSM DIO will maintain contact with Grady Medical Affairs and Emory GME officials, the DIO, and other administrative personnel from other area academic institutions to determine the scope and impact of the disaster on each institution's residency programs.

4.5. Communication

4.5.1. The Graduate Medical Education office and/or all residency programs shall maintain current contact information for all resident physicians. The collected information must include at a minimum the resident's:

- Address
- All available phone numbers (home, cell, etc.)
- Primary and alternate email addresses
- Emergency contact information

4.5.2. This information will be updated at least annually before July 1, and within five (5) business days of a change, in order to maintain optimal accuracy and completeness. Along with any internal database documents, this information shall be maintained in the New Innovations Residency Management Suite.

4.5.3. The GME office shall share information with MSM Human Resources, MSM Public Safety, and affiliate administration as appropriate.

4.5.4. All residents must participate in the MSM Mass Alert System (MSM ALERT). Their contact information must be updated at least annually before July 1, and as appropriate, the resident must maintain optimal accuracy and completeness (requirements attached).

4.5.5. All GME programs must submit departmental phone trees and updates to disaster plans to the GME office by July 31 of each year.

4.6. Legal and Medical-Legal Aspects of Disaster Response Activity

It is preferred that, whenever and wherever possible, notwithstanding other capacities in which they may serve, residents also act within their MSM function when they participate in disaster recovery efforts. While acting within their MSM function, residents will maintain their personal immunity to civil actions under the federal and state tort claims acts, as well as their coverage for medical liability under their MSM policy.

4.7. Payroll

4.7.1. Residents are encouraged to be paid through electronic deposit, which process is performed off-site. Using this method, no compensation interruption is anticipated.

4.7.2. Residents are encouraged to execute personal banking with an institution that has (at least) regional offices available.

4.8. Administrative Information Redundancy and Recovery

4.8.1. All hardcopy records maintained in the GME office will also be maintained electronically. All hardcopy residency files will be scanned as processing is completed and maintained electronically as backup to the hardcopy files.

4.8.2. In addition, all GME programs are responsible for maintaining sufficient protection and redundancy for their program information and resident educational records. At minimum, all programs will maintain the following documentation on NI Residency Management Suite:

- Electronic files of resident evaluations
- Certification letters
- Procedure log summaries
- Immunization records
- Promotion/graduation certificates

4.9. ACGME Disaster Policy and Procedures

4.9.1. Upon declaration of a disaster by the ACGME Chief Executive Officer, the ACGME will provide information on its website and periodically update information relating to the event, including phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and residency programs.

4.9.2. The Designated Institutional Official (DIO) of MSM will contact the ACGME Institutional Review Committee Executive Director with information and/or requests for information.

4.9.2.1. Program directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

4.9.2.2. They should also communicate with site directors/supervisors at affiliate institutions regarding resident status and then communicate pertinent information to the DIO.

4.9.3. Residents who are out of communication with MSM-GME and their programs should call or email the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for exchanging resident email information on WebAds.

4.9.4. In addition to the resources listed in this document, residents are directed to the Accreditation Council for Graduate Medical Education (ACGME) website (www.acgme.org) for important announcements and guidance.

4.10. Communication with the ACGME

4.10.1. When a Sponsoring Institution or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.

4.10.2. The MSM-DIO or named designee will be responsible for all communication between MSM and the ACGME during a disaster situation and subsequent recovery phase.

- 4.10.3.** Within ten (10) days after the declaration of a disaster, the DIO will contact the ACGME Institutional Review Committee to discuss particular concerns and possible leaves of absence or return-to-work dates to establish for all affected programs should there be a need for
- Program reconfigurations to the ACGME, or
 - Residency transfer decisions.
- 4.10.4.** The due dates for submission will be no later than 30 days post disaster, unless other due dates are approved by the ACGME. If within ten (10) days following a disaster the ACGME has not received communication from the DIO, the ACGME will initiate communication to determine the severity of the disaster, its impact on residency training, and plans for continuation of educational activities.
- 4.10.5.** The DIO, in conjunction with the Associate Dean for Clinical Affairs (or their designees) and program directors, will monitor:
- 4.10.5.1.** The progress of patient care activities returning to normal status, and
 - 4.10.5.2.** The functional status of all training programs to fulfill their educational mission during a disaster and its recovery phase.
- 4.10.6.** These individuals will work with the ACGME and the respective Residency Review Committee to determine if the impacted sponsoring institution and/or its programs:
- 4.10.6.1.** Are able to maintain functionality and integrity,
 - 4.10.6.2.** Require a temporary transfer of residents to alternate training sites until the home program is reinstated, and
 - 4.10.6.3.** Require a permanent transfer of residents.
- 4.10.7.** If more than one location is available for the temporary or permanent transfer of a particular physician, the preferences of the resident must be taken into consideration by the home sponsoring institution. Residency program directors must make the keep/transfer decision timely so that all affected residents maximize the likelihood of completing their training in a timely fashion.
- 4.11. Closures and Reductions (Disaster and non-disaster)**
- 4.11.1.** The GMEC has oversight of reductions in size or closure of the Sponsoring Institution and all residency and fellowship programs.
 - 4.11.2.** The Sponsoring Institution will inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close.
 - 4.11.3.** The Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education.

4.12. Resident Transfer

4.12.1. Institutions offering to accept temporary or permanent transfers from MSM residency programs affected by a disaster must complete the transfer form on the ACGME website.

4.12.1.1. Upon request, the ACGME will supply information from the form to affected residency programs and residents.

4.12.1.2. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

4.12.1.3. The ACGME will expedite the processing of requests for increases in resident complement from non-disaster-affected programs to accommodate resident transfers from disaster-affected programs. The Residency Review Committee will review applications expeditiously and make and communicate decisions as quickly as possible.

4.12.2. The ACGME will establish a fast track process for reviewing (and approving or denying) submissions by programs related to program changes to address disaster effects, including, without limitation:

- Addition or deletion of a participating site,
- Change in the format of the educational program, and
- Change in the approved resident complement.

4.12.3. At the outset of a temporary resident transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his or her temporary transfer and continue to keep each resident informed of such durations. If and when a residency program decides that a temporary transfer will continue to or through the end of a training year, the residency program must so inform each such transferred resident.

[Return to Table of Contents](#)



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-07
EFFECTIVE DATE	06/01/2019
PAGE(S)	05
SUBJECT EDUCATIONAL PROGRAM REQUIREMENTS POLICY	SUPERSEDES

Educational Program Requirements Policy

I. PURPOSE:

In compliance with ACGME Common Program Requirements Section IV., accredited programs are expected to define their specific program aims to be consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

II. SCOPE:

The curricula for all MSM GME programs must contain the following educational components:

- 2.1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; the program's aims must be made available to:
 - Program applicants
 - Residents and fellows
 - Faculty members
- 2.2. Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice
These must be distributed and made available to residents/fellows and faculty members to review.
- 2.3. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision
- 2.4. A broad range of structured didactic activities
Residents and fellows must be provided with protected time in which to participate in core didactic activities.
- 2.5. Advancement of residents' and fellows' knowledge of ethical principles foundational to medical professionalism
- 2.6. Advancement in the residents' and fellows' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care

III. ACGME Competencies:

- 3.1. The term *resident* refers to both specialty residents and subspecialty fellows. After the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms *resident* and *fellow* will be used respectively.
- 3.2. In compliance with ACGME Common Program Requirements IV.B., "The program(s) must integrate the following ACGME Competencies into the curriculum (Core):"

3.2.1. Professionalism (IV.B.1.a)

3.2.1.1. Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.

3.2.1.2. Residents must demonstrate competence in:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society, and the profession;
- 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;
- Ability to:
 - Recognize and develop a plan for one's own personal and professional well-being; and
 - Appropriately disclose and address conflict or duality of interest.

3.2.2. Patient Care and Procedural Skills (IV.B.1.b)

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

3.2.2.2. Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

3.2.3. Medical Knowledge (IV.B.1.c)

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

3.2.4. Practice-based Learning and Improvement (IV.B.1.d)

3.2.4.1. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

3.2.4.2. Residents must demonstrate competence in:

- 3.2.4.2.1.** Identifying strengths, deficiencies, and limits in one's knowledge and expertise;
- 3.2.4.2.2.** Setting learning and improvement goals;
- 3.2.4.2.3.** Identifying and performing appropriate learning activities;
- 3.2.4.2.4.** Systematically analyzing practice, using quality improvement methods and implementing changes with the goal of practice improvement;
- 3.2.4.2.5.** Incorporating feedback and formative evaluation feedback into daily practice;

- 3.2.6.2.6.** Incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; and
- 3.2.6.2.7.** Understanding health care finances and the impact those finances have on individual patients' health decisions.
- 3.2.6.3.** Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

IV. Curriculum Organization and Resident Experiences:

MSM GME programs must:

- 4.1.** Ensure that the program curriculum is structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.
- 4.2.** Provide instruction and experience in pain management, if applicable, for the specialty, including recognition of the signs of addiction.

V. Scholarship:

- 5.1.** Program responsibilities include:
 - 5.1.1.** Demonstration of the evidence of scholarly activities consistent with its mission(s) and aims;
 - 5.1.2.** Allocation of adequate resources, in partnership with its Sponsoring Institution, to facilitate resident and faculty involvement in scholarly activities;
 - 5.1.3.** Advancement of residents' knowledge and practice of the scholarly approach to evidence-based patient care.
- 5.2.** Programs must demonstrate faculty scholarly activity accomplishments, for both core and non-core faculty, in at least three (3) of the following domains:
 - Research in basic science, education, translational science, patient care, or population health;
 - Peer-reviewed grants;
 - Quality improvement and/or patient safety initiatives;
 - Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports;
 - Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials;
 - Contribution to professional committees, educational organizations, or editorial boards;
 - Innovations in education.
- 5.3.** All MSM GME programs must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
 - 5.3.1.** Faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;

5.3.2. Peer-reviewed publication.

5.4. Resident/Fellow Scholarly Activity—residents and fellows must participate in scholarship activity.

5.5. The GME DIO and GMEC will provide oversight of programs' compliance with required educational components during the annual institutional and program review process and procedures.

VI. Documentation:

All MSM GME residency and fellowship programs are required to:

6.1. Track and document scholarly activity data annually, for residents, fellows, and all core and non-core faculty involved in teaching, advising, and supervising as part of the Annual Program Evaluation (APE) process; and

6.2. Document and implement program-level scholarly requirements and guidelines that are distributed and reviewed with the residents, fellows, and faculty members on an annual basis.

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-08
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	07
	SUBJECT EVALUATION OF RESIDENTS, FELLOWS, FACULTY, AND PROGRAMS POLICY	SUPERSEDES	06/01/2018 06/01/2014 04/01/2011

Evaluation of Residents, Fellows, Faculty, and Programs Policy

I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory under the heading, “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).
- 1.2. This policy also ensures that MSM GME residents, fellows, faculty, and training programs are evaluated as required in the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common, and Specialty/Subspecialty-Specific Program Requirements.

II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, fellows, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. Each MSM residency and fellowship program must:
 - 2.2.1. Have a program-level evaluation policy and procedures for assessment and evaluation of residents, fellows, faculty, and the program that are compliant with ACGME Common and Specialty-Specific Requirements.
 - 2.2.2. Employ the MedHub System for all required evaluation components.
- 2.3. The GME Office will monitor all evaluation components, set-up, and completion rates, and will provide programs with a minimum of quarterly delinquent and compliance reports.

III. FACULTY EVALUATION AND FEEDBACK OF RESIDENTS AND FELLOWS:

- 3.1. Faculty members must directly observe, evaluate, and provide frequent feedback on resident/fellow performance during each rotation or similar educational assignment.
- 3.2. Evaluation must be documented at the completion of the assignment.
 - 3.2.1. For block rotations of more than three (3) months in duration, evaluation must be documented at least every three (3) months.
 - 3.2.2. Continuity clinic and other longitudinal experiences, in the context of other clinical responsibilities, must be evaluated at least every three (3) months and at the completion of the experience.

3.3. Clinical Competency Committee (CCC)

- 3.3.1.** A Clinical Competency Committee must be appointed by the program director.
- 3.3.2.** At a minimum, the Clinical Competency Committee must include three (3) members of the program faculty, at least one (1) of whom is a core faculty member.
- 3.3.3.** 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 and/or fellows.
- 3.3.4.** The Clinical Competency Committee must:
 - 3.3.4.1.** Review all resident/fellow evaluations at least semi-annually;
 - 3.3.4.2.** Determine each resident/fellow's progress on achievement of the specialty-specific Milestones; and
 - 3.3.4.3.** Meet prior to the resident/fellow's semi-annual evaluations and advise the program director regarding each resident/fellow's progress.
 - 3.3.4.4.** Assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth
 - 3.3.4.5.** Develop plans for fellows failing to progress, following institutional policies and procedures

IV. RESIDENT/FELLOW ASSESSMENT AND EVALUATION:

- 4.1.** Evaluation concerning performance and progression in the residency/fellowship program shall be provided to the resident throughout the duration of the program. Assessments and evaluations will measure performance against curricular standards.
- 4.2.** A primary activity within a residency/fellowship program is to identify deficiencies in a resident/fellow's academic performance.
 - 4.2.1.** The purpose of this requirement is to provide the resident/fellow with notice of deficiencies and the opportunity to cure.
 - 4.2.2.** This requires ongoing monitoring for early detection, before serious problems arise.
- 4.3.** The resident will be provided with a variety of supervisors, including clinical supervisors, resident trainers, and faculty advisors, with whom to discuss professional and personal concerns.
- 4.4.** In addition to personal discussions, the resident/fellow will receive routine verbal feedback and periodic written evaluations on his or her performance and progress in the program. These measurements should highlight both positive performance and deficiencies.
- 4.5.** The resident/fellow must have the opportunity to review evaluations with supervisors and to attach a written response, preferably in the form of reflection and planning for improvement.
- 4.6.** At the end of each rotation, the resident will have an ACGME, competency-based, global assessment of performance for the period of assignment.
 - 4.6.1.** The faculty must evaluate resident/fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation within 14 days of completion of the rotation or assignment.

- 4.6.2.** Evaluations must be immediately available for review by the resident. Resident/fellow notification of completed evaluations should be set up in New Innovations by requiring that residents/fellows sign off electronically on the evaluation.
- 4.7.** In addition to the global assessment evaluation by faculty members, multisource methods and evaluators will be used to provide an overall assessment of the resident's competence and professionalism.
- 4.8.** The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones.
- 4.8.1.** This performance evaluation must use multiple methods and evaluators including:
- Narrative evaluations by faculty members and non-faculty evaluators
 - Evaluations from other professional staff members
 - Clinical competency examinations
 - In-service examinations
 - Oral examinations
 - Medical record reviews
 - Peer evaluations
 - Resident self-assessments
 - Patient satisfaction surveys
 - Direct observation evaluation
- 4.8.2.** This information must be provided to the CCC for its synthesis of progressive resident/fellow performance and improvement toward unsupervised practice data.
- 4.9.** Non-cognitive skills and behaviors are observed and measured as an integral part of the evaluation process. Professionalism must be demonstrated, including the incorporation of a positive attitude and behavior along with moral and ethical qualities that can be objectively measured in an academic/clinical environment.
- 4.10.** A resident/fellow will be assigned supervisory and teaching responsibilities for medical students and junior residents as they progress through the program.
- 4.11.** Residents/fellows will be evaluated on both clinical and didactic performance by faculty, other residents/fellows, and medical students.
- 4.12.** Semi-Annual Evaluation
- 4.12.1.** At least twice in each Post-Graduate Year, the residency/fellowship director, or their designee, with input from the Clinical Competency Committee, must:
- 4.12.1.1.** Meet with each resident and fellow to review his or her documented semi-annual evaluation of performance.
- 4.12.1.1.1.** This must include progress along the specialty-specific Milestones.
- 4.12.1.1.2.** The resident or fellow must be provided a copy of the evaluation.
- 4.12.1.2.** Assist residents/fellows in developing individualized learning plans to capitalize on their strengths and to identify areas for growth; and
- 4.12.1.3.** Develop plans for residents/fellows failing to progress, following institutional policies and procedures.

4.13. Resident/Fellow Progression Evaluation

4.13.1. At least annually, each resident/fellow must be given a summative evaluation that includes her or his readiness to progress to the next year of the program.

4.13.2. Documentation of these meetings, supervisory conferences, results of all resident/fellow evaluations, and examinations will remain in the resident/fellow's permanent educational file and be accessible for review by the resident/fellow.

4.14. Final Evaluation

4.14.1. At the end of a residency or fellowship, upon completion of the program, the program director must provide a final evaluation for each resident/fellow.

4.14.2. Specialty-specific Milestones, and, when applicable, the specialty-specific case logs, must be used as tools to ensure that residents and fellows are able to engage in autonomous practice upon completion of the program.

4.14.3. The final evaluation must:

4.14.3.1. Become part of the resident or fellow's permanent record maintained by the program with oversight of the Institution, and must be accessible for review by the resident or fellow in accordance with institutional policy;

4.14.3.2. Verify that the resident or fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;

4.14.3.3. Consider recommendations from the CCC; and

4.14.3.4. Be shared with the resident/fellow upon completion of the program.

V. FACULTY EVALUATION:

5.1. Faculty evaluations are performed annually by department chairs, in accordance with the faculty bylaws.

5.2. The program director must establish and use a process to evaluate each faculty member's performance as it relates to the educational program.

5.2.1. This evaluation must occur at least annually.

5.2.2. The evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.

5.2.3. This evaluation must include written, anonymous, and confidential evaluations by the residents and fellows.

5.3. These faculty evaluations must be aggregated, made anonymous, and provided to faculty members annually in a summary report.

5.3.1. This summary may be released as necessary, with program director review and approval, in instances where evaluations are required for faculty promotions.

5.3.2. Programs must not allow faculty members to view individual evaluations by residents or fellows.

- 5.4.** In order to maintain confidentiality of faculty performance evaluations, small programs with four (4) or fewer residents/fellows may use the following modification of evaluation submissions:
- Generalized and grouped residents' comments to avoid identifying specific resident feedback and
 - Aggregate faculty performance evaluations across multiple academic years,
- 5.5.** Program directors must maintain continuous and ongoing monitoring of faculty performance. This may include:
- Automated alerts regarding low evaluation scores on end-of-rotation evaluations by residents,
 - Regular surveillance of end-of-rotation evaluations, and
 - Regular verbal communication with residents regarding their experiences.
- 5.6.** The program director should notify the appropriate department chair(s) when a faculty member receives unsatisfactory evaluation scores.
- 5.7.** Faculty performance must be reviewed and discussed during the annual faculty evaluation review process conducted by the chair or division.
- 5.8.** Faculty members must receive feedback on their evaluations at least annually.
- 5.9.** Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

VI. PROGRAM EVALUATION AND IMPROVEMENT:

- 6.1.** Program directors must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
- 6.2.** The PEC must be composed of at least two (2) faculty members, at least one (1) of whom is a core faculty member, and should include at least one (1) resident/fellow.
- 6.3.** PEC responsibilities must include:
- 6.3.1.** Advising the program director, through program oversight;
 - 6.3.2.** Reviewing the program's self-determined goals and its progress toward meeting them;
 - 6.3.3.** Guiding ongoing program improvement, including development of new goals, based on outcomes; and
 - 6.3.4.** Reviewing the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

6.4. The PEC should consider the following elements in its assessment of the program:

- Curriculum
- Outcomes from prior APEs
- ACGME LONs 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 PSQI
 - Scholarly activity
 - ACGME Resident and Faculty Surveys
 - Written evaluations of the program (annual GME survey)
- Aggregate resident:
 - Achievement of the Milestones
 - In-training examinations
 - Board pass and certification rates
 - Graduate performance
- Aggregate faculty:
 - Evaluation
 - Professional development

6.5. The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must:

6.5.1. Be distributed to and discussed with the members of the teaching faculty and the residents/fellows; and

6.5.2. Be submitted to the DIO.

6.6. The program must complete a self-study prior to its 10-year accreditation site visit, a summary of which must be submitted to the DIO.

VII. ACGME BOARD PASS RATE REQUIREMENTS:

7.1. These requirements fulfill compliance with Section V.C.3.a-f. of the common program requirements.

7.2. The program director will encourage all eligible program graduates to take the certifying examination offered by the applicable member board of the American Board of Medical Specialties (ABMS) or the certifying board of the American Osteopathic Association (AOA).

7.3. Specialties pass rates

7.3.1. For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three (3) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

7.3.2. For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six (6) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.

- 7.3.3.** For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three (3) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.
- 7.3.4.** For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six (6) years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.
- 7.3.5.** For each of the exams referenced above, any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty.
- 7.4.** Programs must report board certification status in ADS annually for the cohort of board-eligible residents that graduated seven (7) years earlier.

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-09
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	SUBJECT FELLOW ADVANCEMENT AND PROMOTION POLICY	SUPERSEDES	04/01/2011

Fellow Advancement and Promotion Policy

I. PURPOSE:

- 1.1. Fellowship training is an essential dimension of the transformation of the fellow in training to the independent practitioner along the continuum of medical education (Int. A. ACGME C.P.R.).
- 1.2. A fellow is expected to progressively increase his or her level of proficiency in order to advance within a fellowship program.
- 1.3. The purpose of this policy is to ensure that fellows progress through each year of fellowship with the appropriate knowledge, skills, and attitudes needed to assume progressive responsibility for patient care.
- 1.4. This policy is also provided so fellows are able to track their progression with a full understanding of what is required to move to the next level of training.

II. PROMOTION REQUIREMENTS:

- 2.1. In order for a fellow to complete an MSM fellowship education program, he or she must successfully meet the following standards in addition to any program-specific requirements:
- 2.2. The fellow must exhibit clinical and academic performance and competence consistent with the curricular standards and the level of training undergone.
- 2.3. The fellow must satisfactorily complete all assigned rotations as supported by evaluation documentation in each Post Graduate Year (PGY).
 - 2.3.1. The fellow in the first year CAP (PGY-4 or PGY-5 levels) must:
 - Pass a complete clinical skills exam (direct observation by faculty).
 - Earn an overall Satisfactory evaluation in all of his or her required rotations (five or more on monthly evaluation).
 - Have no professionalism or ethical issues that preclude him or her from being moved to the next level of fellowship in the opinion of the Clinical Competency Committee.
 - Be continually eligible to practice medicine on a Georgia State medical license.
 - Complete the GME returning fellow orientation.
 - Be compliant with all MSM Child and Adolescent Psychiatry Fellowship Program policies including, but not limited to, being up to date with his or her clinical experience and education hour log.

