



Medical College of Georgia, Augusta University Neurosurgery Residency Training Program Policies and Procedures Handbook

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Section I: Well-Being, Reporting, and Leave

1.1 Resident and Faculty Well-Being Policy

Purpose: To foster a culture that supports well-being, resilience, and psychological safety for residents and faculty.

Policy:

The Program Shall:

- Promote an environment of inclusivity, respect, and support.
- Provide access to wellness resources including stress management, resilience, and mindfulness training.
- Encourage utilization of time off, including personal and sick leave, to maintain physical and emotional well-being.
- Conduct annual well-being check-ins.
- Address signs of burnout, fatigue, and distress in a proactive, confidential, and supportive manner.

Compliance Reference: Neurological Surgery CPR 1.9, 6.1, and 6.4-6.6

1.2 Mental Health Services and Confidential Counseling Access

Purpose: To ensure timely and confidential access to mental health support.

Policy:

The Program and Sponsoring Institutional Shall:

- Provide 24/7 confidential mental health and counseling services.
- Share contact details via onboarding, orientation materials, and resident manuals
 - [Employee-Faculty Assistance Program](#)
- Allow access to care without jeopardizing career progression.
- Ensure confidentiality and privacy protections.

Compliance Reference: Neurological Surgery CPR 6.2

1.3 Harassment, Mistreatment, and Abuse Reporting Policy

Purpose: To prohibit unprofessional behavior, harassment, discrimination, and abuse.

Policy:

The Program Shall:

- Educate all residents and faculty on acceptable professional conduct during onboarding orientation, and annually via formal training session.
- Provide confidential mechanisms to report unprofessional behavior.
 - Report Unprofessional Conduct to PD
 - [Report Unprofessional Conduct to DIO](#)
- Investigate all allegations promptly and fairly.
- Document and respond appropriately to all instances of proven mistreatment in accordance with institutional policy.

Compliance Reference: Neurological Surgery CPR 2.6.g, 2.6.h, and 6.3.b

1.4 Non-Retaliation Policy

Purpose: To protect resident and faculty from retaliation when reporting safety concerns, mistreatment, or harassment.

Policy:

The Program strictly prohibits retaliation against anyone who:

- Reports violations of policy or unprofessional behavior.
- Participates in investigations or proceedings related to mistreatment or safety.

All complaints will be handled in a manner ensuring non-retaliatory outcomes.

Compliance Reference: Neurological Surgery CPR 2.6.g; Institutional Requirements IV.G.1

1.5 Leave Request Policy (Vacation, Sick, and Educational Leave)

Purpose: To educate resident on leave entitlement and ensure proper leave requirements and regulations are being adhered to.

Policy:

The Program Shall give annual leave at the beginning of each academic year to be used between July 1 – June 30. Residents are entitled to the following amount of leave:

- Vacation Leave: fifteen weekdays and 6 weekend days per academic year (do NOT roll over).
- Sick Leave: fourteen weekdays per academic year (up to 7 days can roll over, capped at 21 days total).
- Educational Leave: seven weekdays per academic year (does NOT roll over), with additional days approved at the discretion of the Program Director and Department Chair.
 - Educational Leave is defined as time away for academic conferences, board review, or courses that are pre-approved by Program Director, and are subject to the same scheduling restrictions and blackout dates.

No annual leave is paid out at the end of the academic year. Any leave that does not roll over and is not used is forfeited by the resident.

Leave Requests:

- Submission: All Leave requests must be submitted through New Innovations using the designated automated leave request link.
- Approval: Leave is not approved until the resident receives an email notification confirming approval by the Program Director. Residents are advised not to make travel or financial commitments prior to receiving formal approval.

Coverage and Scheduling:

- Simultaneous Leave Limitations: No more than two (2) residents may take leave during the same time, regardless of junior or senior status. Chief residents may not take leave on the same dates unless there are extenuating circumstances approved by the Program Director.
- Blackout Dates: No leave will be approved during the following high-acuity periods.
 - First two weeks of January
 - First two weeks of March

- Last two weeks of June
- First two weeks of July
- Holiday Leave: Resident will receive seven (7) days of holiday leave annually around Christmas and New Year's.