The Clinical Competency Committee and the program director make all final decisions on promotion to the next level of fellowship.

2.3.2. The fellow in the first year CAP (PGY-4 or PGY-5 levels) must:

- Earn an overall grade of Satisfactory or above on all required rotations.
- Have no professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee.
- Be continually eligible to practice medicine on a Georgia State medical license.
- Complete the GME returning fellow/fellow orientation.
- The fellow must be compliant with all MSM Child and Adolescent Psychiatry (CAP) Fellowship Program policies including, but not limited to, being up to date with his or her clinical experience and education hour log.
- The fellow must have up-to-date BLS and ACLS certification at all times.
- The fellow must complete a board study plan which then must be approved by the fellow's program director.

The Clinical Competency Committee and the program director make all final decisions on promotion to the next level of fellowship.

2.3.3. The fellow in the second year CAP (PGY-5 or PGY-6 levels) must:

- Earn an overall grade of Satisfactory or above on all required rotations.
- Have no professionalism or ethical issues that preclude him or her from being moved to the next level of residency in the opinion of the Clinical Competency Committee.
- Be continually eligible to practice medicine on a Georgia State medical license.
- Be compliant with all MSM CAP Fellowship Program policies including, but not limited to, being up to date with his or her clinical experience and education hour log.
- Have completed an approved scholarly activity.
- Have completed all required CSVs.
- Present an approved Senior Fellow Talk.
- Complete the GME, HR, and MSM IM exit procedures.
- Be performing as Satisfactory or above in all six ACGME competencies.

The program director must determine that the fellow has had sufficient training to practice medicine independently as evidenced by meeting the goals above and within a final summative assessment.

- 2.4.** The program director must certify that the fellow has fulfilled all criteria, including the program-specific criteria, to move to the next level in the program.
- 2.5.** The fellow must demonstrate professionalism, including the possession of a positive attitude and behavior, along with moral and ethical qualities that can be objectively measured in an academic and/or clinical environment.
- 2.6.** The fellow must achieve a Satisfactory score on program-specific criteria required in order to advance. ACGME-RRC Program Requirements provide the outline of standards for advancement.

Fellow Advancement and Promotion Policy

- 2.7.** Upon a fellow's successful completion of the criteria listed above, the fellowship program director will certify by filing the semi-annual evaluations and the promotion documentation into the fellow's portfolio indicating, that the fellow has successfully met the specialty requirements for promotion to the next educational level. If this is a graduating fellow, the program director should place the Final Summative Assessment in the fellow's portfolio.
- 2.8. Process and Timeline for Promotional Decisions**
- 2.8.1.** Normal promotion decisions are made no later than the fourth month of the appointment. Reappointment agreements are prepared based on the fellowship program director's recommendation for promotion.
- 2.8.2.** When a fellow will not be promoted to the next level of training, the program will provide the fellow with a written notice of intent no later than four (4) months prior to the end of the fellow's current appointment agreement. If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.
- 2.8.3.** If a fellow's appointment agreement is not going to be renewed, the fellowship program must notify the fellow in writing no later than four (4) months prior to the end of the fellow's current contract. If the decision for non-renewal is made during the last four (4) months of the contract period, the fellowship program must give the fellow as much written notice as possible prior to the end of the appointment agreement expiration.

For more information concerning adverse events, refer to the GME Adverse Academic Decisions and Due Process Policy.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-10
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	SUBJECT GRADUATE MEDICAL EDUCATION COMMITTEE PURPOSE AND STRUCTURE POLICY	SUPERSEDES	04/01/2011

Graduate Medical Education Committee Purpose and Structure Policy

I. PURPOSE:

The purpose of this policy is to establish the purpose and structure of the Morehouse School of Medicine (MSM) Graduate Medical Education Committee (GMEC) to comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, effective July 1, 2018.

II. GMEC MEMBERSHIP:

2.1. The GMEC is comprised of members representing all key areas of the institution:

- Associate Dean and Designated Institutional Official (DIO) who is the chair of the GMEC;
- Program directors and program managers representing each residency and fellowship program;
- Three (3) resident representatives of the Resident Association (RA);
- A Grady/MSM Patient Safety/Quality Improvement Officer;
- GME director and office staff; and
- Representatives from the MSM Office of the President, Office of Medical Education, Office of Student Affairs, the Human Resources Department, Compliance, the library, Finance, Marketing and Communications, and Information Services and Technology.

2.2. Representatives from major affiliates (Grady, VAMC and CHOA) are invited to attend at least one (1) GMEC meeting and the annual GMEC Retreat to share institutional/hospital information and updates.

2.3. The following voting members of the GMEC are designated one (1) vote for a total of 15 voting members:

- DIO/chair
- All program directors
- One (1) representative from the Resident Association
- One (1) PSQI officer
- One (1) representative from Human Resources
- One (1) representative from the Office of the President
- One (1) representative from Student Affairs
- One (1) program manager chair

- 2.4.** MSM GMEC adheres to the ACGME institutional requirements for GMEC subcommittees (SC):
- 2.4.1.** Each sub-committee that addresses required GMEC responsibilities must include a peer-selected resident/fellow.
 - 2.4.2.** The Resident Association fulfils this requirement for subcommittees with either RA leadership serving on subcommittees and/or resident leadership selecting other residents.
 - 2.4.3.** Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.
 - 2.4.4.** All GMEC members are required to participate on at least one (1) subcommittee as needed.
 - 2.4.5.** Each subcommittee has a chair who provides verbal and/or written information to the GMEC on behalf of the subcommittee.
- 2.5.** The GMEC Subcommittee includes members from the following areas:
- Patient Safety/Quality Improvement
 - Faculty Development
 - Resident Wellness
 - GME Office/GMEC Event and Activities
 - Chief Resident Leadership Academy
 - Graduation
 - Compact
 - Orientation
 - Research Day
 - Other

III. GMEC Meetings and Attendance:

- 3.1.** The GMEC meets eleven months of each year.
- 3.1.1.** No meeting is convened during the month of July.
 - 3.1.2.** GMEC meetings occur on the first Tuesday of the month from August through June, from 3:30 pm to 5:00 pm.
 - 3.1.3.** Attendees at each meeting of the GMEC include at least one (1) resident/fellow member from the MSM Resident Association.
- 3.2.** These meetings are designed to allow for the exchange of ideas, problem-solving, engagement among members, and updates on future planning initiatives. They are vital, and the expectation is that all members will be in attendance unless an emergency demands otherwise.
- 3.3.** On behalf of the GMEC, the GME Office maintains meeting agendas and minutes that document execution of all required GMEC functions and responsibilities.
- 3.4.** The GME Office is also responsible for planning and hosting the annual GMEC retreat.

IV. GMEC Responsibilities and Oversight:

- 4.1.** The GMEC is charged with the following responsibilities and oversight:
- 4.1.1.** ACGME accreditation status of the sponsoring institution and each of its ACGME-accredited programs;
 - 4.1.2.** The quality of the GME learning and working environment within the sponsoring institution, each of its ACGME accredited programs, and its participating sites;
 - 4.1.3.** The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements and Common and Specialty /Subspecialty-specific Program Requirements;
 - 4.1.4.** The annual program evaluation and self-study of each ACGME-accredited program; and
 - 4.1.5.** All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the sponsoring institution.
 - 4.1.6.** The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
- 4.2.** GMEC must review and approve the following items:
- Institutional GME policies and procedures
 - Annual recommendations to the sponsoring institution's administration regarding resident/fellow stipends and benefits
 - Applications for ACGME accreditation of new programs
 - Requests for permanent changes in the resident/fellow complement
 - Major changes in the structure or duration of education for each of its ACGME-accredited programs
 - Additions and deletions of participating sites for each of its ACGME-accredited programs
 - Appointment of new program directors
 - Progress reports requested by a review committee
 - Responses to Clinical Learning Environment Review (CLER) reports
 - Requests for exceptions to clinical and educational work hour requirements
 - Voluntary withdrawal of ACGME program accreditation
 - Requests for appeal of an adverse action by a review committee
 - Appeal presentations to an ACGME appeals panel
- 4.3.** The GMEC must demonstrate effective oversight of the sponsoring institution's accreditation through an Annual Institutional Review (AIR). See the GME/GMEC Annual Institution and Program Review Policy.
- 4.4.** The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
- The most recent ACGME institutional letter of notification;
 - Results of ACGME surveys of residents/fellows and core faculty members; and
 - ACGME accreditation information for each of its ACGME-accredited programs, including accreditation statuses and citations.

- 4.5.** The DIO must submit an annual written executive summary of the AIR to the sponsoring institution's governing body. The written executive summary must include:
- Summary of institutional performance on indicators for the AIR and
 - Action plans and performance monitoring procedures resulting from the AIR.
- 4.6.** The GMEC must demonstrate effective oversight of underperforming program(s) through a special review process.
- 4.6.1.** The special review process must include a protocol that:
- Establishes criteria for identifying underperformance and
 - Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-11
		EFFECTIVE DATE	07/01/2020
		PAGE(S)	10
	<u>SUBJECT</u> INTERNATIONAL ELECTIVE ROTATIONS POLICY AND APPLICATION	SUPERSEDES	N/A

International Elective Rotations Policy and Application

I. PURPOSE:

- 1.1. The purpose of this policy is to provide guidelines and requirements for residents and fellows interested in international health rotations.
- 1.2. International elective rotations are defined as educational health experiences that occur outside the United States and which are not required by the Accreditation Council for Graduate Medical Education (ACGME) program requirements.
 - 1.2.1. Residents/fellows are employees of Morehouse School of School of Medicine (MSM), and are governed by MSM policies, procedures, and regulations.
 - 1.2.2. Educational rationale must be clearly demonstrable (goals and objectives, competencies, mentorship/preceptorship, outcome evaluation) and consistent with Residency Review Committee program requirements.
 - 1.2.3. There must be a reasonable expectation of safety.
 - 1.2.4. The Institution and its GMEC support trainees interested in international health experiences.
 - 1.2.5. An international rotation will be counted as an elective rotation according to ACGME Residency Review Committee guidelines for elective experiences.
 - 1.2.6. International tracks and rotations will not interfere with ACGME requirements for categorical or combined residency training programs.

II. SCOPE:

All Morehouse School of Medicine administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.

III. POLICY:

- 3.1. International elective rotations must align with and support the vision and mission of Morehouse School of Medicine.
- 3.2. International elective rotations must be approved by the program director (PD) and designated institutional official (DIO). MSM residency and fellowship program directors must notify the GME Office of residents and fellows requesting an international educational experience using the GME International Elective Rotations Request Form and application.
- 3.3. International educational experiences shall not interfere with the resident/fellow's ability to meet the ACGME Specialty-specific or applicable Board Certification eligibility requirements.

- 3.4. The international elective rotation must be in compliance with all ACGME Common Program and Specialty-Specific Requirements.
- 3.5. A resident/fellow completing an international rotation may not adversely affect the education of another MSM resident/fellow.

IV. PROCEDURES AND ELIGIBILITY REQUIREMENTS:

- 4.1. There must be a fully executed Program Letter of Agreement with rotation-specific, competency-based goals and objectives in place at least six (6) months prior to the start date of the international rotation.
- 4.2. Written contact information for the international rotation site director and/or supervising physician must be provided with a signed attestation that:
 - 4.2.1. The resident will be supervised according to ACGME requirements.
 - 4.2.2. The supervisor has appropriate academic credentials or their equivalent as determined by the PD and DIO.
 - 4.2.3. The resident will have reliable means of contact/communication.
- 4.3. The program must provide proof of funding for the resident/fellow's stipend and benefits for the international rotation.
 - 4.3.1. Morehouse School of Medicine does not provide medical professional liability coverage outside of the United States.
 - 4.3.2. The resident/fellow must provide proof of malpractice coverage for international work for the duration of the international elective rotation.
- 4.4. The resident/fellow's schedule must be approved by the program director and/or chief resident.
- 4.5. The resident/fellow may purchase supplemental medical travel and medical evacuation insurance additional to that provided by MSM.
- 4.6. Morehouse School of Medicine is not responsible for travel, living, and extra insurance expenses during the resident/fellow's international elective rotation.
- 4.7. A resident/fellow on a J-1 Visa must receive clearance from the training program liaison in Human Resources prior to starting the application process for an international elective rotation.
- 4.8. The resident/fellow must meet the following international elective rotation requirement. The resident/fellow must:
 - 4.8.1. Be in good standing with the program (no remediation or borderline performance, no outstanding medical records, etc.).
 - 4.8.2. Be in training beyond the first year or before the last month of training.
 - 4.8.3. Make all necessary travel arrangements and provide the final itinerary to the program and the GME office.
 - 4.8.4. Obtain medical clearance and the appropriate immunization and/or prophylaxis as recommended by the CDC.
 - 4.8.5. Sign the waiver holding MSM harmless for travel-related injury or harm.

4.8.6. Remain under the direct or indirect supervision of the site director and/or supervising Attending at all times.

4.8.7. Address medical liability adequately and obtain approvals from the Office of General Counsel.

V. APPROVAL PROCESS:

5.1. The resident/fellow must discuss the rotation with and obtain approval from the program director.

5.2. After obtaining approval from the program director, the resident/fellow and program director must complete the GME International Elective Rotations Request Form and application and submit to the GME Office no later than six (6) months prior to the start of the rotation.

5.3. The GME Office will review the submission and the DIO will determine if the rotation is granted final approval.

VI. INTERNATIONAL ELECTIVE ROTATION CHECKLIST

- Completed and signed application
- Submitted copy of Malpractice Insurance Policy
- Obtained approval from the Office of General Counsel
- Obtained approval from the Human Resources Office
- Submitted the completed and signed *Morehouse School of Medicine International Rotation Release*
- Submitted the signed program letter of agreement

For questions regarding international resident/fellow rotations, contact Tammy Samuels, Assistant Dean and Director at (404) 752-1011 or tsamuels@msm.edu.

[Return to Table of Contents](#)



International Elective Rotations Release, Covenant Not to Sue and Waiver

Morehouse School of Medicine, a private, non-profit, educational organization, which operates a medical school located at 720 Westview Dr SW, Atlanta, GA 30310 (hereinafter referred to as "MSM"), has been advised that you have volunteered to further your medical training and experience by traveling to and spending time in a foreign country, specifically at

_____, a medical school located at _____ (hereinafter the "Foreign Training Program") beginning _____ and ending _____.

Read the following Release, Covenant Not to Sue and Waiver ("Release") carefully, and when you have thoroughly read and agreed to its contents, sign where indicated below.

I understand and acknowledge that, while I have chosen to gain exposure to medicine in an international setting, an international training experience is not a requirement in my MSM residency program, nor does my MSM residency program require me to travel to

_____, nor does it require me to obtain experience in _____. I understand that I would be able to fulfill my residency requirements successfully and completely without participating in the Foreign Training Program. I acknowledge that my participation in the Foreign Training Program is elected solely by me.

I further understand that there are significant inherent risks involved with study, research, work, training, and living abroad, and I acknowledge and voluntarily accept all of these risks. These risks include, but are not limited to actual travel to and within, and returning from, one or more foreign countries, foreign political, legal, social, and economic conditions; foreign medical conditions; and foreign weather conditions. These risks also include the risk of criminal activity, violence, sexual battery, and terrorist activity.

I specifically acknowledge and I will abide by any warnings, travel alerts, and orders to evacuate that the United States Department of State has issued or may in the future issue to U.S. citizens traveling to the foreign location(s) where I have chosen to travel. I further agree to obtain medical advice about and receive current immunizations that are recommended by the U.S. Department of State and the Centers for Disease Control and Prevention for U.S. citizens traveling to the foreign location(s) where I have chosen to travel.

I understand that the MSM does NOT provide professional liability insurance coverage while I participate in the Foreign Training Program. I agree to notify the Program of this fact and understand that it is my responsibility to obtain such coverage if it is required.

I agree to indemnify and hold harmless Morehouse School of Medicine and its respective Trustees, medical staff, officers, employees, agents, and instrumentalities (the "Indemnified Parties") from any and all liability, losses, or damages, including attorneys' fees and costs of defense, which the Indemnified Parties may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to, or resulting from my participation in the Foreign Training Program.

It shall be my obligation to obtain additional health insurance coverage during the term of my international residency. This insurance will be for the purpose of securing health care services in the international location of the international residency rotation. I understand that the current MSM health insurance provider does not provide regular insurance coverage outside the territorial United States. I further understand that if I currently have MSM family coverage, I will be responsible for all requisite payments to maintain the dependent coverage. Additionally, I agree to purchase and provide proof of Medical Repatriation insurance coverage which includes provisions for emergency medical evacuation to the United States. Proof of coverage will be submitted to the Program Director.

I understand that any and all travel expenses, fees, and costs shall be my financial responsibility, even if my rotation at the Foreign Training Program is cancelled or terminated for any reason.

I understand that either the MSM or the Foreign Training Program may unilaterally terminate my participation in the Foreign Training Program if it is determined that I have failed to abide by the terms of this Release, applicable policies, procedures, rules, regulations, or the instructions of any supervising clinician or I have, in any manner whatsoever, compromised patient care or endangered the safety of a patient. In the event of such termination, I may be required to immediately return to the MSM, and any costs for travel and any other costs associated with the termination will be my financial responsibility.

It shall be my responsibility to take into account travel time to and from the location of the Foreign Training Program and to make sure that it does not affect my clinical or other responsibilities at the MSM.

As part of the consideration for the MSM allowing me to participate in the Foreign Training Program, I hereby release, covenant not to sue, and forever discharge the MSM, Fulton County, a political subdivision of the State of Georgia, their past, present, or future commissioners, trustees, employees, agents, officers, servants, successors, heirs, executors, administrators, and all other persons, firms, corporations, associations, or partnerships of and from any and all claims, actions, causes or action, demands, rights, damages, costs, attorneys' fees, loss of service, expenses and compensation whatsoever, which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen events or circumstances during the course of my participation in the Foreign Training Program and/or any travel incident thereto.

I further expressly agree that the terms of this Release shall be legally binding upon me, my heirs, executors and assigns, and all members of my family.

I expressly agree that this release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to its conflict of laws principles. I further consent, stipulate, and agree that the exclusive venue of any lawsuit and any other legal proceeding arising from or relating to this Release or my participation in or travel to the Foreign Training Program shall be in a state or federal court located in Fulton County, Georgia, United States.

International Elective Rotations Policy and Application

In the event that any clause or provision of this Release is held to be invalid by any court, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I further declare and represent that no promise, inducement, or agreement not herein expressed has been made to me, and that this Release contains the entire agreement between the MSM and me regarding my participation in the Foreign Training Program and/or any travel incident thereto, and that the terms of this Release are contractual and not a mere recital.

In signing this Release, I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it voluntarily.

Signature

Printed Name

Date

Notary Seal



Application for International Elective Rotations

The completed application and all required documentation must be completed and submitted no later than six (6) months prior to the start of the rotation. Submit via Postal Service mail to Tammy Samuels, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310 or via email to tsamuels@msm.edu.

Direct questions to the GME Office at (404) 752-1011.

REQUIRED SUPPORTING DOCUMENTATION/ATTACHMENTS

The following items are required to complete your application for an international elective rotation at Morehouse School of Medicine.

- Completed and signed application
- Program Letter of Agreement (PLA) with Rotation Competency-based Goals and Objectives
- Curriculum Vitae
- Copy of Malpractice Insurance Policy
- Completed and signed *Morehouse School of Medicine International Rotations Release*
- Signed medical clearance

The resident/fellow applying for an international elective rotation must meet the following international elective rotation requirements:

- Be in good standing with the program (no remediation or borderline performance, no outstanding medical records, etc.).
- Be in training beyond the first year and prior to the last month of training.
- Make all necessary travel arrangements and provide the final itinerary to the program and the GME office.
- Obtain medical clearance and the appropriate immunization and/or prophylaxis as recommended by the CDC.
- Sign the waiver holding MSM harmless for travel-related injury or harm.
- Remain under the direct or indirect supervision of the site director and/or supervising Attending at all times.
- Address medical liability adequately and obtain approvals from the Office of General Counsel.

Application for International Elective Rotations

The completed Application for International Elective Rotations must be submitted with all required documentation at least six (6) months in advance of the anticipated rotation start date for processing.

RESIDENT/FELLOW INFORMATION

First Name: _____ Last Name: _____

Program Name: _____ PGY Level: _____

Passport # _____ Date of Birth: _____

Date of Application: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Morehouse School of Medicine to contact the following person (list at least one family member who is reachable during the time you are traveling.).

Contact Name: _____

Address: _____

Relationship to Resident/Fellow: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Contact Name: _____

Address: _____

Relationship to Resident/Fellow: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

ROTATION INFORMATION

Rotation Dates: _____

Name of Rotation: _____

Country of Rotation: _____

Training Site Name: _____

Supervising Faculty Name: _____

Is this elective rotation available at Morehouse School of Medicine or its affiliated institutions? Yes _____ No _____

SITE DESCRIPTION

Type of Center (Governmental, non-governmental, private)

Demonstration of the requirement that the center has an established ongoing relationship with the program. Does the site have residents rotating from other United States institutions? If yes, list examples.

Describe the general patient population.

--

Describe the burden of disease.

Describe the anticipated Duty Hours.

--

List educational resources available, including reliable access to web-based educational materials.

Identify reliable forms of communication (phone, email, fax, internet) between the rotation site and the training program.

ROTATION DESCRIPTION

Explain how the proposed rotation will provide experience not available at Morehouse School of Medicine or its current affiliate sites.

Provide verification that the rotation is an elective as described in the Residency Review Committee program requirements.

International Elective Rotations Policy and Application

Describe the physical environment for the rotation including housing, transportation, communication, safety, and language.

APPLICANT ATTESTATION

By applying for an international elective rotation, I acknowledge that I am responsible to:

- Make all travel arrangements and provide the program and the GME Office a copy of the final itinerary.
- Obtain medical clearance and appropriate immunization and/or prophylaxis as recommended by the CDC.
- Sign a waiver holding MSM harmless for travel related injury or harm.
- Obtain professional medical liability insurance adequate for and approved by Morehouse School of Medicine's Office of General Counsel.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL

I confirm that the resident/fellow applicant is in good standing and I am aware of the request to be away from residency/fellowship duties for the dates stated. I approve the rotation of the above-named resident as specified. I confirm that the resident/fellow's completion of this international elective rotation will not adversely affect the educational experience of any Morehouse School of Medicine resident and/or fellow.

Program Director Signature: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE HUMAN RESOURCES APPROVAL

Human Resources Signature of Approval: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE GENERAL COUNSEL APPROVAL

General Counsel Signature of Approval: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL

Application Received: _____

DIO Signature of Approval: _____ Date: _____

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-12
		EFFECTIVE DATE	07/01/2019
		PAGE(S)	05
	SUBJECT MOONLIGHTING POLICY	SUPERSEDES	NA

Moonlighting Policy

I. PURPOSE:

The purpose of this moonlighting policy is to ensure that MSM GME programs comply with ACGME requirements.

II. ACGME DEFINITIONS:

- 2.1. Moonlighting: 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.
- 2.2. External moonlighting: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and at any of its related participating sites.
- 2.3. Internal moonlighting: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

III. POLICY:

Moonlighting at MSM must be in accordance with the following guidelines:

- 3.1. PGY-1 residents are not permitted to moonlight.
- 3.2. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident/fellow's fitness for work nor compromise patient safety.
- 3.3. Moonlighting must be approved in writing by the program director and designated institutional official (DIO).
- 3.4. Time spent by residents/fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly hour limit.
- 3.5. Each resident/fellow requesting entry into such activities shall have a State of Georgia physician's license.
- 3.6. Residents/fellows must complete the Moonlighting Request Form and sign the Professional Liability Coverage statement available from the GME office. Examples of these follow this policy.
- 3.7. Professional liability coverage provided by MSM does not cover any clinical activities not assigned to the resident/fellow by the residency/fellowship program.

Moonlighting Policy

- 3.8. Moonlighting activities shall not be credited as being part of the program structure or curriculum.
- 3.9. MSM shall not be responsible for these extracurricular activities. The resident/fellow must secure liability coverage for these outside activities from the respective institutions or through his or her own resources.

IV. MOONLIGHTING CRITERIA:

- 4.1. Resident must be a PGY-2 or higher; PGY-1 residents may not moonlight.
- 4.2. J1-Visa sponsored residents may not moonlight.
- 4.3. A full Georgia Physician's license is required to moonlight.
- 4.4. The resident/fellow must have a *good standing* status in the program and consistently timely with submission of duty hours, patient/procedure logs and evaluation entries.
- 4.5. The resident/fellow must log all internal and external moonlighting hours which count toward the ACGME Duty Hours.
- 4.6. Moonlighting must occur within the state of Georgia.

[Return to Table of Contents](#)

Moonlighting Request Form

To be completed by the Resident/Fellow:

Program Name: Academic Year:
Resident/Fellow Name: PGY Level:
Georgia Medical License #: Expiration Date:
Name of Malpractice Carrier: Malpractice policy #:
Name of Moonlighting Site/Organization:
Address: City: Zip Code:
Moonlighting Supervisor Name: Phone number:
Date Moonlighting Starts: Date Moonlighting Ends:
Moonlighting Activities:

Maximum hours per week: Number of weeks:

Check One:

_____ External moonlighting: Voluntary, compensated, medically-related work performed **outside** the site of your training and any of its related participating sites.
_____ Internal moonlighting: Voluntary, compensated, medically-related work performed **within** the site of your training or at any of its related participating sites.

Resident/Fellow Acknowledgement of Moonlighting Policy and Procedures

I _____ attest that I meet and will comply with the moonlighting criteria. I understand that moonlighting activities are not credited toward my current training program requirements. I understand that I cannot moonlight during regular program work hours. I agree to submit another moonlighting approval form if there are any changes in location, activity, hours, supervisor, etc.

I understand that violation of the GME moonlighting policy is a breach of the Resident/Fellow Appointment Agreement and may lead to corrective action. I attest that the moonlighting activity is outside of the course and scope of my approved training program.

I understand that Morehouse School of Medicine assumes no responsibility for my actions as relate to this activity. I will also inform the organization that is employing me and will make no representation which might lead that organization or its patients to believe otherwise. While employed in this activity, I will not use or wear any items which identify me as affiliated with Morehouse School of Medicine, nor will I permit the moonlighting organization to represent me as such.

I give my program director permission to contact this moonlighting employer to obtain moonlighting hours for auditing purposes.

I am not paid by the military or on a J-1 Visa.

By signing below, I attest and agree to all the above statements:

Resident/Fellow Signature: _____ Date: _____

Moonlighting Policy

To be completed by the Program Director:

I attest that the resident is in good standing and meets all the moonlighting criteria. Moonlighting time does not conflict with the training program schedule. Moonlighting duties/procedures are outside the course and scope of the training program. I agree to monitor this resident for work hour compliance and the effect of this moonlighting activity on overall performance. My approval will be withdrawn if adverse effects are noted.

Approved _____ Not Approved _____

Program Director Signature Date

Associate Dean and Designated Institutional Official (DIO) or Designee:

Approved _____ Not Approved _____

Yolanda Wimberly, MD Date

Professional Liability Coverage – Moonlighting Request

This letter shall be completed upon appointment to an MSM Residency program and at the time a resident enters into moonlighting activities.

This is to certify that I, _____, am a resident physician at Morehouse School of Medicine. As a resident in training, I understand that all professional activities that are sanctioned by Morehouse School of Medicine and related to, or are a part of, the Residency Education Program are covered by the following professional liability coverage:

- \$1 million per/occurrence and; \$3 million annual aggregate; and
- Tail coverage for all incidents that occur during my tenure as a resident in accordance with the above.

In addition, I understand that the above professional liability insurance coverage does not apply to professional activities in which I become involved outside of the residency program, and that upon written approval by the residency program director to moonlight, I am personally responsible for securing adequate coverage for these outside activities from the respective institutions or through my own resources.

Check appropriate box: Resident Agreement Moonlighting Request

Signed: _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____

Return Signed Original to Office of Graduate Medical Education

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-13
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	SUBJECT PATIENT HAND-OFF POLICY—TRANSITIONS OF CARE POLICY	SUPERSEDES	04/01/2011

Patient Hand-Off—Transitions of Care Policy

I. PURPOSE:

The purpose of this policy is to define a safe process to convey important information about a patient's care when transferring care responsibility from one physician to another.

II. BACKGROUND:

- 2.1. In the course of patient care, it is often necessary to transfer responsibility for a patient's care from one physician to another. Hand-off refers to the orderly transmittal of information, face-to-face, that occurs when transitions in the care of the patient are occurring.
- 2.2. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that have occurred during that shift.
- 2.3. In summary, the primary objective of a hand-off is to provide complete and accurate information about a patient's clinical status, including current condition and recent and anticipated treatment. The information communicated during a hand-off must be complete and accurate to ensure safe and effective continuity of care.

III. SCOPE:

These procedures apply to all MSM physicians who are teachers/supervisors or learners in a clinical environment and have responsibility for patient care in that environment.

IV. POLICY:

- 4.1. **Transitions of Care**—The sponsoring institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care and in partnership with its ACGME-accredited program(s), and ensure and monitor effective structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.
- 4.2. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
- 4.3. Programs and clinical sites must maintain and communicate schedules of Attending physicians and residents currently responsible for care.
- 4.4. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in ACGME Common Program Requirement VI.C.2 (Resident Well-Being), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

- 4.5. Programs must ensure that residents are competent in communicating with team members in the hand-off process.
- 4.6. Programs in partnership with their sponsoring institutions must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.
 - 4.6.1. Hand-offs must follow a standardized approach and include the opportunity to ask and respond to questions.
 - 4.6.2. A hand-off is a verbal and/or written communication which provides information to facilitate continuity of care. A hand-off or “report” occurs each time any of the following situations exists for an inpatient, emergency room patient, clinic patient, observation patient, or any other patient:
 - Move to a new unit
 - Transport to or from a different area of the hospital for care. e.g., diagnostic/treatment area
 - Assignment to a different physician temporarily, e.g., overnight/ weekend coverage or longer (e.g., rotation change)
 - Discharge to another institution or facility
 - 4.6.3. Each of the situations above requires a structured hand-off with appropriate communication.

V. CHARACTERISTICS OF A HIGH-QUALITY HAND-OFF:

- 5.1. Hand-offs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
- 5.2. Hand-offs include up-to-date information regarding the patient’s care, treatment and services, condition, and any recent or anticipated changes.
- 5.3. Interruptions during hand-offs should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
- 5.4. Hand-offs require a process for verification of the received information, including repeat-back or read-back, as appropriate.

VI. HAND-OFF PROCEDURES:

- 6.1. Hand-off procedures will be conducted in conjunction with (not be limited to) the following physician events:
 - Shift changes
 - Meal breaks
 - Rest breaks
 - Changes in on-call status
 - Contacting another physician when there is a change in the patient’s condition
 - Transfer of patient from one care setting to another
- 6.2. Hand-off procedures and information transfer forms and guidelines for physicians are developed and implemented by each service according to the needs of that service. The hand-off forms or guidelines may be in either paper or electronic format and must include clinical information agreed upon by physicians on that service, as being integral to the provision of safe and effective patient care for that patient population.

- 6.3. Each service will develop and implement a hand-off process that is in keeping with the shift or rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
- 6.4. Each service hand-off process must include an opportunity for the on-coming physician to ask pertinent questions and request information from the reporting physician.
- 6.5. Each hand-off process must be conducted discreetly and free of interruptions to ensure a proper transfer.
- 6.6. Each hand-off process must include at minimum a senior resident or Attending physician.
- 6.7. A resident physician must not leave the hospital until a face-to-face hand-off has occurred with the Attending physician or senior resident coming onto the service. Telephonic hand-off is not acceptable.

VII. STRUCTURED HAND-OFF:

- 7.1. Within each service, hand-offs will be conducted in a consistent manner, using a standardized hand-off form or structured guideline.
- 7.2. Hand-offs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):
 - Patient name, location, age/date of birth
 - Patient diagnosis/problems, impression
 - Important prior medical history
 - DNR status and advance directives
 - Identified allergies
 - Medications, fluids, diet
 - Important current labs, vitals, cultures
 - Past and planned significant procedures
 - Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
 - Plan for the next 24+ hours
 - Pending tests and studies which require follow up
 - Important items planned between now and discharge

VIII. FORMATTED PROCEDURE:

- 8.1. A receiving physician shall:
 - 8.1.1. Thoroughly review a written hand-off form or receive a verbal hand-off and take notes.
 - 8.1.2. Resolve any unclear issues with the transferring physician prior to acceptance of a patient.

- 8.2. In addition, the SBAR can be used to deliver or receive the information:
- **Situation:** What is the problem?
 - **Background:** Pertinent information to problem at hand
 - **Assessment:** Clinical staff's assessment
 - **Recommendation:** What do you want done and/or think needs to be done?
- 8.3. The following document is a suggested format for programs to document information with a sign-out process.

A SAMPLE FORMAT

Shift Date: ____ / ____ / ____ **Shift Time (24 hour):** _____

By my signature below, I acknowledge that the following events have occurred:

1. Interactive communications allowed for the opportunity for questioning between the giver and receiver about patient information.
2. Up-to-date information regarding the patient's care, treatment and services, condition, and any recent or anticipated changes was communicated.
3. A process for verification of the received information, including repeat-back or read-back, as appropriate, was used.
4. An opportunity was given for the receiver of the hand-off information to review relevant patient historical information, which may include previous care, and/or treatment and services.
5. Interruptions during hand-offs were limited in order to minimize the possibility that information would fail to be conveyed, not be heard, or forgotten.

Receiving Resident's Name and Signature

Date/Time

Departing Resident's Name and Signature

Date/Time

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-14
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	06
	SUBJECT PROFESSIONALISM POLICY	SUPERSEDES	N/A

Professionalism Policy

(Resident Code of Conduct, Dress Code, and Social Media Guidelines)

I. PURPOSE:

- 1.1. Residents are responsible for fulfilling all obligations that the GME Office, hospitals, and residency programs deem necessary for them to begin and continue duties as a resident, including but not limited to:
 - 1.1.1. Attending orientations, receiving appropriate testing and follow-up, if necessary, for communicable diseases, fittings for appropriate safety equipment, necessary training and badging procedures (all of which may be prior to appointment start date)
 - 1.1.2. Completing required GME, hospital, and program administrative functions in a timely fashion and before deadlines such as medical records, mandatory on-line training modules, and surveys or other communications
- 1.2. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.
- 1.3. All GME program directors and faculty are responsible for educating, monitoring, and providing exemplary examples of professionalism to residents.
- 1.4. Refer to the GME [policies and procedures](#) regarding confidential professionalism reporting systems and resources.

II. SCOPE:

- 2.1. All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and academic affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at Morehouse School of Medicine.
- 2.2. Each program must have a program-level professionalism policy which describes how the program provides professionalism education to residents. The program director will ensure that all program policies relating to professionalism are distributed to residents and faculty. A copy of the program policy on professionalism must be included in the official program manual and provided to each resident upon matriculation into the program.

III. POLICY:

- 3.1. **Professionalism**—Residents and faculty members must demonstrate an understanding of their personal role in the:
 - 3.1.1. Provision of patient- and family-centered care
 - 3.1.2. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events

3.1.3. Assurance of their fitness for work, including:

- 3.1.3.1.** Management of their time before, during, and after clinical assignments; and
- 3.1.3.2.** Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team

3.1.4. Commitment to lifelong learning

3.1.5. Monitoring of their patient care performance improvement indicators; and

3.1.6. Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data

3.2. Professionalism—Code of Conduct

Residents are responsible for demonstrating and abiding by the following professionalism principles and guidelines.

3.2.1. Physicians must develop habits of conduct that are perceived by patients and peers as signs of trust. Every physician must demonstrate sensitivity, compassion, integrity, respect, and professionalism, and must maintain patient confidentiality and privacy.

3.2.2. A patient's dignity and respect must always be maintained.

3.2.3. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition 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.

3.2.4. Residents are responsible for completing hospital, program, and GME educational and administrative assignments by given deadlines that include:

- Timely completion of evaluations and program documentation;
- Logging of Duty Hours, cases, procedures, and experiences; and
- Promptly arriving for educational, administrative, and service activities.

3.2.5. A medical professional consistently demonstrates respect for patients by his or her performance, behavior, attitude, and appearance.

3.2.6. Commitment to carrying out professional responsibilities and an adherence to ethical principles are reflected in the following expected behaviors:

- Respect patient privacy and confidentiality.
- Knock on the door before entering a patient's room.
- Appropriately drape a patient during an examination.
- Do not discuss patient information in public areas, including elevators and cafeterias.
- Keep noise levels low, especially when patients are sleeping.

3.2.7. Respect patients' autonomy and the right of a patient and a family to be involved in care decisions.

3.2.7.1. Introduce oneself to the patient and his or her family members and explain their role in the patient's care.

3.2.7.2. Wear name tags that clearly identify names and roles.

- 3.2.7.3.** Take time to ensure patient and family understanding and informed consent of medical decisions and progress.
- 3.2.8.** Respect the sanctity of the healing relationship.
 - 3.2.8.1.** Exhibit compassion, integrity, and respect for others.
 - 3.2.8.2.** Ensure continuity of care when a patient is discharged from a hospital by documenting who will provide that care and informing the patient of how that caregiver can be reached.
 - 3.2.8.3.** Respond promptly to phone messages, pages, email, and other correspondence.
 - 3.2.8.4.** Provide reliable coverage through colleagues when not available.
 - 3.2.8.5.** Maintain and promote physician/patient boundaries.
- 3.2.9.** Respect individual patient concerns and perceptions.
 - 3.2.9.1.** Comply with accepted standards of dress as defined by each hospital.
 - 3.2.9.2.** Arrive promptly for patient appointments.
 - 3.2.9.3.** Remain sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- 3.2.10.** Respect the systems in place to improve quality and safety of patient care.
 - 3.2.10.1.** Complete all mandated on-line tutorials and public health measures (e.g., TB skin testing) within designated timeframe.
 - 3.2.10.2.** Report all adverse events within a timely fashion.
 - 3.2.10.3.** Improve systems and quality of care through critical self-examination of care patterns.
- 3.2.11.** A professional consistently demonstrates respect for peers and co-workers.
 - 3.2.11.1.** Demonstrate respect for colleagues by maintaining effective communication.
 - 3.2.11.2.** Inform primary care providers of patient's admission, the hospital content, and discharge plans.
 - 3.2.11.3.** Provide consulting physicians all data needed to provide a consultation.
 - 3.2.11.4.** Maintain legible and up-to-date medical records, including dictating discharge summaries within approved hospital guidelines.
 - 3.2.11.5.** Inform all members of the care team, including non-physician professionals, of patient plans and progress.
 - 3.2.11.6.** Provide continued verbal and written communication to referring physicians.
 - 3.2.11.7.** Understand a referring physician's needs and concerns about his or her patients.

3.2.11.8. Provide all appropriate supervision needed for those one is supervising, by informing and involving supervising faculty of any changes in patient status, and by providing informed and safe handoffs to colleagues who provide patient coverage.

3.2.11.9. Acknowledge, promote, and maintain the dignity and respect of all health care providers.

3.2.12. Respect for diversity of opinion, gender, and ethnicity in the workplace.

3.2.12.1. Maintain a work environment that is free of harassment of any sort.

3.2.12.2. Incorporate the opinions of all health professionals involved in the care of a patient.

3.2.12.3. Encourage team-based care.

3.2.12.4. In addition, professionals are held accountable to specialty-specific board and/or society codes of medical professionalism.

3.3. Professionalism—Dress Code

Residents must adhere to the following dress code elements to reflect a professional appearance in the clinical work environment; residents are also held accountable to relevant individual hospital/site and MSM institution policies.

3.3.1. Identification: Unaltered ID badges must be worn and remain visible at all times. If the badge is displayed on lanyard, it should be a break-away variety.

3.3.2. White Coats: In settings where it is consistent with the institutional norm, long white coat that specifies the physician's name and department should be worn.

3.3.3. Personal Hygiene:

3.3.3.1. Hair must be kept clean and well groomed. Hair color or style may not be extreme. Long hair must be contained as so to not drape or fall into work area.

3.3.3.2. Facial hair must be neat, clean, and well-trimmed.

3.3.3.3. Fingernails must be kept clean and of appropriate length.

3.3.3.4. Scent of fragrance or tobacco should be limited/minimized.

3.3.4. Shoes/footwear: Must be clean, in good repair, and of a professional style appropriate to work performed. No open-toed shoes may be worn. Shoes must have fully enclosed heels or secured with a heel strap for safety purposes.

3.3.5. Jewelry: Must not interfere with job performance or safety.

3.3.6. Inappropriate/not permitted: Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message may not be worn.

3.3.7. Tattoos: Every effort must be made to cover visible tattoos.

3.3.8. Clothing: Must reflect a professional image: dress-type pants and collared shirts; skirt and dress length must be appropriate; clothing should cover back, shoulders, and midriff; modest neckline (no cleavage).

3.3.9. Scrubs: Residents may wear scrubs in any clinical situation where appropriate.

When not in a work area, a white coat should be worn over scrubs.

3.4. Professionalism: Social Media Guidelines

- 3.4.1.** Because social media blurs the line between personal voice and institutional voice, these guidelines were created to clarify how best to protect personal and professional reputations when participating.
- 3.4.2.** In both professional and institutional roles, employees need to adopt a common sense approach and follow the same behavioral standards as they would in real life, and are responsible for anything they post to social media sites either professionally or personally.
- 3.4.3.** For these purposes, “social media” includes but is not limited to social networking sites, collaborative projects such as wikis, blogs, and microblogs, content communities, and virtual communities.
- 3.4.4.** Best practices for all social media sites, including personal sites follow:
 - 3.4.4.1. Think before posting**—There is no such thing as privacy in the social media world. Before you publish a post, consider how it would reflect on you, your department/unit, and on the institution.

Search engine databases store posts years after they were published, so posts could be found even if they were deleted; and comments may be forwarded or copied.
 - 3.4.4.2. Be accurate**—Verify your information for accuracy, spelling, and grammatical errors before posting. If an error or omission ends up being posted, post a correction as quickly as possible.
 - 3.4.4.3. Be respectful**—The goal of social media is to engage your audience in conversation. At times, that comes in the form of opposing ideas. Consider how to respond or disengage in a way that will not alienate, harm, or provoke.
 - 3.4.4.4. Remember your audience**—Though you may have a target audience, be aware that anything posted on your social media account is also available to the public at large, including prospective students, current students, staff, faculty, and peers.
 - 3.4.4.5. Be a valuable member**—Contribute valuable insights in your posts and comments. Self-promoting behavior is viewed negatively and can lead to you being banned from a website or group you are trying to participate in.
 - 3.4.4.6. Ensure your accounts’ security**—A compromised account is an open door for malicious entities to post inappropriate or even illegal material as though it were from you. If you administer the social media account for a hospital, school, college, department, or unit, be sure to use a different password than for your personal accounts. Follow best practices in selecting and protecting your university account passwords.

3.4.5. Guidelines for all social media sites, including personal sites

- 3.4.5.1. Protect confidential and proprietary information**—Do not post confidential information about MSM, students, faculty, staff, patients, or alumni; nor should you post information that is proprietary to an entity other than yourself.
- 3.4.5.2.** Employees must follow all applicable Federal privacy requirements for written and visual content, such as FERPA and HIPAA. Failure to do so comes at the risk of disciplinary action and/or termination.
- 3.4.5.3. Respect copyright and fair use**—When posting, be aware of the copyright and intellectual property rights of others and of the university. Refer to MSM system policies on copyright and intellectual property for more information/guidance.
- 3.4.5.4. Do not imply MSM endorsement**—The logo, word mark, iconography, or other imagery shall not be used on personal social media channels. Similarly, the MSM name shall not be used to promote a product, cause, or political party/candidate.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-15
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	01
	SUBJECT PROGRAM CALL POLICY	SUPERSEDES	N/A

Program Call Policy

I. **SCOPE:**

As it is currently configured, the fellowship does not include in-house or at home call. As such, there are no call rooms.

II. **POLICY:**

- 2.1. Unusual Fellow-Initiated Extensions—Addition Duty—Per the ACGME Common Program Requirements, in unusual circumstances, fellows on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient.
- 2.2. Senior Fellow—Preparation to Enter Unsupervised Practice of Medicine
 - 2.2.1. Fellows in the final years of education, as defined by the ACGME Child and Adolescent Psychiatry Review Committee, must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must meet with the 80-hour, 28-hour and Day-off standards.
 - 2.2.2. There may be circumstances when senior fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. Circumstances of return-to-hospital activities with fewer than eight (8) hours away from the hospital will be monitored by the program director.