Compliance and Oversight: The Program Director, with input from the Department Chair and Program Coordinator, will ensure fair application of the leave policy across all postgraduate years. Exceptions to this policy may be made only with written approval from the Program Director in consultation with the Department Chair.

Compliance Reference: Neurological Surgery CPR ---; Institutional Requirements ----

1.6 Leave of Absence Policy (Medical, Parental, and Caregiver Leave)

Purpose: To support residents requiring time off for health, parental bonding, or caregiving.

Policy:

The Program, in coordination with the Sponsoring Institution, will:

- Provide at least 6 weeks of paid parental leave per training year.
- Allow medical and caregiver leave consistent with institutional HR policy'
 - [Institution Policy](#)
- Work with the ABNS and ACGME to ensure leave does not delay graduation if minimum case and competency standards are met.
- Ensure residents can access leave without fear of penalty.

Compliance Reference: Neurological Surgery CPR 3.4, 6.1, 6.13.c.2, and 6.13.d

Section II: Duty Hours and Work Environment

2.1 Duty Hour Compliance Policy

Purpose: To ensure that residents and the program are educated on the types of duty hours, their requirements, and are following duty hour guidelines.

Policy:

In compliance with the ACGME Neurological Surgery Common Program Requirements (CPR), the following duty hour limitations are strictly enforced:

- Maximum Hours of Work per Week: residents must not exceed 80 hours of work 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.
- Mandatory Time Off: Residents must be scheduled for at least one day (24 continuous hours) off in every seven-day period, averaged over four weeks.
- Minimum Time Off Between Shifts: Residents must have a minimum of 8 hours off between scheduled duty periods. If residents must have a minimum of 14 hours off between scheduled duty periods when completing a 24-hour in-house call shift.

- **Maximum Length of Duty Periods:** PGY-1 residents may not exceed 16 hours of continuous duty during the first 6 months of training. More senior residents (PGY-2 and above) may not exceed twenty-four continuous hours of in-house duty. Strategic napping is encouraged during long shifts. Up to 4 hours of additional time may be used for activities related to patient safety and/ or resident education, at the request of the resident, and not to exceed 28 hours.
- **In-House Night Float:** Must occur within the 80-hour work and the one-day-off limitations. It may be used in the PGY-2 and above levels.
- **In House On-Call:** Must occur within the 80-hour work and the one-day-off limitations. Residents cannot be scheduled more frequently than every third night, averaged over a four-week period.

Duty Hour compliance is monitored continuously via duty hour tracking software, resident self-reporting, and periodic audits. Violations are reviewed by the Program Director and Clinical Competency Committee.

Compliance Reference: Neurological Surgery CPR 6.12

2.2 Moonlighting Policy

Purpose: To ensure that residents and the program are educated on the moonlighting requirements and eligibility.

Policy:

Moonlighting is permitted with prior written consent of the Program Director. It must not interfere with the resident's ability to achieve the goals and objectives of the educational program. Moonlighting is only permitted for PGY-2 and above. All moonlighting hours must be counted toward the 80-hour work week limit and must be entered into the duty hour tracking system.

External Moonlighting: Permitted PGY-2 and above with the written approval of the Program Director and documentation of good standing can participate in external moonlighting, with a pre-determined amount of hours.

Tracking and Compliance: Moonlighting requests and approvals are documented. Residents must log all moonlighting shifts. The program reserves the right to revoke moonlighting privileges for any reason, including but not limited to poor performance or duty hour violations.

Compliance Reference: Neurological Surgery CPR 6.2, 6.20, 6.25, 6.25.a, 6.25.b,

2.3 Transitions of Care (Handoff) Policy

Purpose: To ensure safe, effective, and continuous care of patients.

Policy:

The Program enacts the following to ensure effective Transitions of Care:

- The program uses standardized written and verbal handoff protocols including SBAR (Situation-Background-Assessment-Recommendation) or equivalent tools.
- Junior residents' handoffs are observed and critiqued by senior residents or attending faculty.