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-16
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	02
	<u>SUBJECT</u> QUALITY IMPROVEMENT AND PATIENT SAFETY GUIDELINES POLICY	SUPERSEDES	N/A

Quality Improvement and Patient Safety Guidelines

I. PURPOSE:

- 1.1. The MSM Child and Adolescent Psychiatry Fellowship Program educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- 1.2. The MSM Child and Adolescent Psychiatry Fellowship is committed to and responsible for promoting patient safety and fellow wellbeing in a supportive educational environment.
- 1.3. The MSM Child and Adolescent Psychiatry Fellowship program is responsible for training fellows who promote patient safety; enhance the quality of patient care; have the ability to analyze the care they provide; understand their roles within health care teams; and paly an active role in the system improvement processes
- 1.4. The MSM Child and Adolescent Psychiatry Fellowship program is committed to ensuring that fellows are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seeks assistance as required to provide optimal patient care.

II. REQUIREMENTS:

Detailed requirements for patient safety and quality improvement include:

- 2.1. Patient Safety Events—fellows, fellows, faculty members, and other clinical staff members must:
 - Know their responsibilities in reporting patient safety events at the clinical site.
 - Know how to report patient safety events, including near misses, at the clinical site.
 - Be provided with summary information of their institution’s patient safety reports
 - Understand their roles within health care teams in identifying and addressing patient safety events and consistently work in a well-coordinated manner with other health care professionals and paraprofessionals to achieve organizational patient safety goals
 - Participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions
 - Receive training in how to disclose adverse events to patients and families
 - Have the opportunity to participate in the disclosure of patient safety events, real or simulated
- 2.2. Quality Improvement—fellows/fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities.

2.3. Quality Metrics

- 2.3.1.** Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts
- 2.3.2.** Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations.
- 2.3.3.** Fellows must have the opportunity to participate in interprofessional quality improvement activities

III. POLICY:

- 3.1.** The program director ensures that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- 3.2.** As such, the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.
- 3.3.** The learning objectives must not be compromised by excessive reliance on fellows to fulfill non-physician service obligations.
- 3.4.** MSM GME and the program director ensure a culture of professionalism that supports patient safety and personal responsibility.
- 3.5.** Fellows and faculty members must demonstrate:
 - 3.5.1.** Assurance of the safety and welfare of patients entrusted to their care;
 - 3.5.2.** Provision of patient- and family-centered care;
 - 3.5.3.** Assurance of their fitness for duty;
 - 3.5.4.** Management of their time before, during, and after clinical assignments;
 - 3.5.5.** Recognition of impairment, including illness and fatigue, in themselves and in their peers;
 - 3.5.6.** Attention to lifelong learning;
 - 3.5.7.** Monitoring of their patient care performance improvement indicators; and
 - 3.5.8.** Honest and accurate reporting of clinical experience and education hours, patient outcomes, and clinical experience data.
- 3.6.** All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. 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.

IV. RESEARCH AND SCHOLARLY GUIDELINES:

- 4.1.** The Morehouse School of Medicine is primarily, but not exclusively, a teaching and learning institution and therefore research and scholarly activity is required to fully perform the College's mandate and mission.
- 4.2.** Scholarly activity involves the application of systematic approaches to the development of knowledge through intellectual inquiry and scholarly communication.
 - 4.2.1.** This definition is the most general and not only includes traditional research methodologies and dissemination vehicles, but also recognizes wider knowledge

transfer in a range of contexts.

- 4.2.2.** There are also dimensions of scholarly activity which include external engagement with the wider community and which involve the application of knowledge and expertise in consultancy and advisory contexts in a range of domains.
- 4.2.3.** The principal outcome of scholarly activity is knowledge transfer rather than knowledge creation and transfer.
- 4.3.** Research involves the original, careful, critical, structured, disciplined inquiry directed toward the clarification and/or resolution of problems to establish facts, principles or generalizable knowledge.
- 4.4.** At the highest level, research activity creates new knowledge which is then transferred via publication in research degree theses, conference papers or in journal articles.
- 4.5.** However, research may also involve the summary and consolidation of existing knowledge and such work is exclusively deemed knowledge transfer and it is usually published, inter alia, in consultancy reports, articles, book chapters or journal articles, study material, etc.

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-17
		EFFECTIVE DATE	06/01/2019
		PAGE(S)	12
	SUBJECT RESIDENT AND FELLOW ELIGIBILITY, SELECTION, AND APPOINTMENT POLICY	SUPERSEDES	05/01/2015 06/01/2014 04/02/2013 03/01/2011 10/01/1992

Resident and Fellow Eligibility, Selection, and Appointment Policy

I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) comply with the Accreditation Council for Graduate Medical Education (ACGME) requirements and meet standards outlined in the Graduate Medical Education Directory under the heading, “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition).
- 1.2. The processes for the selection of residents and fellows at MSM shall adhere to ACGME requirements, the standards outlined in the “Essentials of Accredited Residencies in Graduate Medical Education” and in this policy.

II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident/fellow appointments at Morehouse School of Medicine.

III. POLICY:

- 3.1. This policy is bound by the parameters of residency and fellowship education and complies with MSM Human Resources policies.
- 3.2. Applicants to Morehouse School of Medicine (MSM) residency and fellowship programs must be academically qualified to enter into a program.
- 3.3. The institution shall participate in the National Resident Matching Program (NRMP).
 - 3.3.1. All MSM Post-Graduate Year Four or Five (PGY-4 or PGY-5) resident positions shall be made available for application by all students graduating from United States and Canadian accredited medical schools as determined by the NRMP.
 - 3.3.2. Other applicants eligible to enter the CAP fellowship “match,” including International Medical School Graduates (IMGs), may also apply.
- 3.4. MSM residency and fellowship programs will select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they have applied.
- 3.5. Aptitude, academic credentials, the ability to communicate effectively, personal characteristics such as motivation and integrity, and the ability to function within parameters expected of a practitioner in the specialty shall be considered in the selection process.

3.6. Programs must include the following GME Programs' Technical Standards and Essential Functions for Appointment and Promotion information:

3.6.1. Introduction

3.6.1.1. Medicine is an intellectually, physically, and psychologically demanding profession. All phases of medical education require knowledge, attitudes, skills and behaviors necessary for the practice of medicine and throughout a professional career.

3.6.1.2. Those abilities that residents/fellows must possess to practice safely are reflected in the technical standards that follow. These technical standards/essential functions are to be understood as requirements for training in all Morehouse School of Medicine residencies and are not to be construed as competencies for practice in any given specialty.

3.6.1.3. Individual programs may require more stringent standards or more extensive abilities as appropriate to the requirements for training in that specialty.

3.6.1.4. Residents and fellows in Graduate Medical Education programs must be able to meet these minimum standards with or without reasonable accommodation.

3.6.2. Standards—Observation

3.6.2.1. Observation requires the functional use of vision, hearing, and somatic sensations. Residents/fellows must be able to observe demonstrations and participate in procedures as required.

3.6.2.2. Residents/fellows must be able to observe a patient accurately and completely, at a distance as well as closely.

3.6.2.3. Residents/fellows must be able to obtain a medical history directly from a patient, while observing the patient's medical condition.

3.6.3. Standards—Communication

3.6.3.1. Communication includes speech, language, reading, writing, and computer literacy.

3.6.3.2. Residents/fellows must be able to communicate effectively and sensitively in oral and written form with patients to elicit information as well as perceive non-verbal communications.

3.6.4. Standards—Motor

3.6.4.1. Residents/fellows must possess sufficient motor function to elicit information from the patient examination by palpation, auscultation, tapping, and other diagnostic maneuvers.

3.6.4.2. Residents/fellows must also be able to execute motor movements reasonably required for routine and emergency care and treatment of patients.

3.6.5. Standards—Intellectual: Conceptual, Integrative, and Quantitative Abilities

3.6.5.1. Residents/fellows must be able to measure, calculate, reason, analyze, integrate, and synthesize technically detailed and complex information in a timely fashion to effectively solve problems and make decisions which are critical skills demanded of physicians.

3.6.5.2. In addition, residents/fellows must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures.

3.6.6. Standards—Behavioral and Social Attributes

3.6.6.1. Residents/fellows must possess the psychological ability required for the full utilization of their intellectual abilities for:

3.6.6.1.1. The exercise of good judgment;

3.6.6.1.2. The prompt completion of all responsibilities inherent to diagnosis and care of patients; and

3.6.6.1.3. The development of mature, sensitive, and effective relationships with patients, colleagues, and other health care providers.

3.6.6.2. Residents/fellows must be able to tolerate physically and mentally taxing workloads and be able to function effectively under stress.

3.6.6.3. Residents/fellows must be able to adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients.

3.6.6.4. Residents/fellows must be able to work effectively and collaboratively as team members.

3.6.6.5. Residents/fellows must demonstrate ethical behavior consistent with professional values and standards, as a component of their education and training.

3.6.7. Standards—Reasonable Accommodation

3.6.7.1. A reasonable accommodation is designed to assist an employee in the performance of the essential functions of his or her job and an applicant in fulfilling MSM's application requirements.

3.6.7.2. MSM will make a reasonable accommodation available to any qualified individual with a disability who requests an accommodation.

3.6.7.3. Accommodations are made on a case-by-case basis.

3.6.7.4. MSM will work with eligible employees and applicants to identify an appropriate, reasonable accommodation in a given situation. Complete information is found on the MSM Human Resources Office of Disability Services web page at <https://www.msm.edu/Administration/HumanResources/disabilityservices/index.php>.

3.6.7.5. In most cases, it is the responsibility of the employee or applicant to begin the accommodation process by making MSM aware of his or her need for a reasonable accommodation. See the full MSM Accommodation of Disabilities Policy for information on how to request a reasonable accommodation.

Note: The MSM enrollment of non-eligible residents may be cause for withdrawal of residency program accreditation.

IV. Title IX Compliance:

- 4.1. The residency education environment shall be free of undue harassment, confrontation, and coercion because of one's gender, cultural and religious beliefs, other individual traits, and status or standing.
- 4.2. Therefore, in compliance with the Title IX of the Education Amendments of 1972, Morehouse School of Medicine (MSM) does not discriminate on the basis of sex in its education programs and activities and is required under Title IX and the implementing regulations not to discriminate in such a manner. Prohibited sex discrimination covers sexual misconduct including, but not limited to, sexual harassment and sexual violence, and extends to employment in and admission to such programs and activities.
- 4.3. It is the policy of MSM that discrimination against any person or group of persons on the basis of race, color, national origin, religion, gender, sexual orientation, marital status, ancestry, genetic information, age, disability, veteran or military status, or any other legally protected characteristic is specifically prohibited. This is in compliance with federal law, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (and ADA amendments).
- 4.4. MSM prohibits retaliation against members of the MSM community who raise concerns about or report incidents of discrimination based on legally protected characteristics.
- 4.5. Marla Thompson, Title IX Coordinator, has been designated to handle inquiries about and reports made under MSM's Sex/Gender Nondiscrimination and Sexual Harassment policy.

Contact information:

mthompson@msm.edu

(404) 752-1871

Fax (404) 752-1639

Morehouse School of Medicine
720 Westview Drive, SW Harris Building,
Atlanta, GA 30310

Contact the MSM Human Resources Office for the current policy.

V. RESIDENT AND FELLOW ELIGIBILITY CRITERIA:

- 5.1. Sponsoring institutions are required to have written policies and procedures for resident/fellow recruitment and must monitor each of its ACGME accredited programs for compliance.
- 5.2. The following information is extracted from the Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirements, Section IV.A. Institutional GME Policies and Procedures—Resident/Fellow Recruitment, and the ACGME Common Program Requirements—Resident/Fellow Appointments/Eligibility/Transfers—Section III.A-C.
- 5.3. Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:
 - 5.3.1. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or

- 5.3.2.** Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA).
- 5.3.3.** Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
- 5.3.3.1.** Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment;
 - 5.3.3.2.** Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty or subspecialty program; or
 - 5.3.3.3.** Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- 5.4.** An applicant invited to interview for a resident or fellow position must be informed in writing or by electronic means of the most current terms, conditions, and benefits of appointment to the ACGME-accredited program. Information must include:
- Financial support
 - Vacations
 - Parental, sick, and other leaves of absence
 - Professional liability, hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents
- 5.5.** Each resident or fellow in MSM programs must be a United States citizen, a lawful permanent resident, a refugee, an asylee, or must possess the appropriate documentation to allow the resident to legally train at Morehouse School of Medicine.
- 5.6.** All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in:
- ACGME-accredited residency programs;
 - AOA-approved residency programs;
 - Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada; or
 - Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.
- 5.7.** Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

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

VI. FELLOW APPOINTMENTS ELIGIBILITY CRITERIA:

- 6.1. Each ACGME Review Committee will choose one of the following (review the program requirements for the specialty-specific eligibility criteria):
- 6.1.1. Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in:
- An ACGME-accredited residency program;
 - An AOA-approved residency program;
 - A program with ACGME International (ACGME-I) Advanced Specialty Accreditation;
 - A Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.
- Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.
- 6.1.2. Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited or an AOA-approved residency program.
- 6.2. Upon matriculation, fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program.
- 6.3. For fellow eligibility exceptions granted by ACGME specialty review committees, see subspecialty-specific requirements.

VII. GMEC AND ACGME PROGRAM POSITIONS AND APPOINTMENT APPROVAL:

- 7.1. Program directors must not appoint more residents or fellows than approved by the ACGME Review Committee.
- 7.2. Available MSM resident positions are dependent on the following criteria:
- The current number of residency program positions authorized by the Accreditation Council for Graduate Medical Education (ACGME)
 - The space available in the Post-Graduate Year
 - Funding and faculty resources available to support the education of residents/fellows according to the educational requirements of the specialty program

- 7.3. All complement increases must be approved by the GMEC and the ACGME Review Committee.
- 7.4. Any program requests for an official adjustment to the program's authorized resident complement shall be evaluated and approved by the GMEC through the Designated Institutional Official (DIO) prior to submission to the ACGME Review Committee.

VIII. RESIDENT/FELLOW TRANSFERS:

- 8.1. Upon matriculation, the program must obtain verification of previous educational experiences and a summative competency-based performance evaluation, signed by the previous program director prior to acceptance of the transferring resident/fellow, and the candidate's Milestones evaluations.
- 8.2. Residents are considered transfer residents under several conditions including moving from one program to another within the same or different sponsoring institution and when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs directly out of medical school).
- 8.3. Before accepting a transfer resident, the program director of the receiving program must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director.
- 8.4. The term *transfer resident* and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.
 - 8.4.1. MSM residency programs, however, shall identify all residents who would begin the residency program and would have to continue beyond the initial residency period.
 - 8.4.2. The initial residency period is the length of time required to complete a general residency program (e.g., Child & Adolescent Psychiatry: 2 years).

IX. ADDITIONAL ELIGIBILITY REQUIREMENTS:

For any applicant to be eligible for appointment to an MSM residency/fellowship program, the following requirements must be met in addition to the eligibility criteria stated above.

- 9.1. All MSM residency and fellowship programs shall participate in the National Resident Matching Program (NRMP) for PGY-1 level resident and fellowship positions.
 - 9.1.1. All parties participating in the match shall contractually be subject to the rules of the NRMP.
 - 9.1.2. This includes MSM, its residency/fellowship programs, and applicants.
 - 9.1.3. Match violations will not be tolerated.
- 9.2. All applicants to MSM residency and fellowship programs must apply through the Electronic Residency Application Service (ERAS).
 - 9.2.1. This service shall be used to screen required information on all applicants.
 - 9.2.2. All applicants shall request that three (3) letters of professional and/or academic reference, current within the last 18 months, be sent to the residency program administration via ERAS.
- 9.3. Programs may establish additional selection criteria (e.g., determine specific minimum scores for the USMLE). Specific criteria must be published for applicants to review as part of the required program-level policy on eligibility and selection.

- 9.4. Residency program directors and their residency committees shall establish program standards and criteria to review MSM residency program applications in order to ensure equal access to the program. Eligible resident/fellow applicants shall be selected and appointed only according to ACGME, NRMP, and MSM's requirements and policies.
- 9.5. Applicants from United States- or Canadian-accredited medical schools shall request that an original copy of a letter of recommendation or verification from the dean of the medical school be sent to the program administration via ERAS.
- 9.6. Selectees from a United States LCME- or AOA-accredited medical school shall provide proof of graduation or pending *on-time* graduation. They shall request that official transcripts, diplomas, or *on-time* letters be sent to the program via ERAS.
- 9.7. Selectees must provide official proof of passing both USMLE Step 1 and USMLE Step 2 (CK and CS) before they are eligible to begin their appointment in MSM residency programs.
- 9.8. The State of Georgia and MSM consider any time spent in a residency program as time that must be declared by the applicant when applying for a Temporary Resident Postgraduate Training Permit.
 - 9.8.1. This time is applicable whether the applicant completed the period of residency or not.
 - 9.8.2. A letter of explanation/verification is required of the applicant and the past residency program director.
- 9.9. Applicants who have not graduated from a United States- or Canadian-accredited medical school shall request certification of completion (by seal) by an official of the medical school. If the medical school is not in the United States, such official letters shall be in English and/or have a certified or notarized English translation of the content.
- 9.10. A current (stamped indefinite) certificate from the Educational Commission on Foreign Medical School Graduates (ECFMG) must also be submitted with ERAS documents.
 - 9.10.1. Initial ECFMG Certificates should not be pending when applicants are reporting to a residency program.
 - 9.10.2. Failure to obtain an ECFMG Certificate by the start date of the resident appointment will void both NRMP and MSM resident/fellow agreements.
- 9.11. Program directors must ensure that IMG/FMG candidates are eligible for J-1 Visa sponsorship before ranking these candidates in NRMP.
- 9.12. All selectees shall complete an MSM Non-Faculty Employment Application. The Human Resources Department is available for assistance.
- 9.13. Upon selection, all academic and employment documents referenced within this section and other documents requested by the residency program must be presented to the program administrator in their original form.
 - 9.13.1. As a part of credentials authentication, documents shall be screened for authenticity and must be void of alterations.
 - 9.13.2. Program administrators shall screen for signatures, seals, notarization, and other official stamps as being original.

- 9.14. An applicant invited to interview for a resident or fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. Information that is provided must include:
- Financial support
 - Vacations
 - Parental, sick, and other leaves of absence
 - Professional liability, hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents
- 9.15. Personal interviews of applicants shall be conducted by at least two (2) faculty members assigned to the program.
- 9.15.1. These interviews should be documented for the residency program files and be retained for the period determined by MSM management policies.
- 9.15.2. These interviews also become a permanent part of a selected applicant's file.
- 9.16. If telephone interviews are performed, the same standards and documentation criteria must be used to record the interview.
- 9.17. In MSM programs, the applicant's credentials and the faculty interview summary are formally presented to the Residency Program Advisory Committee (RAC) or equivalent.
- 9.18. A faculty consensus is formed on the selections for entry into the NRMP Rank Order Listing or for departmental selection for those positions not placed in the match (i.e., PGY-2).
- 9.19. Final disposition for applicant selection and ranking is done by the residency program director and/or department chairperson.

X. NON-IMMIGRANT APPLICANTS TO RESIDENCY PROGRAMS:

- 10.1. MSM supports the AAMC recommendation that the J-1 Visa is the more appropriate visa for non-immigrant International Medical School Graduates (IMGs) seeking resident positions in MSM-sponsored programs (Reference: AAMC Legislative and Regulatory Update, October 15, 1993).
- 10.2. All IMGs shall provide a current (stamped indefinite) certificate of proof of meeting the Educational Commission for Foreign Medical Graduates (ECFMG) requirements for clinical proficiency.
- 10.3. The Exchange Visitor Program is administered by the United States Department of State.
- 10.3.1. The ECFMG is the sponsoring institution for alien physicians in GME programs under the Exchange Visitor Program.
- 10.3.2. Applicants may be considered for selection by the residency/fellowship program based on their academic qualifications and eligibility for sponsorship by the ECFMG.
- 10.3.3. The MSM Human Resource (HR) and GME offices are the school liaisons for processing applications for ECFMG sponsorship of non-immigrants for J-1 Visa status.
- 10.4. Applicants seeking residency positions that have other non-immigrant status such as Transitional Employment Authorization Documents, Asylum status, etc., may need to seek legal counsel to effect entry into a residency program. This review will be coordinated through the MSM HR and GME offices along with the MSM-International Programs Office for final determination.

10.5. The following visa categories are for international-born or -educated physicians applying to United States Graduate Medical Education programs:

10.5.1. Consular processing of physician visas

- 10.5.1.1.** United States embassies/consulates require face-to-face interviews for all initial visa stamps and in some instances for the renewal of the same visa stamp.
- 10.5.1.2.** It can take several months for a person to receive an appointment at the embassy/consulate to apply for the visa stamp.
- 10.5.1.3.** Embassy/consulate security checks take about one (1) month.
- 10.5.1.4.** If an applicant is selected for a security check in Washington, DC, then the process could take up to five (5) months.
- 10.5.1.5.** After this process is started, no one can interfere.

10.5.2. The J-1 Exchange Visitor Visa

- 10.5.2.1.** Sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), this is the most common type of visa category used by institutions offering graduate medical education training (residency or fellowships) to international medical graduates (IMGs).
- 10.5.2.2.** IMGs who seek to obtain this type of visa must first apply to the ECFMG for certification.
- 10.5.2.3.** ECFMG offers the USMLE exams and is the sponsoring organization providing assurance to residency programs that the candidates meet defined qualifications equivalent of a United States medical degree. See www.ecfm.org.
- 10.5.2.4.** IMGs applying to residency programs requiring the J-1 Visa must contact the specific residency program and the Office of Graduate Medical Education where they have been accepted in a program in order to coordinate the J-1 Visa sponsorship with the ECFMG. ECFMG will issue the visa document (DS-2019) after the institution submits the individual's application to ECFMG.
- 10.5.2.5.** An ECFMG Certificate is not required if the physician is a graduate of a Canadian or United States medical school. Canadian medical school graduates must have passed the equivalent Canadian medical licensing exam.
- 10.5.2.6.** An ECFMG Certificate is not required for physicians who are graduates of LCME-accredited schools in Puerto Rico.
- 10.5.2.7.** A visa is required if the physician is not a United States citizen or permanent resident of the United States.

10.6. Summary of J-1 Visa for IMGs

- 10.6.1.** SEVIS fee must be paid by the accepted applicant prior to the United States embassy interview in the applicant's home country.
- 10.6.2.** The applicant is responsible for the annual application process and the corresponding fee.
- 10.6.3.** J-2 dependents must enter with their own DS-2019.
- 10.6.4.** The visa provides possible tax advantages (for a limited period of time).
- 10.6.5.** The visa is recognized and accepted by most institutions for IMG residency training.

- 10.6.6.** The applicant's spouse may seek work permission while in the United States. The spouse must process USCIS Form I-765 after entry into the United States.
- 10.6.7.** The applicant must receive J-1 Visa status while in his or her home country; it is strongly recommended that status change does not occur in the United States.
- 10.6.8.** The visa has a mandatory two-year foreign residency requirement (Section 212[e]) for all IMGs attending graduate medical education programs in the United States at the completion of training.
- 10.6.9.** Obtaining a waiver of the foreign residency requirement is both troublesome and costly.
- 10.6.10.** The visa may be extended only for Board Certification; during this time, the J-1 visitor cannot work.
- 10.6.11.** The DS-2019 (J-1 application) is renewed yearly with a seven- (7) year limit or length of residency program, whichever comes first.
- 10.6.12.** The J-1 Exchange Visitor may enter the United States 30 days prior to the start of the J-1 Visa and cannot be paid prior to the start date. The J-1 visitor must NOT enter the United States 30 days AFTER the start date listed on form DS-2019.
- 10.6.13.** After the J-1 period ends, the exchange visitor has 30 days to exit the United States and cannot work during this grace period.
- 10.6.14.** Moonlighting is not permitted under this visa status.
- 10.6.15.** It is very difficult to process J-1 Visa applications to non-accredited residency/fellowship programs. The ECFMG uses the ACGME's Green Book for reference of accredited programs and their program duration.
- 10.6.16.** The J-2 Visa status is acceptable for Graduate Medical Education training at Morehouse School of Medicine (MSM) but can create problems since the J-2 depends on the J-1 Visa primary holder. The J-2 must have a valid EAD card and must also maintain the EAD card.

XI. RESIDENT APPOINTMENTS:

- 11.1.** Prior to appointment to the program, applicants must be provided with information that describes the program's current accreditation status, aims, educational objectives, and structure.
- 11.2.** Morehouse School of Medicine resident appointments shall be for a maximum of 12 months from July to June, year to year.
 - 11.2.1.** At MSM, a resident appointment is defined as a non-faculty position granted to an individual based on his or her academic credentials and the meeting of other eligibility criteria as stated in MSM and residency program policies and standards.
 - 11.2.2.** This position is also considered that of a *physician in training*.
- 11.3.** Resident appointments are managed by the Graduate Medical Education Office on behalf of the Senior Vice President for Academic Affairs and are processed by the Human Resources Department (HRD).
- 11.4.** Residents may enter the residency program at other times during a given Post-Graduate Year (PGY) but must complete all requirements according to the structure of the program.
 - 11.4.1.** This usually means completing the PGY-1 year from the date the resident started.

- 11.4.2.** There are no provisions for shared or part-time positions in MSM residency programs.
- 11.5.** A selected applicant must be formally offered a position in the residency program. A written agreement shall be entered into between the applicant and Morehouse School of Medicine (MSM).
 - 11.5.1.** This agreement signed by the residency program director and department chairperson shall constitute a recommendation to the dean for an academic non-faculty appointment.
 - 11.5.2.** Approval of the selection shall be by the Director of Graduate Medical Education as the dean's designated approval authority.
- 11.6.** Residents shall not perform any clinical duties until they:
 - 11.6.1.** Are processed through the MSM Human Resources Department and officially become a part of the MSM personnel system; and
 - 11.6.2.** Have obtained a Georgia Temporary Resident Postgraduate Training Permit or possess a permanent physician's license.
- 11.7.** References to support this policy, including the Resident Appointment Agreement, are available in the GME Office and website at <https://www.msm.edu/Education/GME/index.php>.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-18
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	<u>SUBJECT</u> RESIDENT AND FELLOW IMPAIRMENT POLICY	SUPERSEDES	04/02/2013

Resident and Fellow Impairment Policy

I. PURPOSE:

- 1.1. Morehouse School of Medicine (MSM) understands that an impaired resident can impact patient care. Residents encounter many stressors that are personal or from their clinical/educational environment, which may cause mental and physical impairments or require intervention from substance abuse to reverse issues and illnesses.
- 1.2. To that end, our primary goals are to:
 - 1.2.1. Provide guidance in this policy to prevent or minimize the occurrence of impairment by a resident;
 - 1.2.2. Ensure that the environment is safe for patients, employees, faculty, and residents of MSM; and
 - 1.2.3. Compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

II. SCOPE:

All MSM faculty, residents, and administrators at participating affiliates shall understand and comply with this and all other policies and procedures that govern both Graduate Medical Education (GME) programs and resident appointments at MSM.

III. DEFINITIONS:

- 3.1. **Impaired Physician:** The American Medical Association (AMA) defines the impaired physician as one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or use of drugs including alcohol. This definition includes the impairment of a physician due to a mentally or emotionally disabling state.
 - 3.1.1. An impaired resident physician is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety.
 - 3.1.2. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:
 - Observed negative changes in performance of assigned duties
 - Frequent or unexplained absences and/or tardiness from school responsibilities
 - Frequent or unexplained illnesses or accidents both on and off duty
 - Decreased quality of care or unexplained lack of progression during the training year

- Significant inability to contend with routine difficulties and take action to overcome them
- Unusual or inappropriate behavior
- Violations of law, including citations for driving while impaired
- Other psychiatric disturbances or medical illness

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

3.3. Fitness for Duty: Mentally and physically able to effectively perform required duties and promote patient safety.

3.4. Under the Influence: The condition wherein any of the body's sensory, cognitive, or motor functions or capabilities are altered, impaired, diminished, or affected due to alcohol, drugs, or controlled substances. "Under the influence" also means any detectable presence of alcohol or drugs within the body.

IV. POLICY:

4.1. It is the policy of MSM to assist an impaired resident physician (as defined above), while maintaining a balance between individual rights and the school's duty to safeguard the public health and effectively discharge its mission.

4.1.1. MSM and its residency programs must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

4.1.2. MSM is committed to providing continuing education and professional assistance to resident physicians when they experience personal stressors that inhibit their progression in a residency program. The residency program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

4.1.3. Evaluation and due process will be afforded each affected resident according to MSM's GME Adverse Academic Decisions and Due Process Policy and MSM Human Resources employment policies.

V. CONTINUING EDUCATION:

5.1. MSM's GME conducts an annual policy briefing on the Resident Learning and Work Environment at Incoming and Returning Resident Orientation. This institutional training module is also reinforced annually by the specialty residency program.

5.2. Discussion and training include the following topics:

- Management of the resident's time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Review of the process each MSM residency program must have in place to ensure continuity of patient care in the event that a resident may be unable to perform his or her patient care duties;
- Education of all program faculty members and residents to recognize the signs of fatigue and sleep deprivation; and
- Education of all faculty members and residents in alertness management and fatigue mitigation processes.

- 5.3. MSM's GME Department provides an annual workshop on Sleep Deprivation and Fatigue during Incoming and Returning Resident Orientation. Training in this area is reinforced by each residency program annually according to its curriculum design.
- 5.4. MSM's GME Department provides an annual Drug Awareness and Drug Free Environment workshop for resident physicians at Incoming and Returning Resident Orientations. This workshop includes discussion of impairment due to substance abuse.

VI. IDENTIFICATION AND REPORTING:

At MSM, changes in ordinary behavior and erratic actions by a resident physician may indicate that he or she is not fit for duty. This may be cause for concern by the resident, by colleagues, supervisors, and administrators. In addition, there can be concern for the safety of patients.

- 6.1. The patient safety concern should be brought to the supervisor's attention immediately.
- 6.2. If a problem is identified, the residency director should be notified for administrative action. According to MSM's Resident Affiliation Agreements, a resident can be immediately removed from duty at the discretion of the supervisor or administrator at a clinical affiliate.
- 6.3. Resident impairment that is associated with the commission of a crime is immediately referred to the Department of Human Resources and General Counsel for disposition.

VII. COUNSELING:

All recommendations for the resident to seek counseling must be with the resident's well-being in mind but must be initiated with the provider or agency by the resident.

- 7.1. Residents must not be unduly influenced or coerced to seek treatment or other counseling services.
- 7.2. When residents have severe personal difficulty or exhibit unprofessional behavior that may be caused by a mental or physical impairment, they should immediately be referred to MSM's Office of Disability Services.
 - 7.2.1. Some of the problems causing impairment can include sleep deprivation and fatigue, emotional and behavioral problems, substance and drug abuse (including alcohol abuse), marital conflicts, interpersonal discord, family problems, legal problems, and financial problems.
 - 7.2.2. Short term counseling is available from MSM Counseling Services (404) 752-1789.
- 7.3. MSM has an Employee Assistance Program (EAP), CARE 24, available for residents as a self-referral or for family assistance.
 - 7.3.1. Residents are briefed on these programs by Human Resources during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.
 - 7.3.2. More information regarding these programs is available in the Human Resources Department at (404) 752-1600 or directly at (888) 887-4114.
 - 7.3.3. Resident educational programs for impaired physicians are offered on a case-by-case basis.

- 7.4. A written determination must be made by the provider of care to the resident that a resident is fit to return to duty. This recommendation for a return to duty must be presented to the Office of Disability Services. Any restrictions or accommodations in conjunction with the return to duty must be identified and approved by the Office of Disability Services prior to the resident's return.
- 7.5. Complete information is found on the MSM Human Resources Office of Disability Services web page at:

<http://www.msm.edu/Administration/HumanResources/disabilityservices/index.php>

VIII. REMEDATION PROBATION:

When a resident fails to achieve the standards set forth by the program, decisions must be made with regard to notice of deficiency, suspension, remediation, non-promotion, non-renewal of appointment, and in some cases, dismissal.

- 8.1. MSM is not required to progressively discipline residents but may determine the appropriate course of action to take regarding its residents, depending on the unique circumstances of a given issue.
- 8.2. Such misconduct will be considered a breach of the Resident Appointment Agreement or Reappointment Agreement. In such instances, the Office of Graduate Medical Education and the Department of Human Resources may be involved in the process of evaluating the violation.
- 8.3. Residents engaging in conduct violating the policies, rules, bylaws, or regulations of MSM or its educational affiliates, or local, state, and federal laws regarding the practice of medicine and the standards for a physician in training may, depending on the nature of the offense, be dismissed.
- 8.4. In the event of an impaired resident's continuation in the residency program, state requirements may apply to his or her status as a resident physician, including mandatory examination and treatment.

IX. STATE OF GEORGIA REQUIREMENTS:

All MSM residency program directors in the State of Georgia have a mandatory obligation to report troubled or dysfunctional resident physicians according to State of Georgia Medical Board Rule 360-2-.12, Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders in accordance with Georgia Law.

X. CONFIDENTIALITY:

The identification, counseling, and treatment of an impaired resident are deemed confidential, except as needed to carry out the policies of the Office of Graduate Medical Education or MSM as required by law.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-19
		EFFECTIVE DATE	07/01/2019
		PAGE(S)	07
	<u>SUBJECT</u> RESIDENT AND FELLOW LEARNING AND WORKING ENVIRONMENT POLICY	SUPERSEDES	07/01/2017 06/01/2014 04/01/2011

Resident and Fellow Learning and Working Environment Policy

I. PURPOSE:

- 1.1. Graduate Medical Education (GME) is an integral part of the Morehouse School of Medicine (MSM) medical education program. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients.
- 1.2. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions.
- 1.3. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

II. SCOPE:

- 2.1. All MSM administrators, faculty, staff, residents, and administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both GME programs and resident appointments at MSM.
- 2.2. Each resident will receive a copy of this Resident Learning and Working Environment Policy.

III. POLICY:

- 3.1. In compliance with ACGME Learning and Working Environment requirements, residency education must occur in the context of a learning and working environment that emphasizes the following principles:
 - Excellence in the safety and quality of care rendered to patients by residents today
 - Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
 - Excellence in professionalism through faculty modeling of:
 - The effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - The joy of curiosity, problem-solving, intellectual rigor, and discovery
 - Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

3.2. Patient Safety

- 3.2.1. Culture of safety** is defined as an environment which requires continuous identification of vulnerabilities and a willingness to deal with them transparently.
- 3.2.2.** An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety to identify areas for improvement.
 - 3.2.2.1.** The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.
 - 3.2.2.2.** The program must have a structure that promotes safe, inter-professional, team-based care.
- 3.2.3.** Education on Patient Safety—Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.
- 3.2.4. Patient Safety Events**
 - 3.2.4.1.** Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program.
 - 3.2.4.2.** Feedback and experiential learning are essential in the development of true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.
 - 3.2.4.3.** Residents, fellows, faculty members, and other clinical staff members must:
 - 3.2.4.3.1.** Be aware of and fulfill their responsibilities in reporting patient safety events at the clinical site;
 - 3.2.4.3.2.** Be aware of how to report patient safety events, including near misses, at the clinical site; and
 - 3.2.4.3.3.** Be provided with summary information of their institution’s patient safety reports.
 - 3.2.4.4.** Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as the formulation and implementation of actions.
- 3.2.5. Resident Education and Experience in Disclosure of Adverse Events**
 - 3.2.5.1.** Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events.
 - 3.2.5.2.** This is an important skill for faculty physicians to model, and for residents to develop and apply.
 - 3.2.5.2.1.** All residents must receive training in how to disclose adverse events to patients and families.
 - 3.2.5.2.2.** Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

3.3. Quality Improvement

3.3.1. Education in Quality Improvement is a cohesive model of health care which includes quality-related goals, tools, and techniques that are necessary for health care professionals to achieve quality improvement goals.

Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

3.3.2. Quality Metrics refers to access to data which is essential to prioritizing activities for care improvement and for evaluating success of improvement efforts.

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

3.3.3. Engagement in Quality Improvement Activities—Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

3.3.3.1. Residents must have the opportunity to participate in inter-professional quality improvement activities.

3.3.3.2. This should include activities aimed at reducing health care disparities.

3.4. Clinical Experience and Education (formerly Duty Hours)

3.4.1. Programs, in partnership with their sponsoring institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

3.4.2. Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

3.4.3. Mandatory time free of clinical work and education

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

3.4.3.2. Residents should have eight (8) hours off between scheduled clinical work and education periods.

3.4.3.3. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight (8) hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

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

3.4.3.5. Residents must be scheduled for a minimum of one (1) day in seven (7) free of clinical work and required education (when averaged over four (4) weeks). At-home call cannot be assigned on these free days.

3.4.4. Maximum clinical work and education period length

- 3.4.4.1.** Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- 3.4.4.2.** Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education.
- 3.4.4.3.** Additional patient care responsibilities must not be assigned to a resident during this time.

3.4.5. Clinical and Educational Work Hour Exceptions

- 3.4.5.1.** In rare circumstances, after handing off all other responsibilities, a resident, on her or his own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - 3.4.5.1.1.** To continue to provide care to a single severely ill or unstable patient;
 - 3.4.5.1.2.** To provide humanistic attention to the needs of a patient or family; or
 - 3.4.5.1.3.** To attend unique educational events.
- 3.4.5.2.** These additional hours of care or education will be counted toward the 80-hour weekly limit.
- 3.4.6.** A review committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
 - 3.4.6.1.** In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.
 - 3.4.6.2.** Prior to submitting the request to the review committee, the program director must obtain approval from the sponsoring institution's GMEC and DIO.

3.5. In-House Night Float

- 3.5.1.** Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- 3.5.2.** The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the review committee.

3.6. Maximum In-House On-Call Frequency

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

3.7. At-Home Call

Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour limit.

- 3.7.1. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four (4) weeks.
- 3.7.2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- 3.7.3. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

3.8. MSM GMEC Clinical Work and Education Oversight Procedure

3.8.1. It is the goal of the Graduate Medical Education Committee (GMEC) and affiliated hospitals that the institution will have no Duty Hour violations.

3.8.2. Institutional GMEC Clinical Work and Education Oversight and Monitoring Process

3.8.2.1. The Program Annual Review Process

3.8.2.1.1. The GMEC is responsible for conducting an annual review of all programs.

3.8.2.1.2. As part of the process, the GME Office will review and document each program's clinical work and education compliance status including review of programs' learning and work environment policies and procedures.

3.8.2.1.3. The GME Office will monitor, track, and report compliance for all programs to the GMEC on a monthly basis.

3.8.2.2. ACGME Resident Survey

3.8.2.2.1. Residents are surveyed by the ACGME every year between January and April.

3.8.2.2.2. Programs found to be noncompliant with the ACGME Duty Hours will be required to submit a corrective action plan to GMEC.

3.8.3. Program-Level Oversight and Monitoring for Compliance with clinical work and education requirements

3.8.3.1. Program Clinical Work and Education Policy

3.8.3.1.1. All programs must demonstrate compliance with ACGME clinical work and education requirements.

3.8.3.1.2. Programs must develop and maintain a policy on clinical work and education.

3.8.3.1.3. Program directors must submit the following items annually into the New Innovations system for GME review:

3.8.3.1.3.1. The program's schedules reflecting daily work hours and compliance with all clinical work and education requirements

3.8.3.1.3.2. The program's clinical work and education monitoring policy and process which must:

- Meet the educational objectives and patient care responsibilities of the training program, and
- Comply with specialty-specific program requirements, the Common Program Requirements, the ACGME clinical work and education standards, and the Institutional GME clinical work and education policy,

3.8.3.1.3.3. In addition, the program policy must address:

- How the program monitors Duty Hours, according to MSM institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
- How the program monitors the demands of at-home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue, if applicable;
- How the program monitors fatigue, and how the program will adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- If the program allows moonlighting; if moonlighting is allowed, the policy must comply with and reference the MSM GME Moonlighting Guidelines;
- If the program allows call trading; if so, document how the program oversees insurance of compliance with clinical work and education requirements; and
- Mechanisms used by the program to ensure that residents log their Duty Hours in New Innovations.

3.8.3.1.4. Program directors must complete weekly/monthly Duty Hour review periods in the New Innovations system and provide oversight comment(s) for any violation. (See document: Duty Hour Oversight—Program Level for step-by-step instructions.)

- 3.8.3.1.5.** Follow-up and resolution of identified problems are the responsibility of the program director and the department.
- 3.8.3.1.6.** An action plan must be created for any violation that includes identifying reasons for the violation(s) and how the program will resolve the issue(s) to prevent future violations.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-20
		EFFECTIVE DATE	04/02/2013
		PAGE(S)	04
	<u>SUBJECT</u> RESIDENT AND FELLOW LEAVE POLICY	SUPERSEDES	04/01/2011

Resident and Fellow Leave Policy

I. **PURPOSE:**

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition). MSM residents will be afforded the opportunity to provide for personal and/or family welfare through this defined leave policy.

II. **SCOPE:**

All MSM administrators, faculty, staff, residents, and those administrators at participating training affiliates shall understand and support these and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

III. **POLICY:**

- 3.1. MSM will provide residents with the opportunity to take personal and family leave as needed during a Post-Graduate Year (PGY).
- 3.2. Leave accounting is the responsibility of the residency program director in coordination with the Office of Graduate Medical Education (GME) and the Human Resources Department.
- 3.3. Federal law, Accreditation Council for Graduate Medical Education (ACGME) program requirements, and medical specialty board requirements shall be applicable as appropriate.

IV. **COMPENSATED LEAVE TYPES:**

- 4.1. **Resident Vacation Leave:** Residents are allotted 15 days compensated vacation leave per academic year (from July 1 through June 30).
 - 4.1.1. Vacation leave may not be carried forward from year-to-year (accrued).
 - 4.1.2. Vacation leave shall not be subject to an accumulated pay out upon the completion of the program, transfer from the program, or upon a resident's involuntary termination from the program.
- 4.2. **Sick Leave:** Compensated sick leave is 15 days per year. This time can be taken for illness for the resident or for the care of an immediate family member.
 - 4.2.1. Sick leave is not accrued from year to year.
 - 4.2.2. Available sick leave, 15 days maximum, and/or available vacation leave, 15 days maximum, may be used to provide paid leave in situations requiring time off for the purpose of caring for oneself or an immediate family member due to serious health conditions.

- 4.3. Administrative Leave:** Granted at the discretion of the program director, may not exceed ten days per twelve-month period. Residents should be advised that some medical boards count educational leave as time away from training and may require an extension of their training dates.
- 4.4. Holiday Leave:** Time off for a holiday is based on a resident's rotation assignment. When rotating on a clinic or service that closes due to a holiday, the resident may take that time off as paid holiday leave with approval of the program director.
- 4.5. Family and Medical Leave:** MSM provides job-protected family and medical leave to eligible residents for up to 12 workweeks of unpaid leave during a 12-month period based on the following qualifying events:
- For incapacity due to pregnancy, prenatal medical care, or child birth;
 - To care for the employee's child after birth, or placement for adoption or foster care;
 - To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or
 - For a serious health condition that makes the employee unable to perform the employee's job.
- 4.5.1.** Eligible residents who care for covered service members may also be eligible for up to 26 workweeks of unpaid leave in a single 12-month period.
- 4.5.2.** Residents are eligible for FMLA leave if they have worked for MSM for at least one (1) year, have worked 1,250 hours over the previous 12 months, and have a qualifying event as outlined above. Direct all questions about FMLA leave to the Human Resources Department.

V. SHORT TERM DISABILITY:

- 5.1.** Short-term disability (STD) is an MSM employee paid benefit offered to regular full-time employees and part-time employees who are eligible for benefits. The benefits are administered by an insurance carrier, which provides income continuation to employees who are unable to work for up to twenty-six (26) weeks due to a non-work-related illness or injury that prevents the performance of normal duties of their position.
- 5.2.** Eligible employees must enroll for the STD program within thirty (30) days of employment. If the employee does not enroll within thirty (30) days of eligibility and would like coverage at a later date, the employee must provide evidence of insurability to gain coverage subject to approval by the insurance carrier.
- 5.3.** There is a required 14-day benefit elimination period during which an employee must use any available accrued sick and/or vacation leave.
- 5.3.1.** If an employee continues to be determined disabled after the benefit elimination period, the insurance carrier will pay sixty percent (60%) of his or her weekly salary until a decision is made that the employee is no longer disabled, or the employee's claim transitions to Long-Term Disability.
- 5.3.2.** The maximum benefit period for STD is 26 weeks.
- 5.3.3.** The benefit period could be shorter as determined by medical documentation submitted. For additional information, refer to MSM's Short Term Disability Policy (HR 6.01).

VI. LEAVE OF ABSENCE WITHOUT PAY:

- 6.1. Leave required beyond available compensated sick and/or vacation leave will be uncompensated Leave without Pay (LWOP).
 - 6.1.1. Requests for LWOP shall be submitted in writing to the residency program director and reviewed by the Human Resources Department for disposition and approval no less than 30 days in advance of the start of any planned leave.
 - 6.1.2. The request shall identify the reason for the leave and the duration.
 - 6.1.3. LWOP, when approved, shall not exceed six (6) months in duration.
- 6.2. MSM's Human Resources Department shall advise both the resident and the residency program director on applicable policies and procedures.
 - 6.2.1. All applicable categories of compensated leave must be exhausted prior to a resident being granted LWOP.
 - 6.2.2. Residents shall consult with the HR Manager for Leave Management prior to taking LWOP.