- Residents receive formal instruction in effective handoff techniques during orientation and throughout training.
- Periodic audits and feedback sessions ensure quality and consistency in handoff practices.
- The program structures resident schedules to reduce the number of handoffs.

Compliance Reference: Neurological Surgery CPR 6.19

2.4 Fatigue Recognition and Management Policy

Purpose: The program is committed to preventing and managing resident fatigue in accordance with ACGME expectations.

Policy:

The program enacts the following to adhere to ACGME policies:

- Resident and faculty are educated about fatigue recognition, mitigation strategies, and the effect of fatigue on performance.
- Residents are encouraged to self-monitor for signs of fatigue and report when unfit for duty, without fear of penalty.
- Back up coverage will be made available to relieve fatigued residents or those unable to complete duties due to personal or family emergencies.
- Clean, quiet, safe, and private sleep / rest facilities are available and accessible 24/7.
- Strategic napping is encouraged, especially during night float, in-house call, or extended shifts.

Compliance Reference: Neurological Surgery CPR 6.12, 6.14, 6.15, 6.16

2.5 Clinical and Education Work Environmental Expectations

Purpose: The program ensures a safe, respectful, and educationally robust work environment.

Policy:

The Program Offers:

- Residents are provided with graduated levels of supervision according to their level of training, competence, and complexity of care.
- Residents participate in institutional quality improvement and patient safety initiatives.
- Residents are trained in interprofessional teamwork and communication.
- Residents have access to adequate food, rest facilities, secure call rooms, lactation facilities, personal protective equipment, and electronic medical references.
- Residents may report concerns confidentially without fear of retaliation.
- The program promotes an inclusive, non-discriminatory environment and recruits a diverse workforce in alignment with ACGME expectations.

Compliance Reference: Neurological Surgery CPR 1.9-1.10, 6.1-6.4, 6.6, 6.11-6.12, 6.18

2.6 Policy on Supervision and Accountability

Purpose: Resident understand the types of supervision levels, progression, and accountability.

Policy:

Supervision levels are clearly defined and assigned by faculty based on resident competence:

- Direct Supervision: Supervisor is physically present.
- Indirect Supervision – Direct Supervision Immediately Available: Supervisor is within the hospital and immediately available.
- Indirect Supervision – Direct Supervision Available: Supervisor is not in the hospital but is immediately available by phone and able to be present quickly.
- Oversight: Supervisor reviews care after delivery.

Supervision is provided based on PGY level, task complexity, and patient acuity.

Supervision adequacy is monitored via CCC feedback and case reviews.

Compliance Reference: Neurological Surgery CPR 6.6-6.7, 6.9

2.7 Policy on Progressive Responsibility and Delegation

Purpose: Residents are given graduated responsibility in their work content and load.

Policy:

Residents are given graduated responsibility based on:

- Training Year
- Competency Assessments
- Milestone Evaluations

Senior residents supervise juniors and assume leadership roles. Faculty assess readiness for increased autonomy semi-annually via CCC Meetings and Milestone Review.

Compliance Reference: Neurological Surgery CPR 5.3, 6.6-9

2.8 Policy on Clinical Responsibilities by PGY Level

Purpose: To give clear definition to resident responsibility and supervision based on PGY level.

Policy:

- PGY-1: Structured rotations under direct supervision; focus on basic procedural skills, documentation, and patient management.
- PGY-2: Expanded responsibilities in operative and ICU settings; increased call responsibility; direct and indirect supervision.
- PGY-3: Developing independent judgement; ICU leadership; junior resident supervision.
- PGY-4 and PGY-5: Operative autonomy increases; subspecialty exposure, call leadership.
- PGY-6: Advanced clinical role or research; preparation for chief year responsibilities.
- PGY-7: Chief; Service oversight, operative independence, junior supervision, administrative responsibilities.

Faculty assess readiness for progression and increased autonomy through evaluations and milestone data.

Compliance Reference: Neurological Surgery CPR 4.6, 6.6-9

Section III: Professional Conduct and Safety

3.1 Policy on Professionalism and Expectations

Purpose: To foster professionalism and hold accountable all faculty and residents within the program.

Policy:

All residents and faculty must always demonstrate professionalism, including compassion, integrity, and respect for others. Professional behavior includes accountability to patients, society, and the profession, as well as a commitment to ethical principles.

The program director and faculty will model professionalism and create an environment where respectful dialogue is encouraged. Residents will be assessed regularly on professionalism milestones by the Clinical Competency Committee (CCC).

Any area(s) of concern will be addressed confidentially during evaluation meetings with the Program Director, and a written action plan will be made and signed by both parties with a follow update for review, as well as next steps for ongoing issues.

Compliance Reference: Neurological Surgery CPR 5.1, 5.3, 6.12

3.2 Policy on Reporting of Unprofessional Behavior, Mistreatment, Harassment, and Retaliation

Purpose: To provide a clear line of communication to address issues and provide residents and faculty thorough channels for addressing issues.

Policy:

The program prohibits any form of harassment, discrimination, mistreatment, or retaliation. Residents and faculty may report unprofessional conduct confidentially through designated institutional channels or to the Program Director, DIO, or other trusted faculty.

Compliance Reference: Neurological Surgery CPR 2.6.g, 6.12.f, 6.12.g

3.3 Non-Retaliation Policy for Reporting Safety or Mistreatment Concerns

Purpose: To provide protection against any resident or faculty reporting their concerns.

Policy:

Retaliation against any individual who reports concerns in good faith regarding unprofessional behavior, safety, mistreatment, or harassment is strictly prohibited. The

Program Director, in partnership with the institution, will ensure protection against retaliation and will monitor for any adverse consequences faced by the reporter(s).

Compliance Reference: Neurological Surgery CPR 2.6.g, 6.12.g

3.4 Policy on Grievance and Due Process

Purpose: To educate residents on their rights for due process.

Policy:

The program follows the grievance and due process procedures established by the Sponsoring Institution. Residents may appeal decisions such as non-promotion, suspension, or dismissal through formal grievance processes. All residents will be informed of these procedures at the start of training and annually thereafter.

- [Institutional Policy](#)

Compliance Reference: Neurological Surgery CPR 2.6.h

3.5 Policy on Impairment and Substance Use

Purpose: To provide and safe and healthy learning environment for faculty and residents.

Policy:

Residents and faculty must be fit for duty and not impaired by fatigue, stress, or substances. Suspected impairment must be reported without delay to the Program Director or institutional health professionals per institutional policy. Confidential evaluation and treatment will be made available through the institution, and the program will support return-to-work plans in collaboration with occupational health.

Compliance Reference: Neurological Surgery CPR 6.15, 6.17

3.6 Policy on Occupational Exposure and Injury Reporting

Purpose: To provide and safe and healthy learning environment for faculty and residents.

Policy:

All residents and faculty must promptly report occupational exposures (e.g., bloodborne pathogens), needle-stick injuries, and workplace accidents. The program will provide training on how to report and respond to exposures and injuries. Appropriate medical evaluation, treatment, and follow-up will be provided in accordance with institutional policy.

Compliance Reference: Neurological Surgery CPR 6.16-17

Section IV: Education, Evaluation, and Academic Progress

4.1 Policy on Evaluation

Purpose: To educate residents on types of evaluations they receive throughout training.

Policy:

This policy outlines both formative and summative assessment methods, including direct observation, simulation, clinical evaluations, and milestone-based assessments. Residents will be provided with written evaluations every three months or sooner if a rotation is less than the three-month period. Residents will be reviewed semi-annually by the Clinical Competency Committee (CCC), to track progress towards ACGME Neurological Surgery Milestones. The CCC will meet approximately every six months to review resident performance.

Compliance Reference: Neurological Surgery CPR 5.1-3

4.2 Policy on Promotion, Remediation, and Dismissal

Purpose: To educate residents about various responsibilities based on progression.

Policy:

Residents must demonstrate progressive growth in competence and professionalism to be eligible for promotion. Residents who do not meet expectations will receive an individualized remediation plan. Failure to meet remediation targets may lead to probation or dismissal following the institution's due process policy.

Compliance Reference: Neurological Surgery CPR 2.6.h, 5.2, 5.3.e

4.3 Policy on Eligibility and Preparation for Board Certification (ABNS)

Purpose: To educate resident on Board eligibility requirements and help them to prepared for post-residency board certification.

Policy:

All graduating residents will be provided with eligibility confirmation for the American Board of Neurological Surgery (ABNS). The program will ensure residents are informed of board certification requirements during recruitment and supported in board preparation through didactics, mock exams, and protected study time.

- ABNS (July 2025 est.) requires residents to achieve mastery of the Neuroanatomy Exam before participating in the ABNS Boards Written Exam for Self-Assessment or Credit.

Compliance Reference: Neurological Surgery CPR 2.6.l, 4.6.e, 5.9

4.4 Policy on Resident Feedback Mechanisms

Purpose: Provide residents with channels for feedback without fear of retaliation.

Policy:

Residents may submit confidential feedback on program quality, faculty, and their training experience through anonymous surveys and direct communication with the Program Director or Resident Advisory Committee. Feedback is reviewed by the Program Evaluation Committee (PEC) for program improvement.

Compliance Reference: Neurological Surgery CPR 5.6, 6.6.g, 6.12.g

4.5 Policy on Faculty Development

Purpose: Establish expectations of development for faculty members, to model to residents.

Policy:

Faculty are required to complete annual training in effective teaching, learner assessment, well-being, patient safety, health equity, and quality improvement. Faculty development activities are tracked annually, and participation is a condition of maintaining core faculty status.

Compliance Reference: Neurological Surgery CPR 2.8.e, 2.8.f, 2.11

4.6 Policy on Documentation of Scholarly Activity and Research Requirements

Purpose: Establish expectations of Scholarly Activity and Research output while in the residency program.

Policy:

Residents must participate in scholarly activity each year of training. Scholarly activity consists of but is not limited to local, regional, or national oral / poster presentations, publications in peer reviewed and non-peer reviewed journals, QI projects, book chapters, and creation of audio or video educational content. Documentation of scholarly activity must be maintained in the resident portfolio and reviewed annually by the Program Director.

Compliance Reference: Neurological Surgery CPR 4.10, 5.2

4.7 Policy on Conference and Didactic Attendance

Purpose: To set educational expectations of residents throughout the training period.

Policy: Residents are required to attend at least 70% of all scheduled educational conferences. Protected time will be provided, and attendance will be monitored and reviewed by program leadership for each quarter.

Compliance Reference: Neurological Surgery CPR 4.4

4.8 Travel Guidelines Policy

Purpose: To educate residents on appropriate educational spending, limitations, and reimbursement policies.

Policy:

Travel must be approved through the proper leave request channels and there must be a signed Travel Authorization (TA) in place prior to travel to be reimbursed.

Travel Guidelines:

- Signed TA's offer additional insurance coverage, approval to be away from campus, and departmental funding approval.
- Travel Expense Statements are completed upon return from traveling. You will submit lodging, airfare, and transportation receipts, as well as any mileage as necessary. Meals are per diem based on [AU Travel Guidelines](#).