VII. OTHER LEAVE TYPES:

All other leave types (e.g., military, bereavement, jury duty, etc.) are explained in detail in MSM's Policy Manual which is available on the Human Resources Department Intranet webpage.

VIII. RETURN TO DUTY:

- 8.1. For leave due to or serious health conditions of the resident, parent, or other family member, a physician's written Release to Return to Duty form or equivalent is required with the date the resident is expected to return to resume his or her residency. This information is submitted to the Human Resources Department (HRD).
- 8.2. When applicable, the residency program director will record in writing the adjusted date required for completion of the PGY or the program because of Extended Resident Leave. One copy is placed in the resident's educational file and a copy is submitted to the Office of Graduate Medical Education (GME) to process the appropriate personnel action.

IX. PROGRAM LEAVE LIMITATIONS:

- 9.1. Leave away from the residency program includes the total of all leave categories taken within an academic year. This includes uncompensated Federal Family and Medical Leave or other Leave without Pay (LWOP).
- 9.2. All leave is subject to the requirements of the individual medical specialty boards and the ACGME-Residency Review Committee regarding the completion of the program.
 - 9.2.1. It is the responsibility of each residency program director to determine the effect of absence from training for any reason on the individual's educational program and, if necessary, to establish make-up requirements that meet the Board requirements for the specialty.
 - 9.2.2. Residents should review the current certification application eligibility requirements at the specialty board website.

X. PROGRAM-LEVEL LEAVE PROCESSES—MONITORING AND TRACKING:

- 10.1.** All residency programs should have written guidelines for resident leave processes including how to request leave. Guidelines must be consistently applicable to all residents in the program.
- 10.2.** Program managers are responsible for entering and tracking resident leave in New Innovations and the Kronos systems.

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-21
		EFFECTIVE DATE	04/01/2011
		PAGE(S)	03
	<u>SUBJECT</u> RESIDENT AND FELLOW PROMOTION POLICY	SUPERSEDES	07/01/2004 10/01/1992

Resident and Fellow Promotion Policy

I. PURPOSE:

- 1.1. The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition).
- 1.2. A resident will be prepared to undertake independent medical practice upon the successful completion of a residency program and shall have completed requirements to obtain a physician's license and prepare for certification by a specialty board.

II. SCOPE:

All MSM administrators, faculty, staff, residents, and accredited participating affiliates shall understand and support this policy and all other policies and procedures that govern both Graduate Medical Education programs and resident appointments at MSM.

III. POLICY:

- 3.1. Residency education prepares physicians for independent practice in a medical specialty. A resident is expected to progressively increase his or her level of proficiency in order to advance within a residency program.
- 3.2. MSM's focus is on the resident's acquisition and development of pertinent skills and behaviors with the intent of providing a competent practicing physician to the community.
- 3.3. Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period.

IV. RESIDENCY PROGRAM PROMOTION:

4.1. Program Responsibilities

- 4.1.1. The resident will receive periodic, scheduled, written evaluations of his or her performance, progress, and competence in the program specialty as outlined in the MSM Evaluation Policy.
- 4.1.2. Residents must be familiar with ACGME-Residency Review Committee and MSM educational requirements to successfully complete the residency program.
 - 4.1.2.1. This should begin on the first day of matriculation.

4.1.2.2. At a minimum, residents must be given the following information by the residency program and/or the GME office:

- A copy of the MSM Graduate Medical Education (GME) General Information Policy
- A Residency Program Handbook (or equivalent) outlining at a minimum:
 - The residency program goals, objectives, and expectations
 - The ACGME Specialty Program Requirements
 - The six general competencies designed within the curriculum of the program
 - Clinical rotations and/or other education modules with specific goals, objectives, and expected outcomes
 - Schedules of assignments to support rotations
 - The educational supervisory hierarchy within the program, rotations, and education affiliates
 - The residency program evaluation system

4.2. Promotion Requirements

4.2.1. In order for a resident to complete an MSM residency education program, he or she must successfully meet the following standards in addition to any program-specific requirements:

4.2.1.1. The resident must exhibit clinical and academic performance and competence consistent with the curricular standards and the level of training undergone.

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

4.2.1.3. The program director must certify that the resident has fulfilled all criteria, including the program-specific criteria, to move to the next level in the program.

4.2.1.4. The resident must demonstrate professionalism, including the possession of a positive attitude and behavior, along with moral and ethical qualities that can be objectively measured in an academic and/or clinical environment.

4.2.1.5. The resident must achieve a satisfactory score on the in-service examinations along with other program-specific criteria required in order to advance. ACGME-Residency Review Committee program requirements provide the outline of standards for advancement.

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

4.3. Process and Timeline for Promotional Decisions

- 4.3.1.** Normal promotion decisions are made no later than the fourth month of the appointment. Reappointment agreements are prepared based on the residency Clinical Competency Committee and program director's recommendation for promotion.
- 4.3.2.** When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident's current appointment agreement. If the primary reason for non-promotion occurs within the last four (4) months of the appointment agreement period, the program will give as much written notice as circumstances reasonably allow.
- 4.3.3.** If a resident's appointment agreement is not going to be renewed, the residency program must notify the resident in writing no later than four (4) months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four (4) months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the appointment agreement expiration.
- 4.3.4.** For more information concerning adverse events, refer to the Adverse Academic Decisions and Due Process Policy.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-22
		EFFECTIVE DATE	10/01/2014
		PAGE(S)	18
	SUBJECT	SUPERSEDES	09/27/2012 06/22/2009
	SEX/GENDER NON-DISCRIMINATION AND SEXUAL HARASSMENT POLICY		

Sex/Gender Non-Discrimination and Sexual Harassment Policy

I. POLICY:

- 1.1. Morehouse School of Medicine (“MSM” or “School”) does not discriminate on the basis of sex in its employment decisions, education programs and education activities as required under Title IX of the Education Amendments of 1972 and in its implementing regulations, and in part under Title VII of the Civil Rights Act of 1964, as well as any other applicable federal and state laws or local ordinances.
- 1.2. This policy covers all employment and admissions decisions affecting any member of the “MSM Community” (as defined below) as they related to conduct prohibited under this policy, including sex/gender discrimination, as well as all types of sexual misconduct, including, but not limited to, sexual harassment and sexual violence.
- 1.3. MSM also prohibits retaliation against members of the MSM Community (as defined below) who raise concerns about or report incidents of sex discrimination and sexual harassment.
- 1.4. Any individual found to have violated this Policy will be subject to disciplinary action up to and including termination for employees, expulsion for students, and non-renewal for resident physicians.
- 1.5. Certain behavior also violates MSM’s policy even when it does not constitute a violation of law.
- 1.6. General inquiries about the application of Title IX should be directed to the U.S. Department of Education’s Office of Civil Rights or the School’s Title IX Coordinator or Deputy Title IX Coordinator:

Marla Thompson

Title IX Coordinator

Morehouse School of Medicine

Harris Building

720 Westview Drive, SW

Atlanta, GA 30310

Direct Dial: (404) 752-1871; Fax: (404) 752-1639

Email: mthompson@msm.edu

Valerie Walton

Deputy Title IX Coordinator

Morehouse School of Medicine

Harris Building

720 Westview Drive, SW

Atlanta, GA 30310

Direct Dial: (404) 752-1606; Fax: (404) 752-1639

Email: vjwalton@msm.edu

II. APPLICABILITY:

- 2.1. This Policy applies to all faculty, staff, administration, supervisors, employees, resident physicians, students, applicants, volunteers, patients and visitors to campus, including guests, patrons, independent contractors or clients of MSM (individually "Person(s)"; collectively "the MSM Community").
- 2.2. This Policy prohibits unlawful discrimination, harassment and retaliation on the basis of sex in any employment decision, education program or educational activity, which means all academic, educational, extracurricular, and other programs and operations.
- 2.3. Any MSM Persons designated by MSM to have the authority to address or duty to report alleged gender-based discrimination, sexual harassment and/or retaliation who fails to address or report alleged gender-based discrimination, sexual harassment and/or retaliation of which they know or should have known, may be subjected to sanctions up to and including termination of employment, dismissal or expulsion.

III. DEFINITIONS:

- 3.1. **Complaint** means a Complaint alleging any action, policy, procedure, or practice which would be prohibited by Title IX, such as gender-based discrimination or sexual harassment.
- 3.2. **Complaint Answer** means the written statement of the Respondent regarding the Complaint allegation and possible corrective action.
- 3.3. **Complainant** means an MSM Person who submits a Complaint under this Policy, or an individual or group submitting a Complaint on behalf of an MSM student or employee.
- 3.4. **Consent** means clear, unambiguous, and voluntary agreement between participants to engage in specific sexual activity.
 - 3.4.1. Consent is active, not passive, and is given by clear actions or words.
 - 3.4.2. Consent may not be inferred from silence, passivity, or lack of active resistance alone.
 - 3.4.3. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity.
 - 3.4.4. Being intoxicated does not diminish one's responsibility to obtain consent. In some situations, an individual may be deemed incapable of consenting to sexual activity because of circumstances or the behavior of another, or due to their age. Examples of such situations absent of consent include, but are not limited to, incompetence, impairment from alcohol and/or other drugs, fear, unconsciousness, intimidation, coercion, confinement, isolation, or mental or physical impairment.

- 3.5. Corrective Action** means action which is taken by MSM to eliminate or modify any policy, procedure, or practice found to be in violation of Title IX and/or to provide redress to any Complainant injured by the identified violation. Corrective action includes sanctions up to and including, termination of employment, suspension, expulsion, or non-renewal.
- 3.6. Dating Violence** is violence committed by a person:
- 3.6.1.** Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- 3.6.2.** Where the existence of such a relationship may be determined based on the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship.
- 3.7. Discrimination** is adverse treatment of any Person based on that Person's gender, rather than on the basis of his/her individual merit or other lawful considerations. Decisions made with respect to the terms, conditions, or privileges of employment and education including, but not limited to hiring, firing, promoting, disciplining, scheduling, training, or deciding how to compensate an employee, resident, student, or applicant must be made without consideration of an individual's gender.
- 3.8. Domestic Violence (or Family Violence)** is a category of felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. Georgia state law specifically defines such violence as the occurrence of a felony or the commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass between:
- Past or present spouses;
 - Persons who are parents of the same child;
 - Parents and children;
 - Stepparents and stepchildren;
 - Foster parents and foster children; or
 - Other persons living or formerly living in the same household.
- 3.9. Notice of Outcome** means the written statement of a Title IX Coordinator, Deputy Title IX Coordinator, or other investigator of his/her findings regarding the validity of the complaint and the recommended Corrective Actions to be taken and/or sanctions to be imposed.
- 3.10. Respondent** means a person alleged to be responsible, or who is accused of conduct alleged in the complaint to constitute a Title IX violation. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the complaint (i.e. a department head or chairperson).

3.11. Retaliation is any adverse action taken against an individual because he or she filed a charge of discrimination (including harassment), complained to the School or a government agency about discrimination and/or harassment on the job or in an academic setting, or participated in an employment or student discrimination proceeding (such as an internal investigation or lawsuit), including as a witness.

3.11.1. Retaliation also includes adverse action taken against someone who is associated with the individual opposing the perceived discrimination or harassment, such as a family member.

3.11.2. Examples of retaliation include termination, dismissal, demotion, refusal to promote, or any other adverse action involving a term, condition, or privilege of employment or academic opportunity.

3.12. Sexual harassment is conduct that is sexual in nature, is unwelcome and denies or limits a student's ability to participate in or benefit from a school's education programs, or negatively impacts an individual's work environment at MSM.

3.12.1. It is a form of misconduct that is demeaning to others and undermines the integrity of the employment relationship and learning environment.

3.12.2. Sexual harassment is unlawful and prohibited regardless of whether it is between or among members of the same sex or opposite sex.

3.12.3. Sexual harassment also may consist of inappropriate gender- based comments and gender stereotyping.

3.12.4. Examples of conduct constituting sexual harassment and which create a hostile environment include, but is not limited to:

- Making unwelcome sexual advances, propositions or other sexual or gender-based comments, such as sexual or gender-oriented gestures, sounds, remarks, jokes or comments about a Person's gender, sex, sexuality or sexual experiences;
- Requesting sexual favors, or engaging in other verbal or physical conduct of a sexual nature;
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, drawings, pictures or invitations;
- Conditioning any aspect of an individual's employment or academic participation on his or her response to sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature;
- Creating an intimidating, hostile or offensive working or academic environment by sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature; and
- Conduct that is criminal in nature, such as rape, sexual assault, domestic violence, dating violence, sexually motivated stalking and other forms of sexual violence.

- 3.13. Sexual assault** is a sexual act against the will and without the consent of the individual (alleged victim).
- 3.13.1.** Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, rape, attempted rape, sexual battery and aggravated sexual battery.
- 3.13.2.** Additionally, Georgia law defines sexual assault as sexual contact that is perpetrated by a person who has supervisory or disciplinary authority over another individual. Sexual assault is a criminal sex offense under Georgia law.
- 3.14. Stalking** occurs when a person follows, places under surveillance or contacts another person (i.e. the victim) at or about any public or private property occupied by the victim other than the residence of the person without the consent of the victim for the purpose of harassing and intimidating the victim.
- 3.14.1.** Harassment and intimidation is a knowing and willful course of conduct directed at a specific person which causes emotional distress by placing such person in reasonable fear for such person's safety or the safety of a member of his or her immediate family, by establishing a pattern of harassing and intimidating behavior, and which serves no legitimate purpose.
- 3.14.2.** Examples of contacting another person include, but are not limited to, communicating in person, by telephone, by mail, by broadcast, by computer or computer network, or by any other electronic device.
- 3.15. Title VII**, as referenced in this Policy, means Title VII of the Civil Rights Act of 1964, the Title VII implementing regulations, and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted specifically in the context of sex/gender discrimination. Like Title XII, Title VII prohibits, in part, employment discrimination based on sex/gender. All other types of non-gender related prohibited
- 3.16. Title VII conduct** is addressed and covered by the School's General Statement of Nondiscrimination and Anti-Harassment Policy.
- 3.17. Title IX** means Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681 and 1682), the 1980 implementing regulations (34 C.F.R. Subpart E), and any memoranda, directives, guidelines, or subsequent legislation that may be issued or enacted. Title IX states, in relevant part, that “no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”
- 3.18. Title IX Coordinator**, as referenced in this Policy, means the employee(s) designated to coordinate the School's efforts to comply with and carry out its responsibilities under Title IX and the Title IX implementing regulations.
- 3.18.1.** The Title IX Coordinator (and the Deputy Title IX Coordinator) is responsible for investigating and disposing of all complaints of unlawful sex-based discrimination, sexual harassment and retaliation involving Persons covered under this Policy; monitoring the School's overall implementation of Title IX complaint proceedings; coordinating the School's compliance with Title IX; and determining the corrective action necessary for future prevention of unlawful sex-based discrimination, sexual harassment, and retaliation.

3.18.2. In cases where sex-based employment discrimination is alleged, the Title IX Coordinator (or deputy) will also coordinate the School's efforts to comply with and carry out its responsibilities under Title VII and the Title VII implementing regulations, where the application of Title IX and Title VII overlap.

3.19. Title IX Investigator, as referenced in this Policy, means the Title IX Coordinator, Deputy Title IX Coordinator, or their designee, tasked with investigating any complaints made under this Policy, and issuing an Interim Notice of Outcome regarding same.

IV. PROHIBITION AGAINST RETALIATION:

- 4.1.** Title IX (and Title VII) expressly prohibits retaliation against anyone who, in good faith, reports what s/he believes is discrimination or harassment, who participates or cooperates in any investigation, or who otherwise opposes unlawful conduct believed to be in violation of this policy.
- 4.2.** Retaliation includes intimidation, harassment, threats, or other adverse action or speech against the person who reported the misconduct, the Complainant(s), or witnesses. MSM will not only take steps to prevent retaliation, but it will also take strong corrective action if it occurs.
- 4.3.** Anyone who believes he or she has been the victim of retaliation for reporting discrimination or harassment, participating or cooperating in an investigation or otherwise opposing unlawful conduct believed to be in violation of this policy should immediately contact the Title IX Coordinator or the Deputy Title IX Coordinator, who have authority to investigate all such claims.
- 4.4.** Any individual found to have retaliated against another individual who engaged in conduct consistent with the protections afforded under this Policy will be in violation of this policy and will be subject to disciplinary action.

V. FALSE ACCUSATIONS:

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

VI. JURISDICTION AND AUTHORITY OF MSM AND THE TITLE IX COORDINATOR:

- 6.1.** MSM through the Title IX Coordinator and/or Deputy Title IX Coordinator has jurisdiction to receive, investigate, hear and resolve reports and/or formal complaints brought by MSM faculty, staff, Resident Physicians, students and other members of the MSM Community that involve or invoke Title IX.
- 6.2.** The Title IX Coordinator is authorized to enact procedures that include specific instructions for reporting, investigating and resolving incidents and/or Title IX complaints.
- 6.3.** There is no time limit to filing a complaint, making a report or commencing an investigation under these procedures.
 - 6.3.1.** However, victims are encouraged to report a complaint immediately in order to maximize the School's ability to obtain information, and conduct an adequate, thorough, prompt, and impartial investigation.

- 6.3.2.** Failure to promptly report alleged sex discrimination or sexual violence may result in the loss of relevant information, evidence, and reliable witness testimony, and may impair the School's ability to carry out these procedures.

VII. PROCEDURES A VICTIM SHOULD FOLLOW IMMEDIATELY FOLLOWING THE OCCURRENCE OF SEX DISCRIMINATION OR SEXUAL HARASSMENT:

- 7.1.** MSM is acutely aware that a victim of sex discrimination and/or of a sex offense, in particular, may experience physical, mental and emotional trauma as a result of the incident.
- 7.2.** Therefore, in order for MSM to conduct a prompt, fair and thorough investigation into the incident and commence appropriate disciplinary proceedings (if the victim so chooses), a victim of sexual violence (e.g., rape, sexual assault, dating violence, domestic violence, stalking) is encouraged to follow these procedures immediately following the occurrence, when possible:
- 7.2.1.** Go to a safe place as soon as possible.
- 7.2.2.** Do not wash, shower, bathe, use the toilet or change clothing.
- 7.2.3.** Preserve any evidence as would be necessary to prove the offense, or in obtaining a protective order, restraining order, and/or no-contact order. Examples of such evidence include:
- 7.2.3.1.** Clothing worn during the incident, including, but not limited to, undergarments;
- 7.2.3.2.** Sheets, bedding, and condoms, if used;
- 7.2.3.3.** A list of witnesses with contact information;
- 7.2.3.4.** Text messages, emails, call history, and social media posts; and
- 7.2.3.5.** Pictures of any injuries.
- 7.2.4.** Call the appropriate law enforcement agency.
- 7.2.4.1.** If the sex offense occurred on campus, contact the Department of Public Safety as soon as possible by (404) 752-1794 or (404) 752-1795.
- 7.2.4.2.** If the attack did not occur on campus, call the law enforcement agency having jurisdiction where the sex offense (i.e. the rape, sexual assault, dating violence, domestic violence, etc.) occurred.
- 7.2.5.** Get medical attention.
- 7.2.5.1.** If called, the Department of Public Safety will assist the victim in calling an EMS, if wanted.
- 7.2.5.2.** You may also take yourself or have someone else take you directly to the medical facility or medical provider of choice.
- 7.2.5.3.** Please ensure that any medical assistance you receive will include collecting any evidence.

7.2.6. Talk to a counselor.

7.2.6.1. The victim may contact MSM Counseling Services at (404) 752-1789 for guidance on medical and counseling services.

7.2.6.2. Employees should consult the Employee Assistance Program at 1-877-622-4327 for guidance on medical and counseling service referrals.

7.2.6.3. The victim also has a right to have an advocate and support person present at the hospital, doctor's office, or urgent care unit for examination.

VIII. OPTIONS FOR REPORTING OR DISCLOSING INCIDENTS OF SEXUAL VIOLENCE:

8.1. If a victim of a sex offense, domestic violence, dating violence, sexual assault or stalking or other form of sexual violence is able and feels safe, he or she should clearly explain to the alleged offender that the behavior is objectionable and request that it cease.

8.2. Alternatively, if the victim is not able or does not feel safe confronting the alleged offender, or the behavior does not stop, or if the victim believes some adverse employment, academic or educational consequences may result from the discussion, the victim may do one or more of the following:

8.2.1. Report the offense to his/her immediate supervisor or department chairperson, the Title IX Coordinator, or the Deputy Title IX Coordinator.

8.2.2. Notify the Department of Public Safety or other law enforcement authorities;

8.2.3. Request assistance in notifying appropriate law enforcement authorities, which assistance MSM will provide; or

8.2.4. Decline to notify any such authorities.

IX. FILING A COMPLAINT FOR VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:

9.1. Any Person, or any individual or group acting on behalf of a Person, seeking to raise concerns with individual or institutional sex-based discrimination, sexual harassment or sexual violence may file a formal complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.

9.2. The Title IX Coordinator (or Deputy Title IX Coordinator) must be contacted in order to initiate a complaint.

9.3. The complaint should be brought as soon as possible after the most recent incident.

9.4. No Person should assume that an official of MSM knows about a particular situation.

9.5. The School encourages any individual who feels he or she has been discriminated against or harassed to promptly report the incident to the Title IX Coordinator or the Deputy Title IX Coordinator.

9.6. Any person who knows of, or receives a complaint of sex discrimination or sexual harassment should report the information to or file a complaint with the Title IX Coordinator or the Deputy Title IX Coordinator.

9.7. Complaints filed with the Title IX Coordinator or the Deputy Title IX Coordinator must be in writing and provide the following information: (i) name and contact information for the complaining Person(s) ("Complainant(s)"); (ii) nature and date of alleged violation; (iii) names and contact information for the Person(s) responsible for the

alleged violation (where known) (“Respondent(s)”); (iv) requested relief or corrective action (specification of desired relief shall be the option of the Complainant); and (v) any other background or supplemental information that the Complainant believes to be relevant (e.g., names of other persons affected by the violation, etc.).

9.8. Upon receipt of a complaint alleging dating violence, domestic violence, sexual assault, stalking, or sexual violence, the Title IX Coordinator or the Deputy Title IX Coordinator will promptly schedule an individual meeting with the victim to:

- 9.8.1.** Provide him/her a general understanding of these complaint procedures, the prohibition against retaliation, and the investigative process;
- 9.8.2.** Discuss and provide written information regarding forms of support or immediate interventions available to the victim, such as on- and off-campus resources and interim measures;
- 9.8.3.** Discuss and provide written information regarding the victim's options for, and available assistance in, changing any accommodations that may be appropriate and reasonably available concerning the victim's academic, living, transportation and working situations;
- 9.8.4.** Seek to determine if the victim wishes to notify law enforcement authorities, wishes to be assisted in notifying law enforcement authorities, or does not wish to notify law enforcement authorities;
- 9.8.5.** Where applicable, provide information to the victim of his or her rights and the School's responsibilities regarding orders of protection, no contact orders, restraining orders, or similar lawful orders issued by a criminal, civil or tribal court; and
- 9.8.6.** Inform the victim about how MSM will protect his or her confidentiality, including the omission of the victim's identifying information in publicly-available records or in oral and written communications to the accused, to the extent permissible by law.

X. WHEN THE VICTIM REQUESTS CONFIDENTIALITY AND/OR ELECTS NOT TO PROCEED WITH AN INVESTIGATION OR PURSUE FORMAL DISCIPLINARY PROCEEDINGS:

- 10.1.** If the victim does not wish to proceed with an investigation and/or requests that the complaint or report remain confidential, the Title IX Coordinator or the Deputy Title IX Coordinator will inform the victim that the School's ability to respond fully to the incident may be limited because of this desire. The victim should also understand that Title IX prohibits retaliation, and that School officials will not only take steps to prevent retaliation but also take strong responsive action if it occurs.
- 10.2.** The Title IX Coordinator or Deputy Title IX Coordinator will weigh the victim's request(s) for confidentiality and/or wish not to proceed with an investigation against the School's obligation to provide a safe, non-discriminatory environment for all students. Specifically, the Title IX Coordinator or Deputy Title IX Coordinator will consider the following factors:
 - 10.2.1.** The seriousness of the misconduct;
 - 10.2.2.** Whether there have been other complaints of sex discrimination or sexual violence against the accused at the School or any other school or in the nature of prior criminal charges;

- 10.2.3. Whether the accused threatened further misconduct or violence against the victim or others;
 - 10.2.4. Whether the misconduct was committed by multiple perpetrators;
 - 10.2.5. Whether the misconduct involved use of a weapon;
 - 10.2.6. The age of the victim;
 - 10.2.7. Whether the School possesses other means to obtain relevant evidence of the misconduct;
 - 10.2.8. Whether the complaint reveals a pattern of conduct at a particular location or by a particular individual and group of individuals; and
 - 10.2.9. The accused's right to receive information about the allegations if the information is maintained by the University as an "education record" under the Family Educational Rights and Privacy Act (FERPA), if applicable.
- 10.3. Even if the victim does not wish to file a formal complaint or proceed with an investigation because he or she insists on confidentiality or requests that the complaint not be resolved, Title IX still allows MSM to investigate and take reasonable corrective action in response to the victim's complaint if the Title IX Coordinator or the Deputy Title IX Coordinator determines, subject to the factors listed above, that the School must override the victim's request for confidentiality in order to meet its Title IX obligations. However, these instances will be limited and evaluated on a case-by-case basis. The Title IX Coordinator or Deputy Title IX Coordinator will ultimately inform the victim if the School cannot ensure confidentiality.
- 10.4. In an instance where the School must disclose a victim's identity to the accused, the Title IX Coordinator or Deputy Title IX Coordinator will inform the victim prior to making the disclosure.

XI. INTERIM AND REMEDIAL MEASURES:

- 11.1. Regardless of whether a victim of sex discrimination, sexual violence or sexual harassment chooses to report the incident or file a formal complaint, the School shall take one or more of the following remedies, as well as other remedies deemed appropriate for each specific case, while keeping the victim's identity confidential:
- 11.1.1. Providing the victim with a campus security escort to ensure that he or she can move safely between buildings on campus;
 - 11.1.2. Ensuring that the victim and the accused do not attend the same classes, seminars, functions, meetings, etc.;
 - 11.1.3. Providing counseling services;
 - 11.1.4. Providing medical services;
 - 11.1.5. Providing academic support services, such as tutoring (in cases involving students);
 - 11.1.6. Arranging for the victim to re-take a course or withdraw from a class without penalty, including ensuring that any changes do not adversely affect the victim's academic records;

11.1.7. Reviewing any disciplinary actions taken against the victim to see if there is a causal connection between the harassment and the misconduct that may have resulted in the victim being disciplined.

11.2. The School also reserves the right to suspend the accused or place him/her on administrative leave pending the investigation of the victim's complaint or disciplinary or criminal proceedings. The interim suspension or leave shall become immediately effective without prior notice whenever there is evidence that the continued presence of the student or employee, respectively, at the School poses a substantial and immediate threat to himself or herself, or to others. A student or employee suspended or placed on administrative leave, respectively, on an interim basis under this policy shall be given a prompt opportunity to appear personally before the Title IX Coordinator or Deputy Title IX Coordinator to discuss the following issues only:

11.2.1. The reliability of the information concerning the Respondent conduct, including the matter of his or her identity; and

11.2.2. Whether the conduct and surrounding circumstances reasonably indicate that the continued presence of the accused on School premises poses a substantial and immediate threat to himself or herself, or to others.

11.3. The School may also consider and take interim remedial measures that affect the broader MSM population, including, but not limited to, offering School-wide counseling and training; developing, updating and disseminating materials on sex discrimination or sexual harassment, developing and implementing new policies and complaint procedures; and conducting internal School investigations to assess the effectiveness of the School's efforts to eliminate sex discrimination or sexual harassment and promote an environment free of sex discrimination and harassment.

11.4. Mediation will not be used to resolve complaints of sexual assault, sexual violence, domestic violence, dating violence, or stalking.

XII. PROCEDURES FOR INVESTIGATING VIOLATIONS OF THE SEX/GENDER NONDISCRIMINATION AND SEXUAL HARASSMENT POLICY:

12.1. Procedure for investigating allegations of co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination

Upon receipt of complaint of any allegation of sex discrimination or sexual harassment between co-workers or employees, the School will promptly investigate, and take prompt, remedial action to remedy any confirmed conduct in violation of this Policy.

12.2. Procedure for investigating allegations of sexual assault, sexual violence, domestic violence, dating violence, stalking or any other Title IX violations not involving co-worker/employee-on-co-worker/employee sexual harassment or sex discrimination:

12.2.1. A Title IX/Discrimination Complaint Form will be prepared by the Title IX Coordinator or the Deputy Title IX Coordinator to facilitate the filing of the complaint. This form can be obtained from the Title IX Coordinator (or deputy).

12.2.2. Within five (5) days of the filing of a Complaint, the Title IX Coordinator or the Deputy Title IX Coordinator will schedule an individual meeting with the accused (i.e. the Respondent) in order to provide him/her with notice of the complaint, of his/her responsibility to submit a written complaint answer within five (5) days after receipt of the complaint notification. The Title IX Coordinator or the Deputy Title IX Coordinator will also provide the Respondent with a general understanding of the

procedures for investigating and resolving complaints of sex discrimination and/or sexual harassment, and identify forms of support or immediate interventions available to him/her, if applicable.

- 12.2.3.** The Respondent(s) receiving a copy of a complaint shall, within five (5) days, submit a written complaint answer to the Complainant and the Title IX Coordinator or the Deputy Title IX Coordinator. Such answer shall: (i) confirm or deny each fact alleged in the complaint; (ii) indicate the extent to which the complaint has merit and offer any facts or evidence to disprove the allegations made against him/her; and (iii) indicate acceptance or rejection of any desired redress specified by the Complainant, or outline an alternative proposal for redress.
- 12.2.4.** Within five (5) days after receipt of the Respondent's written complaint answer, the Title IX Coordinator or the Deputy Title IX Coordinator will investigate the allegations. If no complaint answer has been received on the fifth (5th) day after notification of the Respondent, the Title IX Coordinator or the Deputy Title IX Coordinator shall send a "Notice of Nonresponse" to the Respondent and, if an MSM employee is involved, the employee's immediate supervisor. If no answer has been received within five (5) days after issuance of the "Notice of Nonresponse," the Title IX Coordinator or the Deputy Title IX Coordinator shall begin the investigation and recommend corrective action without the input of the Respondent. A "Notice of Nonresponse" shall also be sent to the Complainant.
- 12.2.5.** Pursuing a complaint under these procedures does not affect a victim's ability to pursue a criminal action against the accused through the criminal justice system. A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, other sex offense, or any other crime recognized by local, state, or federal law may choose to pursue a complaint under these procedures, through the criminal justice system, or both simultaneously.
- 12.2.6.** A victim of sexual assault, sexual violence, domestic violence, dating violence, stalking, or any other Title IX violation may also choose to file a formal complaint with the U.S. Department of Education's Office of Civil Rights.
- 12.3.** Investigations, Findings of Fact and Recommendations for Corrective Action by the Title IX Coordinator or the Deputy Title IX Coordinator
- 12.3.1.** All Complaints of sex discrimination, sexual violence and sexual harassment will be promptly investigated and appropriate interim measures will be taken as expeditiously as possible. MSM reiterates that it reserves the right to investigate and resolve a Complaint or report of sex discrimination and/or sexual harassment regardless of whether the Complainant ultimately desires the School to pursue the complaint.
- 12.3.2.** The amount of time needed to investigate a Complaint will depend in part on the nature of the allegation(s) and the evidence to be investigated (e.g., the number and/or availability of witnesses involved). However, most Complaints will be investigated and resolved within sixty (60) calendar days of the filing of the Complaint, excluding any appeal(s).
- 12.3.3.** The parties to the Complaint will each have an opportunity to be heard by the Title IX Coordinator or Deputy Title IX Coordinator during the investigation, and to present witnesses and other evidence to the Title IX Coordinator or Deputy Title IX Coordinator. The investigation may include conducting interviews of the Complainant, the alleged perpetrator, and any witnesses; reviewing law

- enforcement investigation documents, if applicable, reviewing student and personnel files; and gathering and examining other relevant documents or evidence.
- 12.3.4.** When investigating an incident, MSM will make reasonable efforts to protect the rights of both the Complainant and the Respondent. MSM will respect the privacy of the Complainant, the Respondent, and the witnesses in a manner consistent with the School's legal obligations to investigate, to take appropriate action, and to comply with any discovery or disclosure obligations required by law.
- 12.3.5.** When investigating a Complaint, MSM will coordinate with any other ongoing School or criminal investigations of the incident.
- 12.3.6.** At reasonable times and various stages until the School's final disposition of the investigation, the Complainant(s) and the Respondent(s) will be informed of the status of the investigation.
- 12.3.7.** Within sixty (60) days of receipt of the complaint filed to commence institutional disciplinary proceedings, the Title IX Coordinator or the Deputy Title IX Coordinator will provide an Interim Notice of Outcome of the investigation or will advise the parties of the additional estimated amount of time needed for the investigation.
- 12.3.8.** In the event the investigation reveals that, by application of the preponderance of evidence standard, it is more likely than not that a Policy Violation (or other inappropriate or unprofessional conduct even if not unlawful), or retaliation occurred, within ten (10) business days following the completion of the investigation, the Title IX Investigator will simultaneously provide the written "Interim Notice of Outcome" to Complainant, Respondent, and appropriate MSM officials for adoption or modification as outlined in Section XIII, below. The Interim Notice of Outcome will include:
- 12.3.8.1.** The determination of whether the Respondent was found responsible or not responsible for the alleged violations;
 - 12.3.8.2.** Where applicable, sanction(s) assigned or remedial measures, the due date(s) of the sanction(s), and any available appeal rights and deadlines;
 - 12.3.8.3.** Any change to the results that occurs prior to the time that such results become final; and
 - 12.3.8.4.** When such results will become final.
- 12.3.9.** Written notice to the appropriate parties relating to discipline, resolutions, and/or final dispositions is deemed to be official correspondence from the School. Disciplinary sanctions imposed may be appealed through the appropriate appeals process depending on the status of the alleged policy violator. MSM will take the appropriate remedial action based on results of the investigation and will follow up as appropriate to ensure that the corrective action is effective.
- 12.3.10.** Complainants are encouraged to report any reoccurrences of conduct that were found to violate this policy or any other related concerns.

XIII. CORRECTIVE ACTION, SANCTIONS, AND NOTICES OF OUTCOME:

Where it is determined that it is more likely than not that the Respondent has committed a violation of this Policy, the following guidelines shall apply:

- 13.1.** For Respondents Classified as Students: Sanctions include one or a combination of the following disciplinary actions:
- 13.1.1. Warning:** Verbal notice that violation of specified regulations and/or continuation or repetition of prohibited conduct may be cause for additional disciplinary action;
 - 13.1.2. Official Reprimand:** A written notice of reprimand for violation of specified regulations, including a warning that continuation or repetition of prohibited conduct may be cause for additional disciplinary action;
 - 13.1.3. Disciplinary Probation:** Exclusion from participation in privileged or extracurricular School-sponsored activities for a specified period of time. Additional restrictions or conditions may also be imposed. Violations of the terms of disciplinary probation, or any other violation of this Code during the period of probation, may result in suspension or expulsion from MSM;
 - 13.1.4. Restitution:** Monetary repayment or reimbursement to the School or to an affected party for economic damages resulting from the student's misconduct;
 - 13.1.5. Suspension:** Temporary exclusion from MSM premises and other privileges or activities, as set forth in the suspension notice.
 - 13.1.6. Expulsion:** Permanent termination of student status, and exclusion from MSM premises, privileges and activities
 - 13.1.7. Other Sanctions:** Other sanctions may be imposed instead of, or in addition to, those specified in sections (a) through (f) of this part. For example, community service may also be assigned.
 - 13.1.8.** Please note, nothing in the Student Handbook shall prevent the Title IX Investigator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.
 - 13.1.9.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Dean of Admissions and Student Affairs or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Admissions and Student Affairs or his/her designee.
 - 13.1.10.** The Associate Dean of Admissions and Student Affairs or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

13.2. For Respondents Classified as Resident Physicians: Sanctions include one or a combination of the following disciplinary actions:

- 13.2.1.** Notice of Deficiency: The School may issue a written or oral warning to the Resident to give notice that deficiencies exist that are not yet severe enough to require remediation, disciplinary action, or other adverse actions, but that do require the Resident to take immediate corrective action to cure the deficiency;
- 13.2.2.** Non-Promotion: Resident appointments are for a maximum of twelve (12) months, year-to-year. Where a Resident has demonstrated unsatisfactory performance during an academic year or fails a specific rotation required for promotion, the School may elect to delay a Resident's promotion to the next level;
- 13.2.3.** Suspension: The School may elect to suspend a Resident from all program activities for a period of time when it has determined that a Resident's performance or behavior does not appear to be in the best interests of the patients or other medical staff. Depending on the circumstances surrounding the suspension, it may be paid or unpaid;
- 13.2.4.** Non-Renewal of Appointment: The School may elect to not re-appoint a Resident for the next academic year if it determines that a Resident's performance does not meet the School's academic or professional standards, or the requirements of the Program, the Residency Review Committee Program, GME, or the Specialty Board;
- 13.2.5.** Restitution: Monetary repayment or reimbursement to the School or to an affected party for economic damages resulting from the Resident's misconduct;
- 13.2.6.** Other Sanctions: Other sanctions may be imposed instead of, or in addition to, those specified in sections (a) through (e) of this part. For example, community service or additional training may also be assigned.
- 13.2.7.** Please note, nothing in the Graduate Medical Education ("GME") Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.
- 13.2.8.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee.
- 13.2.9.** The Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome

within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

- 13.3.** For Respondents Classified as Faculty: The Respondent shall be subject to the investigation authority of the Title IX Coordinator or Deputy Title IX Coordinator in addition to the procedures outlined in Appendix III of the Faculty Bylaws, and to sanctions up to and including termination.
- 13.3.1.** Nothing in the Faculty Bylaws shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including, but not limited to, sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.
- 13.3.2.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee.
- 13.3.3.** The Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.
- 13.4.** For Respondents Classified as MSM Staff Employees: The Respondent shall be subject to disciplinary action, suspension, and termination as provided in the Discipline and Corrective Action Policy in the HR Policy Manual. Nothing in the HR Policy Manual shall prevent the Title IX Coordinator or Deputy Title IX Coordinator from conducting a prompt, fair and thorough investigation into allegations against the Respondent of any Title IX violation, including but not limited to sex discrimination, sexual harassment or sexual violence, or from taking interim measures during the pendency of the investigation, hearing or appeal. In all cases, a preponderance of evidence standard will be applied in determining whether the Respondent is responsible for conduct constituting the Title IX violation.
- 13.4.1.** The Title IX Investigator will submit his/her findings and recommendations for Corrective Actions, and/or sanctions simultaneously to the Complainant, Respondent, and the Associate Vice President of Human Resources or his/her designee via an Interim Notice of Outcome. Complainants and Respondents have ten (10) business days from receipt of the Interim Notice of Outcome to file any objections thereto. Objections must be submitted in writing to the Associate Vice President of Human Resources or his/her designee.

13.4.2. The Associate Vice President of Human Resources or his/her designee shall consider the findings and recommendations of the Title IX Investigator, and any objections filed within ten (10) days of the issuance of the Interim Notice of Outcome by Complainant, Respondent, or any other affected individual, and enter a Final Notice of Outcome within ten (10) business days of receipt of the Interim Notice of Outcome and any objections to same.

XIV. TITLE IX APPEALS/GRIEVANCE PROCEDURES:

14.1. For purposes of this Policy Section, a “Title IX Grievance” is a complaint concerning any perceived Title IX violation resulting from an MSM policy, practice or procedure. Any member of the MSM Community may file a written Title IX Grievance at any time.

14.2. For purposes of this Policy Section, a “Title IX Appeal” is an appeal by an affected individual to a decision in an Interim or Final Notice of Outcome resulting from a Title IX Complaint Investigation or Hearing.

14.3. First level Appeals/Grievances:

14.3.1. As outlined above, the Title IX Investigator will simultaneously forward the Interim Notice of Outcome to the Complainant, Respondent, and: (i) the Associate Vice President of Human Resources or his/her designee (for Staff decisions or decisions affecting other members of the MSM Community (vendors, visitors, applicants, etc.); (ii) the Vice President and Executive Vice Dean of Research and Academic Administration or his/her designee (for Faculty decisions); (iii) the Associate Dean of Graduate Medical Education and ACGME Designated Institutional Official or his/her designee (for Resident Physician decisions); or (iv) the Associate Dean of Admissions and Student Affairs or his/her designee (for Student decisions). Complainants and Respondents have ten (10) business days from receipt of an Interim Notice of Outcome to object to the findings or recommendations contained therein.

14.3.2. The appropriate designated official will review and consider the Interim Notice of Outcome, as well as any Complainant or Respondent objections to same, and issue a Final Notice of Outcome within the timeframe set forth herein which may adopt, reject, or modify the Interim Notice of Appeal.

14.3.3. For all first level appeals and grievances, the President and Dean will select and designate two (2) independent senior-level members of the MSM Community to monitor and oversee the review process conducted by the appropriate designated official.

14.4. Second Level Appeals/Grievances:

14.4.1. Appeals to the Final Notice of Outcome must be filed within ten (10) business days of receipt with the Chief Compliance Officer and may only be brought on one or more of the following three (3) grounds:

14.4.1.1. To determine whether there was a material deviation from the substantive and procedural protections provided in the complaint proceedings;

14.4.1.2. To determine whether the final decision was based on substantial evidence or information; or

14.4.1.3. To consider new information sufficient to alter the decision or relevant facts not brought out in the investigation or hearing.

- 14.4.2.** All grievances and appeals of Final Notice of Outcome must be submitted in writing, and must include the following information:
- 14.4.2.1.** The name, address, and signature of the Grievant or Appellant;
 - 14.4.2.2.** A sufficient description of the issue on appeal (material deviation from substantive/procedural compliant proceedings; failure to base final decision on substantial evidence/information; or new issue or information sufficient to alter the decision) or the allegedly improper policy, practice or procedure resulting in a Title IX violation;
 - 14.4.2.3.** The identity of additional witnesses or affected individuals.
 - 14.4.2.4.** Attach and/or identify any other documents, facts, or evidence that MSM should consider in reviewing the grievance or appeal.
- 14.4.3.** An appellant is not required to re-submit any documents or information that MSM already has in its possession as a result of its original Title IX investigation.
- 14.4.4.** The Chief Compliance Officer will investigate the appeal, including, but not limited to, review of the grounds for appeal and evidence submitting, seeking the opinion of the Title IX Coordinator's office regarding whether and why the policy, practice, or procedure being grieved or the decision being appealed complies with Title IX, or if not, what, if any, steps should be taken to bring the policy, practice, procedure or decision into compliance with Title IX. The Chief Compliance Officer may also conduct a follow-up conference or hearing with the appellant or other affected individuals or interested parties. The Chief Compliance Officer will, within sixty (60) days of receipt of the appeal, issue a Notice of Appeal Determination either affirming, modifying, or reversing the decision being appealed, or the policy/practice/procedure being grieved. The Notice of Appeal Determination is final and non-appealable.

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-23
		EFFECTIVE DATE	06/01/2014
		PAGE(S)	04
	<u>SUBJECT</u> SLEEP DEPRIVATION AND FATIGUE POLICY	SUPERSEDES	04/01/2011 09/07/2009

Sleep Deprivation and Fatigue Policy

I. **PURPOSE:**

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and training requirements of the Accreditation Council on Graduate Medical Education (ACGME). Resident education and patient care management can be greatly inhibited by resident sleepiness and fatigue.

II. **SCOPE:**

This policy is in direct response to requirements of the ACGME pertaining to fatigue mitigation and is designed to ensure the safety of patients as well as to protect the residents’ learning environment. This policy is in addition to any policy established by MSM and its affiliate institutions regarding sleep deprivation and fatigue.

III. **DEFINITION OF FATIGUE:**

- 3.1. Fatigue is a feeling of weariness, tiredness, or lack of energy. Fatigue can impair a physician’s judgment, attention, and reaction time which can lead to medical errors, thus compromising patient safety.
- 3.2. There are many signs and symptoms that would provide insight to one’s impairment based on sleep deprivation. Clinical signs include:
 - Moodiness
 - Depression
 - Irritability
 - Apathy
 - Impoverished speech
 - Flattened affect
 - Impaired memory
 - Confusion
 - Difficulty focusing on tasks
 - Sedentary nodding off during conferences or while driving
 - Repeatedly checking work and medical errors

IV. POLICY:

- 4.1. Programs must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes.
- 4.2. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
- 4.3. Each program must ensure continuity of patient care consistent with program resident wellness policies and procedures, if a resident may be unable to perform their patient care responsibilities due to excessive fatigue.
- 4.4. The program's education and processes must be designed to:
 - 4.4.1. Raise faculty and residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care.
 - 4.4.2. Provide faculty and residents with tools for recognizing when they are at risk.
 - 4.4.3. Identify strategies for faculty and residents to use that will minimize the effects of fatigue (in addition to getting more sleep).
 - 4.4.4. Help identify and manage impaired residents.