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- Travel reimbursements paid after the 45th day of travel end will be paid via payroll and taxed (also required Dean's signature).
- You must disclose if you will be receiving a travel stipend. Receiving a travel stipend and taking additional reimbursement from AU is considered a theft.
- Meeting Registrations: Registrations will be paid in advance and reimbursed following the trip. Any receipt must show a zero balance to be reimbursed.
 - When limits allow, registration can be paid by department P-card.
 - Reimbursement will not cover additional options like event a T-shirt or items that can be considered personal.
 - There are no reimbursements for cancelation fees.
- Vehicle Travel: Driving to your destination is only acceptable if mileage cost is less than airfare travel and is approved by the department prior to travel.
 - When driving you should be using a [rental car](#), with a rental contract through the university. Non-AU passengers are not allowed in the vehicle for travel, and the vehicle may not be for personal use. Appropriate vehicle sizes are compact, intermediate, or full size (if applicable). No luxury class vehicles are permitted, even if they are cheaper.
 - If a personal vehicle is needed for a special circumstance, and approved prior to travel, mileage rates begin at \$.70 per mile, up to four hundred miles. Mileage starts and ends at the AU Campus Address (1120 15th St.). Parking fees and tolls can be reimbursed if there is no reasonably alternative route.
 - If air travel is more cost-effective, you will be reimbursed at the lowest available airfare.
 - Valet parking is not covered unless it's mandatory and can be proved.
 - Utilize the [insurance card](#) found on the travel website in case of emergency, and keep a printed copy in your vehicle while traveling.
- Air Travel: You can fly any airline; you just need a paid receipt. Checked baggage fees can be reimbursed (with receipts).
 - Book online to avoid travel agent fees, or have the department book the flight directly for you.
 - For travel being reimbursed by the AU Foundation Fund, you cannot have the department book your flight. Flights must be booked and paid for by the resident and reimbursed.
 - You must fly into the closest airport to your destination.
 - Utilize the lowest possible coach fares. You will not be reimbursed for first class, business class, priority, etc.
- Lodging: Lodging is limited to businesses that offer lodging to the general public, such as hotel or motel. No privately owned residence (Airbnb, VRBO, ByOwner, etc.) may be reimbursed.
 - Provide a paid receipt with a zero balance to be included in your travel expense statement.
 - If lodging in Georgia, present the [Sales Tax Certificate of Exemption form](#) at check-in.
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- Meals: Meals are reimbursed based on federal per diem rates for the city you are lodging, meeting, and working in.
 - On the first and last days of travel meals are reimbursed at 60%.
 - Meals provided at the meeting, conference, or event are not eligible to be reimbursed.
 - You do not need to submit receipts for meals. Only provide a summary with the dates and meals that were not reimbursed, for the travel expense statement.
 - Do not pay for others, only pay for yourself (no group meals). Reimbursements will not be given on behalf of another.
- Business needs can be reimbursed such as:
 - Copying
 - Internet usage
 - Shuttle, taxi, rideshare
 - No personal items are permitted
- Please note the following cannot be reimbursed:
 - Toiletry items
 - Expenses related to personal days taken before, during, or after the business trip
 - Laundry
 - Lost baggage
 - Theft of personal property or funds
 - Mini bars, in-room movies, room service meals
 - Cancellation or no-show fees
 - Tips (only meal per diem)
 - Shoeshines
 - Traffic or parking tickets

Compliance Reference: AU Travel Guidelines, Departmental Travel Guidelines

Section V: Recruitment, Selection, and Inclusion

5.1 Policy on Resident Selection Criteria, Including Eligibility per ACGME and ABNS

Purpose: To train fully educated and prepared neurosurgeons for independent practice post residency.

Policy:

The neurosurgery residency program adheres to the ACGME and ABNS eligibility requirements:

- Applicants must be graduates of LCME-accredited medical schools (or equivalent international institutions with ECFMG certification).
- All applicants must meet institutional eligibility for residency training and obtain appropriate state licensure.

- Selection is based on a holistic review of academic performance, letters of recommendation, research and clinical experience, leadership, professionalism, and commitment to neurosurgery.
- Recruitment practices will aim to reduce implicit bias and encourage applicants from all groups represented in medicine.
- The program will implement the best practices in equitable recruitment, such as standardized interview questions and blinded application screening where feasible.

Compliance Reference: Neurological Surgery CPR 3.1-4

5.2 Policy on Non-Discrimination and Equal Opportunity

Purpose: To display inclusivity and equal opportunities for all applicants, residents, and faculty in our program.

Policy:

The program provides equal opportunity for all applicants and residents, regardless of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or veteran status.

- All employment and educational decisions are made based on individual qualifications and merit.
- The program complies fully with institutional, state, and federal non-discrimination policies and laws.
- Any concerns about discrimination are investigated promptly and addressed according to institutional grievance procedures.

Compliance Reference: Neurological Surgery CPR 3.4, 6.12.f

5.3 Policy on Applicant Notification at the Time of Interview

Purpose: To give all applicants required and relevant information pertaining to our program and specialty requirements.

Policy:

In accordance with ACGME and Match requirements, all applicants offered interviews will be provided with:

- Written documentation outlining eligibility for certification by the American Board of Neurological Surgery (ABNS).
- Clear information on program length, case log requirements, and other components required to attain board eligibility.
- Confirmation that successful program completion meets all ABNS training requirements.
- Sample contracts, institutional policy regarding eligibility and selection, background investigation, employment procedures, and other house staff policies as applicable.

This information will be included in the interview invitation email and uploaded to the program website for public transparency.

Compliance Reference: Neurological Surgery CPR 3.1-3, 5.9

Section VI: Administrative Structure and Site Oversight Policies for Neurosurgery Residency Program

6.1 Policy on Participating Sites and Program Letters of Agreement (PLAs)

Purpose: To have documentation in place for all participating sites.

Policy:

All participating sites providing a required educational experience for residents must have a Program Letter of Agreement (PLA) in place with the neurosurgery residency program. The PLA must be approved by the program's designated institutional official (DIO) and renewed at least every 10 years. Each PLA must specify:

- Faculty are responsible for resident education and supervision.
- Responsibilities for teaching, supervision, and evaluation.
- Duration and content of the rotation.
- Governing policies and procedures for residents.

Site changes, including additions or deletions of a site used for at least one month of full-time equivalent (FTE) training for all residents, require prior Review Committee approval through ACGME's Accreditation Data System (ADS).

Compliance Reference: Neurological Surgery CPR 1.5

6.2 Policy on Educational Supervision at Each Site

Purpose: To ensure adequate leadership is established at each site for resident training.

Policy:

Each participating site must designate a Site Director who is accountable for resident education at that location. Site Directors must:

- Be ABNS- or AOBS-certified neurological surgeons with major clinical responsibilities at the site.
- Collaborate with the Program Director to ensure quality and compliance with educational objectives.
- Supervise and evaluate residents, ensuring progressive milestone achievement. Maintain a positive learning environment and ensure equitable case distribution across sites.

Compliance Reference: Neurological Surgery CPR 1.6, 6.6-9, 6.12

6.3 Policy on Tracking of Clinical Experiences and Surgical Case Volumes

Purpose: To ensure resident education is robust and well rounded.

Policy:

The program must maintain accurate tracking of clinical experiences using ACGME case logs and internal data. Compliance with minimum case numbers is mandatory:

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- Each hospital site must provide a minimum of one hundred major neurological surgery procedures annually.
- The primary clinical site must support at least five hundred major procedures per graduating resident per year.

Case experiences must span cranial, extracranial, spinal, peripheral nerve, and endovascular domains to support competency-based education.

Compliance Reference: Neurological Surgery CPR 4.6.h

6.4 Policy on Fellowship Participation and Its Impact on Residency Education

Purpose: To ensure resident education is not negatively impacted by additional learners per ACGME requirements.

Policy:

Programs must notify the ACGME Review Committee before initiating any fellowships at sites where neurosurgery residents rotate. Documentation must be provided that clearly explains:

- The relationship between the fellowship and the residency program.
- Any potential impact on the breadth or depth of resident clinical experience and case volume.
- Mitigation strategies to prevent competition or dilution of resident surgical exposure.

Resident education must not be compromised by the presence of clinical fellows.

Compliance Reference: Neurological Surgery CPR 4.6.i

6.5 Policy on Rotation Changes and review Committee Notification

Purpose: To ensure program stability and relevant change.

Policy:

All changes to rotations at existing sites or proposed rotations at new sites must be submitted to and approved by the ACGME Review Committee prior to implementation. This includes changes in duration, objectives, or structure of rotation. Programs must:

- Consult the ACGME's Neurological Surgery section for updated submission guidelines.
- Coordinate with the Executive Director of the Review Committee for timing.
- Ensure that resident education continuity and ACGME standards are preserved.

Compliance Reference: Neurological Surgery CPR 1.5.b

6.6 Policy on Social Media and Electronic Professionalism

Purpose: To outline appropriate model behavior in order to positively reflect our program and institution.

Policy:

Professionalism in digital spaces is essential to uphold the reputation of the resident, institution, and the medical profession. This policy outlines expectations for resident conduct on social media and digital platforms:

- Residents must adhere to HIPAA and institutional privacy guidelines at all times.
- Residents are prohibited from sharing identifiable patient information in any digital or social media format.
- Professional behavior must be maintained in all online interactions. Content deemed discriminatory, harassing, or otherwise unprofessional may result in disciplinary action.
- Faculty and residents should avoid forming social media relationships (e.g., "friending") that could blur professional boundaries.

Compliance Reference: Neurological Surgery CPR 6.12

6.7 Policy on Conflict of Interest and Industry Relationships

Purpose: To ensure there are no manipulation or exploitation of residents, faculty, and staff during exchange of information and education.

Policy:

The Neurosurgery Residency Program supports transparency and ethical conduct in interactions with industry representatives:

- All residents must disclose any financial or personal relationships with medical device, pharmaceutical, or biotechnology companies.
- Residents may not accept gifts, payments, or sponsored travel from industry representatives unless explicitly permitted by institutional policies.
- Participation in industry-sponsored events must be approved by the Program Director and comply with ACGME and institutional conflict of interest policies.

Compliance Reference: Neurological Surgery CPR 4.3.h

6.8 Conflict Resolution Policy

Purpose: This policy establishes a clear, confidential, and fair procedure for identifying and resolving conflicts involving neurosurgery residents, faculty, or program leadership in a manner consistent with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements.

Policy:

The Neurosurgery Residency Program is committed to fostering a professional, respectful, and collaborative learning environment. Conflicts, when they arise, should be addressed constructively and at the lowest appropriate level. The program promotes timely, confidential, and non-retaliatory resolution of disputes related to interpersonal issues, supervision, evaluations, educational experiences, scheduling, or other residency matters.

Principles:

- **Timeliness:** Conflicts should be addressed as early as possible.
- **Confidentiality:** All reports and proceedings will be kept confidential to the extent possible.

- **Fairness:** All parties will be given the opportunity to be heard and to respond to concerns.
- **Non-retaliation:** No party will be penalized for making a good-faith complaint or participating in a resolution process.

Resolution Pathway:

1. **Informal Resolution:** Residents are encouraged to resolve issues directly and respectfully with the involved party when possible. If uncomfortable, the resident may seek support from: - Chief Resident - Faculty Mentor - Program Coordinator - Associate Program Director.
2. **Program-Level Intervention:** If information resolution fails or is not appropriate, the resident or faculty member should contact the Program Director. The Program Director will:
 - a. Conduct a confidential and impartial review.
 - b. Meet separately or jointly with the involved parties.
 - c. Recommend a resolution or referral, as needed.
 - d. Document the interaction (internal only).
3. **GME Office and Institutional Review:** If the issue remains unresolved or is of a serious nature (e.g., harassment, discrimination, retaliation, threats to patient safety), the individual may file a formal complaint with the Graduate Medical Education office. The DIO or designee will:
 - a. Review the complaint in accordance with institutional GME policies.
 - b. Determine whether additional institutional resources (e.g., HR, Legal, Title IX, Ombudsman) are needed.
 - c. Facilitate mediation, investigation, or corrective action.
 - d. Ensure ACGME and institutional compliance.

Documentation:

- The Program Director will maintain a confidential log of all conflicts addressed and their resolutions.
- Serious complaints reported to the GME Office will be logged and reported per institutional guidelines.

Education and Training:

- All residents and faculty will receive orientation to the policy at the start of training/employment.
- Annual reminder will be included in the program's professional development sessions.

Review and Revision: This policy will be reviewed annually by the Program Evaluation Committee (PEC) and revised as needed to reflect updates to ACGME requirements or institutional procedures.

Compliance Reference: MCG Conflict Resolution Policy

Resource Page:

1. [MCG GME Institutional Policies](#)
2. [ACGME Neurosurgery Common Program Requirements](#) (CPR)
3. [ABNS Rules and Regulations](#)
4. [ABNS Code of Ethics and Conduct](#)
5. [MCG Conflict Resolution / Grievance](#)