V. INDIVIDUAL RESPONSIBILITY:

- 5.1. Resident's Responsibilities in Identifying and Counteracting Fatigue
 - 5.1.1. The resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (e.g., motor vehicle accidents).
 - 5.1.2. The resident is expected to adopt habits that will provide him or her with adequate sleep to perform the daily activities required by the program.
 - 5.1.3. If the resident is too fatigued to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (e.g., taxicab) or take a nap prior to leaving the training site.
- 5.2. Faculty Responsibilities in Identifying and Counteracting Fatigue
 - 5.2.1. Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of care to patients.
 - 5.2.2. Faculty members will be able to determine if residents are sleep deprived and will make the appropriate recommendations to the resident that will correct this problem.

VI. MSM IMPLEMENTATION:

- 6.1. This policy uses the LIFE Curriculum as the source for recommendations and guidance on the management of sleepiness and fatigue in residents. The LIFE Curriculum was created to educate faculty and residents about the effects by fatigue and other common impairments on performance.
- 6.2. The policy is designed to:
 - 6.2.1. Identify strategies to assist in the prevention of these conditions;
 - 6.2.2. Provide an early warning system for impairments and ways to effectively manage them;

Sleep Deprivation and Fatigue Policy

- 6.2.3. Access appropriate referral resources; and
- 6.2.4. Identify an impaired resident.
- 6.3. The Sleep Deprivation and Fatigue Policy is appropriate for all residency programs in that it:
 - 6.3.1. Has a faculty component and a resident component;
 - 6.3.2. Addresses policies to prevent and counteract the negative effects on patient care and learning;
 - 6.3.3. Seeks the expertise of existing faculty to present materials;
 - 6.3.4. Uses modules for role play, case studies that address the adverse effects of inadequate supervision and fatigue.
- 6.4. The GME office shall sponsor a session during orientation where incoming residents will receive an introduction to Clinical Experience and Education (formerly Duty Hours), sleep deprivation and fatigue, and other impairments.
 - 6.4.1. New residents will continue the discussion on sleep deprivation and fatigue in their residency program.
 - 6.4.2. Each program will revisit the topic periodically throughout the year through role play, videos, and other discussions (many of these materials are available through the LIFE Curriculum).
- 6.5. Faculty will receive a separate orientation to the LIFE Curriculum modules through a faculty development session conducted by each individual program.
 - 6.5.1. The GME office will periodically survey each program to determine if the core faculty has received the training and over what period of time.
 - 6.5.2. The LIFE Curriculum will suffice for this educational session; however, programs are encouraged, where appropriate, to adapt the modules or create new modules that are specific to their specialty.
- 6.6. Each program is encouraged to revisit the sleep deprivation and fatigue curriculum at least twice during the academic year in addition to preparation for the session that new residents receive during orientation.

VII. COUNSELING:

In the event that a resident is reported as one who appears to be persistently sleep-deprived or fatigued during service, the program director and faculty mentor will counsel the resident individually to determine if there are some medical, physical, or psychosocial factors affecting the resident's performance. An appropriate referral will be made based on the findings.

VIII. EVALUATION:

The effectiveness of this policy will be measured by:

- The number of residents who report that they have received the training (ACGME Resident survey);
- The number of residents who comply with the clinical experience and education requirements;
- The assessment by faculty and others of the number of incidents by which a resident can be identified as fatigued during work hours and the number of medical errors attributed to resident fatigue.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-24
		EFFECTIVE DATE	06/01/2017
		PAGE(S)	04
	SUBJECT SUPERVISION AND ACCOUNTABILITY POLICY	SUPERSEDES	06/01/2014 04/01/2011 10/01/1992

Supervision and Accountability Policy

I. PURPOSE:

The purpose of this policy is to ensure that the Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) comply with ACGME supervision requirements and that the programs meet the standards outlined in the Graduate Medical Education Directory: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and the specialty program goals and objectives. The resident physician is expected to progressively increase his or her level of proficiency with the provision of predetermined levels of supervision.

II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

III. POLICY:

- 3.1. Supervision in the setting of graduate medical education has the following goals:
 - 3.1.1. Ensure the provision of safe and effective care to the individual patient;
 - 3.1.2. Ensure each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine;
 - 3.1.3. Establish a foundation for continued professional growth.
- 3.2. Each patient must have an identifiable, appropriately-credentialed, and privileged Attending physician (or licensed independent practitioner) who is responsible and accountable for the patient’s care. This information must be available to residents, faculty members, other members of the health care team, and patients.
- 3.3. Residents and faculty members must inform patients of their respective roles in each patient’s care when providing direct patient care.
- 3.4. All residents working in clinical settings must be supervised by a licensed physician. The supervising physician must hold a regular faculty or adjunct faculty appointment from the Morehouse School of Medicine. For clinical rotations occurring outside of Georgia the supervising physician must be approved by the residency program director.

- 3.5. The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.
- 3.5.1. 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.
 - 3.5.2. The program director must evaluate each resident's abilities based on specific criteria guided by the Milestones.
 - 3.5.3. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate him or her the appropriate level of patient care authority and responsibility. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of the residents.
 - 3.5.4. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
 - 3.5.5. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.
 - 3.5.6. Each resident must know the limits of his or her scope of authority, and the circumstances under which he or she is permitted to act with conditional independence. Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.

IV. LEVELS OF SUPERVISION:

- 4.1. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classifications of supervision:
 - 4.1.1. **Direct Supervision:** The supervising physician is physically present with the resident and patient.
 - 4.1.2. **Indirect Supervision with direct supervision immediately available:** The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
 - 4.1.3. **Indirect Supervision with direct supervision available:** The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
 - 4.1.4. **Oversight:** The supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.
- 4.2. Each program must specify in writing the type and level of supervision required for each level of the program.
 - 4.2.1. Levels of supervision must be consistent with the Joint Commission regulations for supervision of trainees, graduated job responsibilities/job descriptions.
 - 4.2.2. The required type and level of supervision for residents performing invasive procedures must be clearly delineated.

4.2.3. The Joint Commission Standards for GME Supervision include:

- 4.2.3.1.** Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.
- 4.2.3.2.** The descriptions include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.
- 4.2.3.3.** Organized medical staff rules and regulations and policies delineate participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting licensed independent practitioners from writing orders), and what entries, if any, must be countersigned by a supervising licensed independent practitioner.

V. SUPERVISION OF PROCEDURAL COMPETENCY:

- 5.1.** Residents shall obtain competence in their field to be able to treat and manage patients in a qualified manner.
- 5.2.** This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying residents' procedural competency.
 - 5.2.1.** Residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the medical staff office to perform that procedure.
 - 5.2.2.** The Attending or program director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.
 - 5.2.3.** The program director for each training program will be responsible for maintaining an updated list of residents who have been certified as competent to perform procedures independent of direct supervision. This list must be available to Nursing in order to assist them in developing a physician resource listing.
 - 5.2.4.** The program director must also develop a method for surveillance of continued competency after it is initially granted.
 - 5.2.5.** The ability to obtain and document informed consent is an essential component of procedural competency. The supervising LIP must also supervise and attest to the trainee's competence in obtaining and documenting informed consent.
 - 5.2.6.** Until a resident trainee is judged competent in obtaining informed consent, he or she may only obtain informed consent while supervised by an individual with credentials in that procedure.

VI. GME PROGRAM SUPERVISION PROCEDURES AND PROCESSES:

- 6.1. Each program will maintain current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member.
- 6.2. Verification of required levels of supervision for invasive procedures will be reviewed as part of the Annual Program Review process. Programs must advise the Associate Dean for GME, in writing, of proposed changes in previously approved levels of supervision for invasive procedures.
- 6.3. The GMEC Committee must approve requests for significant changes in levels of supervision.
- 6.4. The program director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on supervision must be included in the official program manual and provided to each resident upon matriculation into the program.
- 6.5. The GME Office provides a Program Supervision Policy Template and Example for programs to utilize.

VII. MECHANISMS FOR RESIDENTS/FELLOWS TO REPORT INADEQUATE SUPERVISION

Residents and fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal by contacting their PD/APD and/or the office of GME.

VIII. CLINICAL RESPONSIBILITIES:

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services.

IX. TEAMWORK:

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty and larger health system.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-25
		EFFECTIVE DATE	04/02/2013
		PAGE(S)	02
	SUBJECT USMLE STEP 3 REQUIREMENT POLICY	SUPERSEDES	04/01/2011

USMLE Step 3 Requirement Policy

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) meets the standards outlined in the Graduate Medical Education Directory: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition) and the specialty program goals and objectives. A resident who is prepared to undertake independent medical practice shall have completed requirements to obtain a physician's license.

II. SCOPE:

All Morehouse School of Medicine (MSM) administrators, faculty, staff, residents, and accredited affiliates shall understand and support this policy and all other policies and procedures that govern both GME programs and resident appointments at MSM.

III. POLICY:

- 3.1. Residents must pass USMLE Step 3 by their 20th month of residency.
 - 3.1.1. Residents must present the official results of their USMLE Step 3 examination to the residency program director before the last working day of the resident's 20th month which is, in a normal appointment cycle, February.
 - 3.1.2. Residents who have not passed Step 3 by the end of the 20th month will not receive a reappointment letter to a residency program at the regular time.
- 3.2. Residents who pass USMLE Step 3 between the 21st and 24th month, will receive a reappointment letter to a residency program at the time of receipt of the results, if this is the sole reason for not receiving an appointment letter.
- 3.3. A resident who passes USMLE Step 3 beyond the outer parameters of this policy (e.g., passes in the 25th month) shall not be waived to continue in the residency program. However, that resident may reapply to the program subject to review by the Associate Dean for Graduate Medical Education in consultation with the program director and the Director of Graduate Medical Education.
- 3.4. Residents who transfer to MSM at the PGY-1 or PGY-2 level are subject to this policy.
 - 3.4.1. MSM residents who change status after beginning training in a PGY-1 preliminary position in internal medicine or surgery to a categorical position in another MSM program are recognized as a transfer resident.
 - 3.4.2. This policy applies even if the resident remains in Internal Medicine or Surgery (preliminary to categorical).
- 3.5. MSM residency programs shall not select transfer residents above the PGY-2 level for an MSM appointment if they have not passed USMLE Step 3.

- 3.6.** Residents shall be briefed on this policy in the annual GME orientation.
- 3.6.1.** Residents who have not passed USMLE Step 3, but are still within the time limits, must sign a letter of understanding that they acknowledge the policy.
- 3.6.2.** A copy of the letter of understanding is co-signed by the GME Director and shall be placed in the resident's educational file as well as in the Office of Graduate Medical Education file.
- 3.7.** Individual waivers to this policy may be considered by the Senior Associate Dean for Graduate Medical Education under the following circumstances:
- Extended illness or personal leave, and/or
 - Personal hardship or extenuating circumstances.

[Return to Table of Contents](#)

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	CAP-26
		EFFECTIVE DATE	07/01/2020
	SUBJECT VISITING RESIDENT AND FELLOW ROTATIONS POLICY AND APPLICATION	PAGE(S)	06
		SUPERSEDES	N/A

Visiting Resident and Fellow Rotations Policy and Application

I. PURPOSE:

The purpose of this policy is to provide guidelines for residents and fellows from other ACGME-accredited programs to rotate on clinical services offered by the Morehouse School of Medicine (MSM) residency and fellowship programs based at Grady Memorial Hospital (GMH). Visiting residents/fellows' applications must be approved by the program director, designated institutional official (DIO), and GMH.

II. SCOPE:

All Morehouse School of Medicine administrators, faculty, staff, residents, and accredited affiliates shall understand and support this and all other policies and procedures that govern both Graduate Medical Education programs and resident/fellow appointments at Morehouse School of Medicine.

III. POLICY:

- 3.1. Morehouse School of Medicine residency and fellowship programs must request approval from the GME Office for all residents/fellows visiting from other ACGME-accredited programs by completion of the visiting resident/fellow's application process.
- 3.2. Visiting resident/fellow rotations must be in support of the mission of MSM and/or provide a unique educational experience for the visiting resident/fellow.
- 3.3. The education of a visiting resident/fellow must not interfere with the education of MSM residents/fellows.
- 3.4. MSM will not pay the salary and benefits of the visiting resident/fellow.
- 3.5. Visiting residents/fellows may not take vacation time during visiting rotations.

IV. VISITING RESIDENT/FELLOW REQUIREMENTS AND APPLICABLE PROCEDURES:

- 4.1. Visiting residents/fellows must be in good standing at their sponsoring institution/program.
- 4.2. The visiting resident/fellow must request approval from the program director of the MSM residency or fellowship program before between 4 to 6 months of the visiting rotation start date.
- 4.3. When approved, the visiting resident/fellow must work with their program and sponsoring institution to complete and submit the MSM Application for Visiting Residents/Fellows, all accompanying documents, and required GMH paperwork no later than 90 days prior to the start of the visiting rotation.

- 4.4. The visiting resident/fellow must provide proof in writing of continuation of compensation, benefits, and medical professional liability coverage from his or her current sponsoring institution.
- 4.5. The visiting resident/fellow must obtain a Georgia resident training physician permit or full physician license.

V. MSM PROGRAM DIRECTOR PROCEDURES AND REQUIREMENTS:

Prior to approving a visiting resident/fellow to rotate on an MSM service or rotation, the program director of the MSM residency/fellowship program must ensure that the following procedures have been completed.

- 5.1. Notify the GME office of the proposed visiting resident/fellow by completing and submitting the visiting resident/fellow request form and required documentation to the GME office within between 4 to 6 months before the start of the rotation. Required information includes:
 - 5.1.1. Resident/fellow's full name, phone number, and email address used at the home institution,
 - 5.1.2. Name of the home institution and program,
 - 5.1.3. Contact information for the resident/fellows' home training program and GME office, and
 - 5.1.4. Proposed rotation dates.
- 5.2. Ensure that the visiting resident/fellow education will not interfere with the education of any MSM residents/fellows while on rotation at MSM.
- 5.3. Ensure that the program will continue to meet the required volumes for patients and/or procedures.
- 5.4. Verify that the visiting resident/fellow is in good standing in an ACGME-accredited program.
- 5.5. Verify that the visiting resident/fellow possesses or is eligible for a Georgia physician training permit or full physician license.
- 5.6. Provide appropriate evaluation of the visiting resident/fellow to his or her current program within two (2) weeks of the end of the rotation.

VI. MSM GME OFFICE PROCEDURES AND REQUIREMENTS:

After the visiting resident/fellow rotation is approved by the DIO and GMS, the MSM Graduate Medical Education Office will complete the following steps:

- 6.1. Provide the visiting resident/fellow with the application and required paperwork to complete and return within between 3 and 4 months of the rotation start date.
- 6.2. Ensure compliance with the MSM and Grady visiting resident and fellow rotations policy.
- 6.3. Verify that the visiting resident/fellow has documented continuation of salary, benefits, and medical professional liability coverage.
- 6.4. Provide the visiting resident/fellow with information to complete the application process to obtain a Georgia training permit or full license per the Georgia Composite Medical Board requirements.
- 6.5. Work with GMH to obtain parking and ID badges.

Visiting Resident/Fellow Rotations (VR/FR) Checklist of Required Documentation

- Request form from MSM program director
- Program Letter of Agreement (PLA)
- Rotation specific competency-based goals and objectives
- VR/FR Application
- Current Curriculum Vitae
- Georgia physician training permit or physician license
- Certificate of Medical Professional Liability Coverage
- Proof of current, site-specific, required documentation for the academic year in which the rotation is occurring, including:
 - HIPAA Training
 - OSHA (Bloodborne Pathogen Training)
 - Immunization Health History (PPD and Flu compliant)
 - Others as required
- Completion of Grady Memorial Hospital site-specific training and learning modules. This information is provided when the rotation is approved.

For questions regarding visiting resident/fellow rotations, contact Colleen Stevens, GME Institutional Program Manager at (404) 752-1566 or costevens@msm.edu.

[Return to Table of Contents](#)



Application for Visiting Resident/Fellow Rotations

The completed application and all required documentation must be completed and submitted no later than 90 days prior to the start of the rotation. Submit the documentation via email to costevens@msm.edu or send by postal mail to Colleen Stevens, MBA, Graduate Medical Education Office, 720 Westview Drive, SW, Atlanta, GA, 30310. Direct questions to Colleen Stevens in the GME Office at (404)752-1566.

APPLICATION CHECKLIST

The following items are required to complete the application for a visiting rotation at Morehouse School of Medicine.

- Completed Georgia Training Permit application
- Letter of good standing from current program director
- Curriculum vitae
- Immunization record (form attached, must include up-to-date PPD and flu shot documentation)
- Certificate of Professional Liability Insurance Coverage
- Copy of BLS/ACLS Certification
- Completed affiliate hospital paperwork for the location of the rotation, i.e., Grady or the VA
- Proof of current academic year HIPAA Training and Bloodborne Pathogen Training
- Program Letter of Agreement (PLA)
- Rotation Competency-Based Goals and Objectives

Application for Visiting Resident/Fellow Rotations

Submit 90 days in advance of anticipated rotation start for processing.

MSM ROTATION INFORMATION

MSM Program: _____ Rotation Name: _____

Requested Dates of Rotation: From _____ To: _____

VISITING RESIDENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

Email: _____ PGY Level: _____

Phone Number: _____ Date of Birth: _____

NPI: _____ Last Four Numbers of SSN: _____

EDUCATIONAL BACKGROUND

Medical School: _____

Date of Graduation: _____

CURRENT RESIDENCY PROGRAM INFORMATION

Institution Name: _____

Training Program: _____

Program Director Name: _____

Program Director Phone/Email: _____

Program Coordinator Name: _____

Program Coordinator Phone/Email: _____

GME Office Contact Name: _____

GME Office Contact Phone/Email: _____

MALPRACTICE INFORMATION

Applicants must provide proof of malpractice insurance. Submit a copy of the certification of liability coverage with your application.

Do you have current malpractice coverage? Yes _____ No _____

Insurance Carrier Name: _____

Coverage Limits (Minimum of \$1 million / \$3 million): _____

APPLICANT ATTESTATION

By applying for a visiting rotation with the Morehouse School of Medicine Graduate Medical Education, I agree to abide by the rules and regulations of the hospital and service to which I am assigned. I understand that Morehouse School of Medicine will not provide a stipend, benefits, and professional liability.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

HOME INSTITUTION PROGRAM DIRECTOR APPROVAL

By signing below, I confirm that the resident/fellow applying for a visiting rotation at Morehouse School of Medicine is in good standing and approved to complete the requested rotation. I also confirm that the resident/fellow's home institution will continue to provide the stipend, benefits, and professional liability insurance for the resident.

Home Institution Program Director Signature: _____

Printed Name: _____

Date: _____

MOREHOUSE SCHOOL OF MEDICINE PROGRAM DIRECTOR APPROVAL

I approve the rotation of the above-named resident as specified. I confirm that the visiting resident/fellow rotation will not adversely affect the educational experience of any Morehouse School of Medicine residents and/or fellows.

Program Director Signature: _____ Date: _____

Printed Name: _____

MOREHOUSE SCHOOL OF MEDICINE GME OFFICE APPROVAL

Approved: _____

Approved By: _____

Date of Approval: _____

[Return to Table of Contents](#)



MOREHOUSE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

POLICY NUMBER	CAP-27
EFFECTIVE DATE	07/01/2019
PAGE(S)	02
SUBJECT WELL-BEING POLICY	SUPERSEDES 06/01/17

Well-Being Policy

I. **PURPOSE:**

In compliance with ACGME well-being requirements section VI.C., in the current health care environment, residents and faculty members are at increased 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 a vital component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

II. **SCOPE:**

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.

III. **POLICY:**

3.1. The responsibility of programs in partnership with their sponsoring institutions must include:

3.1.1. Enhance the meaning that each resident finds in the experience of being a physician, including:

3.1.1.1. Protecting time with patients

3.1.1.2. Minimizing non-physician obligations

3.1.1.3. Providing administrative support

3.1.1.4. Promoting progressive autonomy and flexibility

3.1.1.5. Enhancing professional relationships

3.1.1.6. Paying attention to scheduling, work intensity, and work compression that impacts resident well-being

3.1.1.7. Evaluating workplace safety data and addressing the safety of residents and faculty members

3.1.1.8. Policies and programs that encourage optimal resident and faculty member well-being

3.1.2. Provide the opportunity for residents to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

3.1.3. Attend to resident and faculty member burnout, depression, and substance abuse.

3.1.3.1. The program, in partnership with its sponsoring institution must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.

3.1.3.2. Residents and faculty members must also be educated to recognize those

symptoms in themselves and how to seek appropriate care.

- 3.1.4. Encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- 3.1.5. Provide access to appropriate tools for self-screening.
- 3.1.6. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- 3.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies, and parental leave.
 - 3.2.1. Each program must have policies and procedures in place that ensure coverage of patient care.
 - 3.2.2. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

IV. **WELL-BEING RESOURCES:**

- 4.1. MSM Connect Wellness Resources—
<https://msmconnect.msm.edu/group/mycampus/wellness>
- 4.2. Individual Residency and Fellowship Program Directors
contact the program director of your training program for any concerns and/or issues with resident and faculty well-being.
- 4.3. Cigna Employee Assistance Program (EAP), CARE 24/7/365.
 - 4.3.1. This benefit is available for residents as a self-referral or for family assistance.
 - 4.3.2. Residents are briefed on these programs by HR during in-coming orientation. Residents are briefed annually on the Drug Awareness Program, resident impairment issues, and family counseling.
 - 4.3.3. More information regarding these programs is available in the Human Resources Department at (404) 752-1600, or Cigna EAP directly at (877) 622-4327, online at www.CignaBehavioral.com and log in using employer ID: MSM.
- 4.4. MSM Office of Counseling Services
National Center for Primary Care
Room 221
720 Westview Drive SW
Atlanta, GA 30310
Office: (404) 752-1778
Fax: (404) 756-5224
Shawn Garrison, Ph.D.
http://www.msm.edu/Current_Students/counselingservices/index.php

[Return to Table of Contents](#)

ACGME Program Requirements for Graduate Medical Education in Child
and Adolescent Psychiatry
(Subspecialty of Psychiatry)



Double-Click to
Open ACGME Progr: