

House Staff Manual

2021-2022

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WELCOME

About Graduate Medical Education

Our primary mission is to support our ACGME accredited residency and fellowship programs. We provide a stimulating learning environment combined with our extensive primary and tertiary care facilities which will offer a full range of patient care activities. Trainees encounter a diverse population within inpatient and outpatient sites around Augusta that make up our learning environment.

Our office advocates for residents and fellows in monitoring and providing support for activities within the medical education programs under the guidelines of the **Accreditation Council for Graduate Medical Education (ACGME)** and the Medical College of Georgia at Augusta University and AU Medical Center policies.

We also challenge ourselves to meet our residents' and fellows' expectations for high quality learning experiences by providing the necessary foundation to maximize career potential and fulfill personal and professional goals in a supportive environment.

Please view our website for additional information - <https://www.augusta.edu/mcg/residents/> or you may contact the office directly at 706-721-7005.

You may also contact our Ombudsman – (an official appointed to investigate individuals' complaints against maladministration, especially that of public authorities)

Edward Agabin – eagabin@augusta.edu

About Augusta University Health System

Based in Augusta, Georgia, Augusta University Health is a world-class health care network, offering the most comprehensive primary, specialty and subspecialty care in the region. Augusta University Health provides skilled, compassionate care to its patients, conducts leading-edge clinical research and fosters the medical education and training of tomorrow's health care practitioners. Augusta University Health is a not-for-profit corporation that manages the clinical operations associated with [Augusta University](#).

The Health System in numbers

- 478-bed Augusta University Medical Center at Augusta University
- 154-bed Children's Hospital of Georgia including the region's only Level IV NICU
- More than 80 outpatient practice sites in one convenient setting (Medical Office Building)
- Critical Care Center, housing a 13-county regional Level I trauma center verified as an adult Level I and a pediatric Level II by the American College of Surgeons

The Academic Medical Center difference

Being an academic health center, Augusta University Medical Center differs from community hospitals. We have three primary missions— patient care, education and research. As an academic health center, we must provide a full range of clinical services and maintain the infrastructure to foster education and research.

Our physicians have the most up-to-date knowledge and training. Many of our health care professionals train the next generation of caregivers, while others conduct pioneering research that improves medical diagnosis, treatments and technology, bringing the medicine of tomorrow to patient care today.

In short, Augusta University Health brings world-class clinicians, pioneering research, and the latest technologies and breakthroughs right here in Augusta.

Providing care across the state and beyond

In addition to providing care in the Augusta area, Augusta University Health physicians travel to satellite practice sites throughout Georgia illustrating our commitment to care for people across the state and region. Augusta University Health is a thriving academic health center that also is affiliated with the following entities:

- Augusta University – Augusta University's Health Sciences Campus is composed of the Colleges of Allied Health, Dental Medicine, Graduate Studies, Nursing and the Medical College of Georgia, the nation's 13th oldest and sixth largest medical school.

- Faculty group practice plans, including the AU Medical Associates, the AU Dental Associates, the Allied Health Practice Group and the School of Nursing Faculty Practice Group.

AUGUSTA UNIVERSITY MEDICAL CENTER INFORMATION

I. BYLAWS OF THE MEDICAL STAFF

AU Health System, Inc. (hereafter “AU Health System”) is a world-class health care network, offering the most comprehensive primary, specialty and subspecialty care in the region. AU Medical Center, Inc. (hereafter, “AU Medical Center” or “AUMC”) provides skilled, compassionate care to its patients, conducts leading-edge clinical research and fosters the medical education and training of tomorrow’s health care practitioners. AU Medical Center is a not-for-profit corporation and is a cooperative organization of the Board of Regents of the University System of Georgia. The ultimate administrative authority and responsibility for the AU Medical Center resides with the Board of Directors of AU Health System.

Children’s Hospital of Georgia, operated by AU Medical Center, is a facility established for and dedicated primarily to the care of infants, children and adolescents. The ultimate administrative authority and responsibility for the Children’s Hospital of Georgia Center resides with the Board of Directors of AU Health System.

The Medical Staff has primary responsibility for the quality of the professional services provided by individuals with clinical privileges in AU Medical Center and the Children’s Hospital of Georgia and is accountable to the Board of Directors. The physicians, dentists, and other practitioners of the AU Medical Center and the Children’s Hospital of Georgia hereby organize themselves in conformity with the Bylaws and Rules and Regulations hereinafter stated. These Bylaws, Rules and Regulations, and supporting Policies and Procedures, create a framework for governance of Medical Staff activities and accountability to the Board of Directors within which Medical Staff members can act with a reasonable degree of freedom and confidence and will ensure Medical Staff representation and participation in any AU Medical Center and/or the Children’s Hospital of Georgia deliberation affecting the discharge of staff responsibilities.

It is advised that you familiarize yourself with the Medical Center Bylaws which can be found at:

<https://augusta.policytech.com/dotNet/documents/?docid=7968>

II. MEDICAL CENTERS RULES AND REGULATIONS

It is advised that you familiarize yourself with the Medical Centers Rules and Regulations, these can be found at:

<file:///C:/Users/ebass/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/B8KT4L32/Rules%20%20Regulations%20FY19.pdf>

About the Charlie Norwood VA Medical Center

Charlie Norwood VA Medical Center is a two-division, three Community Based Outpatient Clinic (CBOC) medical center providing tertiary care in medicine, surgery, neurology, psychiatry, rehabilitation medicine, and spinal cord injury. The Downtown Division is authorized 156 beds (58 medicine, 27 surgery, and 71 spinal cord injury). The Uptown Division, located approximately three miles away, is authorized 82 beds (57 psychiatry, 15 blind rehabilitation and 10 rehabilitation medicine). In addition, a 132-bed Restorative/Nursing Home Care Unit and a 60-bed Domiciliary are located at the Uptown Division. The medical center serves as a network resource for the treatment of spinal cord injury, blind rehabilitation, post-traumatic stress disorder, and psychiatry patients.

The facility employs about 2,500 people from around the region and sees about 46,000 Veterans each fiscal year with a budget of more than \$400 million. It is part of Veterans Integrated Service Network (VISN) 7, located in Atlanta, along with seven other medical facilities in Alabama, Georgia and South Carolina. The three Community-Based Outpatient Clinics (CBOCs) are located in Aiken, S.C.; Athens and Statesboro, Ga. (see below)

Charlie Norwood VA Medical Center and Eisenhower Army Medical Center at Fort Gordon have numerous agreements, which provide for the cost-effective sharing of resources between these two federal health care facilities in the Augusta metropolitan area.

The Augusta VA Medical Center prides itself on continually improving and expanding its health care knowledge. The medical center enjoys a strong affiliation with the Augusta University. Charlie Norwood VAMC provides medical and allied health training to an average of more than 700 students and residents annually. Additional health training affiliations exist with 44 academic institutions.

HOUSE STAFF INFORMATION

I. ADMINISTRATION

The ACGME Designated Institutional Official (DIO) is charged with the administrative responsibilities for house staff that includes house officers and clinical fellows. This person also holds the position of Senior Associate Dean for Graduate Medical Education and Continuing Professional Development within Augusta University. In this document the titles "resident" and "house staff" are synonymous and refer to all trainees in ACGME-accredited or other accredited graduate medical education programs.

The DIO also is charged with administrative responsibility for oversight of all other accredited (i.e., accredited, but not through ACGME) and non-accredited graduate medical education programs. For those individuals in one of these GME programs whose primary relationship with AU is as a credentialed provider and with the University through appointment to the faculty (usually at the rank of Instructor), the AU By-Laws/Policies/Procedures pertaining to faculty and the University's Faculty Manual serves as the principal document governing that person's roles and responsibilities. For those individuals in one of these GME programs whose primary relationship with the Medical Center is through the GME Office by appointment as a clinical fellow, the House Staff Manual serves this role, as it does for all individuals in ACGME-accredited programs.

The GME Office is located in the AE building (Pavilion 1) and can be contacted at (706)721-7005. Business hours are 8:00 a.m. – 5:00 p.m., Monday through Friday, except for AU recognized holidays or as otherwise posted. Helpful information can be found at the GME Office at <https://www.augusta.edu/mcg/residents/>.

Interpretation of policies, verification of status, training, and dissemination of information, loan deferments, J1 Visa applications and application for licensure are handled by this office. The staff will assist house officers with documents requiring institutional verification or notary seal. **House staff must notify the GME Office within 14 days of any change in legal name, address, and/or telephone number, and provide supporting documentation at the time of notice.**

A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT

Failure by house staff to meet all Conditions of Employment will result in revocation of the offer of employment. Any provision of false or misleading information, or omission of information deemed relevant for employment, may result in revocation of the offer of employment (this action is not appealable) or other action, including corrective action, up to or including Immediate Dismissal (if currently employed).

(1) Pre-Employment Screening and Other Requirements

All house staff new to Augusta University (AU) are given a conditional offer of employment. The offer is pending the successful completion of a background check, as well as other items set forth in the House Staff Manual. New house staff will not be permitted to start work until the background check has been successfully completed and the official transcript has been received. House staff must complete all necessary paperwork, including any necessary releases, to initiate the background check and request the official transcript, and provide accurate and complete information as requested. The status of and/or results of the

background check will be evaluated by the ACGME Designated Institutional Official (DIO), the Program Director, and other individuals deemed appropriate.

(a) NPI (National Provider Identification) Number

All incoming house staff are responsible for obtaining an NPI number prior to starting clinical work. More information on NPI numbers can be found at <https://nppes.cms.hhs.gov/#/>

(b) National Practitioners Data Bank

All incoming house staff will be checked against the National Practitioner Data Bank (NPDB). The Data Bank is primarily a system intended to supplement a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers; the information from the Data Bank is used in conjunction with, not as replacement of, information from other sources. More information can be found here: <https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp>.

(c) Licensure

House Staff must qualify for licensure

(d) Immunization and Screening

Certain immunizations and screening tests are necessary to protect the health of house staff and patients in the Medical Center. Incoming house staff can simply provide these records to Augusta University Occupational Health Clinic at orientation if they have received these services elsewhere. If not received elsewhere or otherwise exempted in accordance with AU procedure, AU provides additional services to meet the Medical Center requirements.

(e) Transcripts

An official final transcript showing the resident's professional (M.D., D.O. or equivalent) degree conferred with his/her graduation date must be received by GME directly from the graduating institution before he/she commences training. All International Medical graduates must also submit a copy of their Educational Commission for Foreign Medical Graduates (ECFMG) Certificate, which the GME Office verifies directly with ECFMG's database. Under extraordinary circumstances, the ACGME Designated Institutional Official (DIO) may grant a limited extension on the deadline by which the transcript is needed; in such cases, the DIO may accept an official letter from the degree-granting institution signifying completion of professional degree. This extension must be requested through the Office of Graduate Medical Education. International Medical Graduates whose graduating institutions do not issue official transcripts beyond the original issued to the graduate may bring their original official final transcript and diploma, with official translation if documents are not in English, to the GME Office to meet this transcript requirement. GME maintains a notarized copy of these documents.

Important: Photocopies are not acceptable, even if notarized.

Upon request, the Office of Graduate Medical Education will make unofficial copies of a resident's transcript under the following conditions: 1) the requesting individual makes the request in person, 2) the requesting individual presents photo identification confirming that it is his/her own transcript. The original transcript will be retained in the GME Office.

(f) Professional Degree Designation

The degree suffix on all identification (i.e., ID Badge, white coats, certificates) will replicate the professional school degrees awarded.

(g) Medical License

House Officers are required and clinical fellows are required to obtain either a Residency Training Permit (RTP), the GME Office will submit and fund all RTP license applications with the exception of non-ACGME programs or Unrestricted Georgia Medical Licenses.

External moonlighting and/or volunteer work as a physician requires an unrestricted medical license.

(h) Resuscitation Training & Documentation

House Staff must be in compliance with AU Departmental policy before the start of Residency/Fellowship and must maintain current training throughout Residency/Fellowship as required by this policy. Please note that ACLS and/or PALS DO NOT satisfy the BLS requirement. They are separate courses and a current, separate card must be held for each. Please note that individual programs or departments may require additional training beyond the requirements of hospital policy. House Staff should check with their program to confirm.

(i) International Medical Graduates (IMG)(where applicable)

An ECFMG certification is required for IMGs who come to the USA for clinical training. The resident is responsible for obtaining the ECFMG certification and notifying both AU and ECFMG of any change in status.

(j) Eligibility to work in the United States

ECFMG is the only United States agency authorized to sponsor J-1 visas for physicians in clinical training programs. Therefore, the resident seeking J-1 visa status must be sponsored by ECFMG. The resident is solely responsible for complying with all J-1 visa requirements as noted in the EVSP Reference Guide. The resident should also note that J-1 visa sponsorship is conditioned upon providing a signed attestation that the EVSP Reference Guide has been read and understood. Therefore, AU expects the resident to have done so and to comply with all J-1 requirements therein.

AU is an H-1B cap-exempt institution eligible to file for H-1B sponsorship throughout the calendar year. Approval to apply for H-1B sponsorship must be sought through the DIO, the decision to sponsor an individual will be issued case by case. It is important to note that the H-1B petition preparation process can be lengthy and USCIS regulations require sponsoring departments to cover all fees associated with the filing. The costs for the H-1B filing cannot be passed on to the foreign national beneficiary.

(2) Restrictive Covenant Policy

Participants in any ACGME accredited training program will not be required to sign a restrictive covenant or non-compete guarantee in order to participate in that training program.

(3) Clinical Education and Work Hours

All house staff are responsible for accurately and honestly reporting all clinical education and work hours, including both internal and external moonlighting hours. Concerns regarding clinical education and work hours may be reported to the ACGME Designated Institutional Official. Concerns may be reported anonymously.

B. BACKGROUND CHECK AND DISCLOSURE

All house staff new to AU must successfully complete a background check, which may also include an international background check as appropriate and any offer of employment is conditional upon a determination by Augusta University that the results are acceptable. House staff must complete all necessary documentation, including any necessary releases, to initiate the background check. The status of and/or results of the background check will be evaluated by the ACGME Designated Institutional Official (DIO), the Program Director, and other individuals deemed appropriate.

A criminal background check may be required as part of the initial background check for new employees, or during employment, in accordance with applicable policies, procedures or practices of AU or the institution's clinical educational site.

There is an affirmative duty for residents and clinical fellows to notify the DIO of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed.

There is also an affirmative duty for house officers to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as a resident or clinical fellow at AU. Failure by a resident or clinical fellow to disclose an arrest or a criminal conviction to the DIO within five calendar days may result in corrective action, up to and including Immediate Dismissal from his or her training program. The facts and circumstances of each case will determine what, if any, action is taken, up to and including Immediate Dismissal, as appropriate.

C. HOUSESTAFF STIPENDS

It is the policy of AU that house officers will be paid at the level at which they function. The pay level is intended to help house officers defray their living and incidental costs while pursuing their education at the institution

D. CLINICAL AND EDUCATIONAL WORK HOURS

The Augusta University GMEC is committed to compliance with the ACGME Clinical and Education Work hour guidelines. Clinical Experience and Education Hours are defined as all clinical and academic activities related to the program; i.e., 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, time spent at home doing clinical work (e.g., documentation) and scheduled activities, such as conferences. Clinical and Education Work hours do not include reading and preparation time spent away from the duty site.

General Guidelines

- 1) House Staff are responsible for accurately reporting their Clinical Experience and Education Hours, including all time spent in Internal and External Moonlighting, per program requirements.
- 2) Program Directors are responsible for monitoring and enforcing compliance with Clinical Experience and Education Hour guidelines.
- 3) If specialty/subspecialty-specific program Clinical Experience and Education Hour requirements as defined by an individual RRC for that specialty/subspecialty are more restrictive than the above requirements, then the Clinical Experience and Education Hour requirements of that RRC will be included in the policy of that specialty/subspecialty program and will supersede the institutional requirements.
- 4) Concerns regarding Clinical Experience and Education Hour may be reported to the ACGME Designated Institutional Official

Please use this link if you would like to voice an anonymous concern or complaint:
<http://hi.augusta.edu/resident/speak/>

Maximum Hours of Clinical and Education Work per Week

- 1) Clinical Experience and Education Hour must be limited to 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.
- 2) Time spent in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms and in the Augusta University House Staff Manual) will be counted toward the eighty-hour maximum weekly hour limit on Clinical Experience and Education Hour as outlined in #5 above

Mandatory Time Free of Clinical and Educational Work

- 1) Residents should have eight hours off between scheduled clinical work and education periods.
- 2) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80- hour and the one-day-off-in-seven requirements.
- 3) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- 4) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days.

Maximum Clinical and Education Work Period Length

- 1) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments
- 2) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
- 3) AU encourages residents to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous clinical work and education and between the hours of 10pm and 8am.

Clinical Experience and Education Hour Exceptions

- 1) In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient, humanistic attention to the needs of a patient or family, or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.
- 2) Any program desiring to submit a rotation-specific exception for up to 10 percent or a maximum of 88 clinical and educational work hours to a Review Committee must have that request reviewed and approved by both the ACGME Designated Institutional Official and GMEC prior to submitting such a request.

Maximum In-House On-Call Frequency

- 1) In-house call will occur no more frequently than every third night, averaged over a four-week period.

Night Float

- 2) Night float must occur within the context of the 80-hour and one-day-off-in seven requirements.

At-Home Call

- 1) At-home call, or “pager call,” is defined as call taken from outside the assigned site.
- 2) When residents are called into the hospital from home, they may care for new or established patients and the hours spent in-house, exclusive of travel time, are counted toward the eighty-hour limit. Such episodes will not initiate a new “off-Clinical and Education Work period.”
- 3) At-home call must not be too frequent or taxing as to preclude rest or reasonable personal time for each resident.
- 4) At-home call may not be scheduled on the resident’s one free day per week (averaged over four weeks).

Exceptions to Resident Weekly Clinical Experience and Education Hour Limits

- 1) Resident duty hours have been defined by the ACGME as limited to an average of 80 hours per week. Requests for exception to the weekly limit on duty hours must have valid educational rationale and should not be predicated on service needs, and must be rotation specific. Blanket exceptions for the entire program will not be considered. 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.
- 2) All requests for duty hour extension must be reviewed and approved by the GMEC before forwarding by the program director to the appropriate RRC for review. Any program director requesting a rotation-specific exception to the weekly limit on duty hours (up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions) must complete the procedure request form and submit it to the GMEC for review.
- 3) Duty hour monitoring for all programs with a rotation-specific exception to resident weekly duty hour limits will follow the same standard institutional monitoring as all other programs. In addition, prior to each site visit and review, the ACGME Designated Institutional Official and Graduate Medical Education Committee shall reevaluate both patient safety and the educational rationale for the exception, and append the findings to the program’s request to the Review Committee for a continued exception.

- 4) Moonlighting will not be permitted on any rotation for which a rotation-specific exception is granted by the relevant Resident Review Committee. Any concerns or questions concerning the hour guidelines must be directed to the ACGME Designated Institutional Official or Department Manager for GME.

E. EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)

AU affirms that the primary responsibilities of members of the house staff are to their own postgraduate medical education and to the patients charged to their care. In as much as extramural professional activities, or “moonlighting,” may conflict with these responsibilities, AU generally discourages such activities.

In some departments, outreach programs at other medical facilities are approved activities, are a part of the established educational program, and are not considered moonlighting. Moonlighting is prohibited during regular AU duty hours, as defined by the Program Director and/or Chair of the house staff member’s Department. Moonlighting during periods of authorized vacation time can occur provided that proper documented approval of moonlighting activity has been obtained.

Individuals may not moonlight on rotations or services to which they are currently assigned as part of their residency or fellowship program. Questions regarding whether a particular request for moonlighting would be prohibited under this section should be directed to the ACGME Designated Institutional Official.

The Medical Center or any individual department or division also reserves the right to deny any specific moonlighting activity that is deemed inconsistent with AU policy regarding conflict of interest or other relevant policies. The individual requesting moonlighting permission must be in good standing and acknowledges that his or her performance will be monitored for the effect of the activity on their performance, and adverse effects may lead to revocation of permission. In addition, any individual who fails to maintain good standing in their program for any reason will have their moonlighting privileges revoked effective immediately. Affected house staff are required to reapply for moonlighting privileges through the mechanisms used for gaining initial approval.

All hours spent in moonlighting are subject to the Institutional Policy on Duty Hours and must be tracked through the respective program’s duty hour tracking mechanisms. Failure to track moonlighting time, both internal and external, as duty hours may result in Corrective Action and revocation of moonlighting privileges.

Individual departments or divisions may impose additional restrictions on moonlighting activity. Violation of the Moonlighting Policy, including non-compliance with any requirements listed below, constitutes a breach of the House Staff Agreement between Augusta University and the individual and may lead to corrective action up to and including Immediate Dismissal. Violation of the Moonlighting Policy also may result of revocation of moonlighting privileges. Contact the Office of GME for any clarification of these requirements.

PGY-1 residents are not permitted to moonlight.

ALL MOONLIGHTING – General Requirements:

- 1) Be in “good standing” in the training program (i.e., not on Corrective Action).
- 2) Moonlighting cannot be used to fulfill a training requirement of the current training program.
- 3) Possess an unrestricted license to practice medicine in the state of Georgia (or the appropriate state if moonlighting out of state).
- 4) All requests for moonlighting must be submitted to the GME Office for review and final approval. No moonlighting is permitted until this approval has been given. Moonlighting without this approval may result in Corrective Action.
- 5) Approval to moonlight remains in effect from the date of approval until June 30th of that academic year (July-June), unless the approval has been revoked for one of the reasons stated above. To moonlight in the following academic year (i.e., July 1st or later), the house officer must reapply for moonlighting privileges.
- 6) All moonlighting hours, both internal and external, must be recorded as duty hours.
- 7) J-1 Visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements. House staff members are responsible for understanding, advising the GME Office, and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.
- 8) Please note that some programs do not allow moonlighting all moonlighting must be approved by your departments Program Director.

INTERNAL MOONLIGHTING – Definition and Additional Requirements:

Practicing medicine for pay at AU outside the requirements of the training program is considered internal moonlighting. Work performed in violation of the Moonlighting Policy will not be separately compensated and will be considered as work done as part of the normal training program.

Under the internal moonlighting policy, there are both general guidelines (listed above under General Requirements for All Moonlighting) and group specific guidelines. House staff are divided into two groups, Group 1 and Group 2. These groups are as defined below and the requirements for each group are as follows:

GROUP ONE:

House staff in an advanced or second residency program (i.e., board eligible/certified in another specialty) who wish to bill through the PPG for their professional services. These individuals may practice the specialty for which they are board certified/eligible in an outpatient setting or an

emergency department only. These individuals may bill third party payers for their professional services in accordance with the PPG and Medical Staff Bylaws. NOTE: Moonlighting is prohibited during regular AU duty hours, as defined by the Program Director and/or Chair of the house staff member's host Department.

Additional Requirements for Group One:

In order to qualify for internal moonlighting as a Group One physician, the house staff must fulfill all of the following prerequisites:

- 1) Successful completion of an ACGME Training Program;
- 2) Board eligible/certified in a specialty for which they are moonlighting;
- 3) The individual must have a part-time Augusta University faculty appointment in the hiring department/division and obtain appointment to the Medical Staff through the usual credentialing process. However, the primary appointment will remain either "resident or clinical fellow."
- 4) Professional Liability coverage will be provided through the either DOAS or AUMA.
- 5) Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. However, the house staff should not be or feel pressured to participate in moonlighting activities.

GROUP TWO:

House staff who are not board certified/eligible and/or are not billing for their professional services.

These individuals may not bill for their professional services.

NOTE: Moonlighting is prohibited during regular AU duty hours, as defined by the Program Director and/or Chair of the house staff member's host Department.

Additional Requirements for Group Two:

In order to qualify for internal moonlighting as a Group Two physician, the house staff must fulfill all of the following prerequisites:

- 1) Professional Liability coverage will be provided through the DOAS or AUMA.
- 2) Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. However, the house staff should not be or feel pressured to participate in moonlighting activities.
- 3) This individual cannot bill for their services. If the service is to be billed by the attending, the house officer must be supervised, and work documented, under CMS guidelines. All attending billing must comply with Medicare requirements.

4) There must be an identified supervising attending physician.

EXTERNAL MOONLIGHTING – Definition and Additional Requirements:

External moonlighting is any extracurricular clinical employment outside of AU Health Centers Professional liability coverage is the responsibility of the individual resident. AU DOAS or AUMA does not provide professional liability coverage for this external moonlighting.

F. EXTERNAL RESIDENTS/FELLOWS VISITING AUGUSTA UNIVERSITY

AU values the variety of experiences that visiting house officers/fellows bring to our programs. Visiting rotations are subject to approval by the appropriate Program Director and the ACGME Designated Institutional Official.

AU requires that an affiliation contract be in place between the visiting resident's institution and AU. Without exception, documents **must** be submitted to AU **at least 90 calendar days before the start date of the desired rotation.**

The GME Office must be advised of, approve, and process all visiting house officers/clinical fellows from other institutions who are rotating through AU and AU-affiliated programs.

All approved visiting house officers must physically check in at the GME Office on the first day of their visiting rotation.

The following requirements must be met and documents **MUST** be submitted 90 calendar days before the visiting resident's desired start date:

- 1) A visiting Resident/Clinical fellow must provide proof that he/she is currently enrolled and in good standing within an ACGME accredited training program.
- 2) Prior to starting the rotation, the applicant must provide proof of professional liability coverage of a minimum of \$1,000,000/\$3,000,000 and health insurance to the GME Office.
- 3) The applicant must provide documentation that his/her stipend will be continued by his/her training program while on the approved rotation.
- 4) International Medical Graduates must also provide a copy of a valid ECFMG certificate in addition to the requirements stated above.
- 5) Office of Inspector General/Excluded Individuals In order to comply with federal law, AU will check all visiting house staff against the Office of Inspector General's list of individuals excluded from federal healthcare programs. Any visiting house staff identified as excluded must be terminated from the visiting residency/fellowship rotation, and their home institution will be notified.
- 6) National Practitioners Data Bank (NPDB): all visiting house staff will be checked against the NPDB.

- 7) The additional requirements for background checks set forth will be applicable to Visiting House Officers.
- 8) Immunization Records: All visiting house staff must provide documentation of immunization and testing satisfactory to Augusta University Occupational Health 30 calendar days prior to the desired rotation date.

G. GUIDELINES FOR HOUSE STAFF SUPERVISION

It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME, or other applicable accrediting body, regarding supervision of house officers and clinical fellows in accredited training programs. These trainees will be supervised by appropriately-credentialed and privileged attending physicians in a manner that is consistent with ACGME program requirements for the applicable residency or fellowship program, or other applicable accrediting body requirements. House staff shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. Both house staff and attending physicians will inform each of their patients of their respective role in that patient's care.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. In outlining those lines of responsibility, the Program Director will define supervision using the following classification of supervision:

- 1) Direct Supervision: the supervising physician is physically present with the resident and patient;
- 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;
- 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) Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered; and

Interpretation of any of the above terms 1-4 should be referred to the ACGME Designated Institutional Official, the Office of Healthcare Compliance, or the Office of Legal Affairs. Supervision shall be structured to provide house staff with progressively increasing responsibility commensurate with their level of education, ability and experience. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of house officers to positions of higher responsibility and readiness for a supervisory role in patient care and conditional independence through assessments of

competencies based on specific criteria (guided by national standards-based criteria when available). Faculty members/attending physicians functioning as supervising physicians should assign portions of care to house officers based on the needs of the patient and the skills of the resident. Based on these same criteria and in recognition of their 28 progress toward independence, senior house officers or fellows should serve in a supervisory role of junior house officers.

Each program must set guidelines for circumstances and events in which house officers must communicate with appropriate supervising faculty members/attending physicians, such as the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. PGY1 house officers will be supervised either directly or indirectly with direct supervision immediately available. Programs will define, based on the appropriate Residency Review Committee's guidelines, the competencies that PGY-1 house officers must achieve in order to progress to be supervised indirectly with direct supervision available.

The faculty supervisor(s) assigned for each rotation or clinical experience (inpatient or outpatient) shall provide to the Program Director a written evaluation of each trainee's performance during the period that the resident or clinical fellow was under his or her supervision. The Program Director (or his/her designee) will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

H. MANAGEMENT OF OCCUPATIONAL EXPOSURES TO BLOOD BORNE PATHOGENS POLICY

AU is committed to promoting a safe and healthful work environment for all personnel, including house staff and students, and to minimizing personnel exposure to occupational hazards, including those associated with blood borne pathogens. All house staff and other care providers at AU observe Standard Precautions with all patients in accordance with Occupational Safety and Health Administration (OSHA) standards to prevent occupational exposure to such materials.

Faculty and house staff are important role models for students and less experienced house officers and should be guided in the clinical situation first by safety and second by educational benefits. In order to provide the appropriate level of care for patients and safety for learners in the clinical setting, medical students and less experienced house officers will not be required to perform a first time procedure on patients who are hepatitis C positive, HIV positive or have other known diagnoses that would put the medical student or resident at risk.

Please click on this link for the policy:

<file:///C:/Users/ebass/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/B8KT4L32/Management%20of%20Occupational%20Exposures%20to%20Blood%20Borne%20Pathogens.pdf>

If a medical student and/or less experienced resident has done a procedure only once or twice and is uncomfortable performing the procedure on a patient who is zero-positive that

discomfort should be respected and the individual will not be required to perform the procedure.

A house officer or student that experiences a blood borne pathogen exposure should seek immediate treatment and counseling by:

- 1) Presenting to the Occupational Health Clinic at 1515 Pope Ave. during regular business hours of 7:30am-5:30pm Monday-Friday or
- 2) Proceeding to the Adult Emergency Room for immediate evaluation if the injury occurs after the regular business hours listed above. The injured person should contact Occupational Health the following business day to initiate follow up care.

When a house officer is aware of a student who experiences an occupational exposure, he/she should direct that student to follow these same steps. The house officer also may direct the student to the Student Health Clinic for further counseling after following the above guidelines.

Medical students and house officers should be advised to follow all radiation safety guidelines. In the event of personal contamination with radioactive material, or loss of containment of radioactive material, the house officer / medical student should contact Augusta University Environmental Health and Safety at (706) 721-9826 for an immediate risk assessment and decontamination if needed. House staff working around radioactive material or x-ray devices who become pregnant should review the PRW Declared Pregnant Worker site at:

<https://www.augusta.edu/compliance/policyinfo/policy/pregnant-radiation-workers.pdf>

I. TRAINING PROGRAM REDUCTION/CLOSURE

All decisions regarding reduction of size in an ACGME-accredited training program(s), closure of such a program(s), or the intention of AU to cease being a Sponsoring Institution must be communicated to the ACGME Designated Institutional Official, the Graduate Medical Education Committee, affected Program Directors, and affected house officers as soon as possible after such decisions are made.

If an ACGME-accredited training program at AU reduces its size or ceases to exist, the house officers in that program will be notified as soon as possible by the Program Director of that program.

In the event of closure or reduction, every reasonable effort will be made to allow resident(s) currently in the program(s) affected to complete their education if satisfactory progression of the resident(s) has been demonstrated.

If house officers are displaced because of reduction or closure, the appropriate Program Director(s) will make every effort to assist the house officers in enrolling in an ACGME accredited program(s) in which they can continue their education.

J. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER-EXTRAORDINARY CIRCUMSTANCES

For the purposes of this policy, a disaster is an event or set of events at AUMC causing significant alteration to the residency/fellowship experience at one or more AUMC residency/fellowship programs.

In the event of a disaster, Augusta University will continue to provide administrative support for its GME programs through the disaster and will abide by ACGME Policy and Procedures to Address Extraordinary Circumstances. In the event that such a disaster or its after effects warrant reduction or closure of a program(s), then the Training Program Reduction/Closure Policy will take effect.

If, because of a disaster, an adequate educational experience cannot be provided for each resident/clinical fellow the sponsoring institution will:

- 1) Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its house officers/fellows. AU in collaboration with the receiving program/institutions will work to ensure continuation of salary and benefits for each house officer while they remain employed by AU
- 2) Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will complete the resident year on schedule and, to the extent possible, will maintain continuity of salary and benefits.
- 3) Inform each transferred resident of the minimum duration of his/her temporary transfer, and continue to keep each resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

The Designated Institutional Official (DIO) will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. When appropriate, the DIO will contact executive directors of specific residency review committees (RRCs).

House officers should call or email the appropriate Review Committee Executive Director with information and/or requests for information, and copies of these requests should be sent to AU's DIO.

Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the programs

- 1) To submit program reconfigurations to the ACGME and

- 2) To inform each program's house officers of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.

K. HOUSE STAFF CALLED TO ASSIST IN THE EVENT OF A DISASTER

In the event of a disaster affecting AU or the surrounding region, house staff may be called on to assist by doing tasks that are different than their usual tasks, though no one will be asked to do anything they are not qualified to do.

In order to be as prepared as possible for a disaster, house staff should do the following:

- Complete annual training on Healthstream
- Familiarize themselves with the Quick Reference Guide and know the specific emergency response plans for each area in which they work and where these plans are documented. Since the biggest disaster threat to the region is tornados, house staff should especially learn plans for responding to a tornado threat in each area.
- Participate in drills – including fire drills – whenever possible.
- Also learn the emergency response plans for any location outside of AU where they rotate. Note that overhead announcement codes for other institutions may be different than they are at AU.

More information about emergency preparedness (CEPaR) at AU is available here: <https://www.augusta.edu/cepar/>. The AU CEPaR is also available to provide guidance or give presentations (if requested).

I. CERTIFICATE OF COMPLETION

The GME office will award a Certificate of Completion to each resident or fellow. This certificate will be provided no earlier than 4 weeks prior to completion of training/appointment at the discretion of the ACGME Designated Institutional Officer. In the event of loss or destruction of certificate, a copy of the original will be provided. Once you have finished training your name on the certificate will not be changed and will remain consistent with the name used during the period of training and the name on the original certificate.

M. HOLIDAY/VACATION/SICK TIME

The amount of time a resident can be away from residency duties and still meet Board requirements varies among the specialties. It is the resident's responsibility to be aware of his/her specialty requirement. Time under any of the following may not be counted toward Board eligibility.

1) Holidays

All time off, including holidays, is scheduled at the discretion of the Program Director. Official Augusta University holidays are not automatically observed as time off for house staff.

2) Vacation

All house staff on one year appointments are eligible for 21 days of vacation upon their start date. For appointments less than one year, vacation will be prorated accordingly. House staff must schedule vacation days with the Program Director. Vacation time must be used in the appointment year in which it is accrued.

3) Sick Time

Time off due to illness must be reported to the Program Director at the time of the illness. House officers have 14 days of sick leave per year, 7 unused sick days are allowed to roll over to the following year. House officers are not paid for unused sick time. Sick time can only be used for time off due to the resident's illness or the illness of an eligible family member. For the purpose of this policy, eligible family members are defined as: spouse, domestic partner, parent, grandparent, sibling, biological child, stepchild, adopted child, foster child and child (ren) of the staff member. Sick time must be utilized prior to going into unpaid status, if available. If the resident wants to continue receiving full salary for time off due to an injury or occupational disease which is compensable under the Georgia Workers' Compensation Act, workers' compensation benefits may be supplemented by available sick or vacation time up to the resident's full weekly salary.

N. LEAVE POLICY

AU recognizes that a resident may need to be away from work due to medical or certain family reasons. Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule. All leaves will be scheduled with prior approval by the Program Director or Chief of Service, with the exception of family emergencies or unexpected illnesses. In unexpected/emergency situations, the resident should contact the Program Director or Chief of Service at the earliest possible time.

The amount of time a resident can be away from residency duties and still meet board requirements varies among the specialties. It is the resident's responsibility to be aware of his/her specialty board's requirement. Information relating to access to eligibility for certification by the relevant certifying board is available upon request from the Program Director. If leave time is taken beyond what is allowable for the specialty board and the resident is required to extend his/her period of activity in the training program to meet board requirements, the resident should request permission to extend and should establish a schedule for doing so in consultation with the Program Director.

Leave time under any of these categories will not be credited as time toward board eligibility. When the need/request for leave is foreseeable, the request should be submitted at least thirty

(30) days prior to the leave. When the need for the leave is unforeseeable or the thirty days' notice cannot be given, the request should be submitted as soon as practical. In order to remain in a paid status during leave, the house staff member will utilize sick time first for a leave related to his/her (or a qualifying family member's) medical condition, then vacation time, then will be placed on unpaid leave once all available paid leave time has been exhausted.

House officers on medical leave **MUST** obtain a Return to Work/Physician Release form and return it to the GME Office who will notify the Program Director or his/her designee **BEFORE the resident may return to work. If the resident is released with restrictions that affect his/her duties, the resident should contact the Graduate Medical Education office. In addition, if the restrictions may necessitate an accommodation, the resident should make the GME Office aware of the request for accommodation and may also need to engage AU Employee Relations.**

1) Family and Medical Leave Act (FMLA)

Consistent with the FMLA, eligible house officers are able to take up to 12 weeks of leave (leave related to a serious injury in active military duty can be longer as set out below) for certain personal medical reasons or for qualifying family reasons. House officers are eligible if they have worked at least 12 months and have had at least 1250 hours of work in the preceding 12 months from the date FMLA is to be used.

Leave under FMLA may be either paid or unpaid. Sick and vacation time must be used before a resident goes into unpaid status; for a medical condition, the department will use available sick leave first, then vacation time. Health insurance is maintained throughout the leave period, but if the resident is in unpaid status she/he must continue to pay her/his share of the cost and can obtain information through the Benefits office on where to direct payments.

A resident uses FMLA (if available based on eligibility and prior usage) for the following:

- The birth of a son or daughter or placement of a son or daughter with the resident for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the resident unable to perform the essential functions of his/her duties;
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status; or
- To care for a covered service member with a serious injury or illness, when the resident is the spouse, son, daughter, parent, or next of kin of the service

member. This type of leave (military caregiver leave) may be for up to 26 workweeks of leave during a single 12-month period.

Note that special rules apply if a resident and spouse are both residents or if the spouse is employed by AU.

As well as taking FMLA in continuous blocks, for medical conditions, a resident may be entitled to intermittent leave for treatment, appointments, or episodic conditions, for her/himself or for care of a qualifying family member.

The FMLA process is located here:

https://www.augusta.edu/hr/university/university_benefits/fmla.php

For questions regarding these leave policies contact the GME Department. Parental Leave/Adoption/Foster Care Parental leave is available to all eligible house officers for the birth or adoption (or placement into foster care) of a child under the FMLA.

After that method of pay expires, available, sick, then vacation time must be used prior to going into unpaid status. Contact the Office of GME for more information about qualifying conditions and the provisions for parental leave under these laws.

2) Medical Leave

Medical leave which is not FMLA eligible or which is requested after FMLA leave is exhausted may be available at the discretion of the Program Director. For an increment of greater than 30-days, the resident should also contact the GME Office. Medical documentation is required if the resident is away from work for more than 5 calendar days. House officers will be required to exhaust other forms of leave for which they may qualify prior to being eligible for medical leave. If paid sick or vacation time is available, it must be used prior to going into unpaid status.

NOTE: If a resident is not medically released to return after their FMLA or other medical leave, or has restrictions which impact their ability to perform their duties, additional leave or other accommodations may be requested as an accommodation under the Americans with Disabilities Act through AU Employee Relations. Contact Employee Relations for questions regarding accommodations.

3) Education Leave

Education leave may be granted at the discretion of the Program Director.

4) Military Leave Duty

House officers will be granted military leave as required by applicable law and consistent with the AU Military Leave of Absence Policy

https://www.augusta.edu/hr/university/university_benefits/leave.php.

Please contact the Office of GME for specific questions about such leave.

5) Jury Duty

House officers will be granted leave for jury duty as required by applicable law. Please contact the Office of GME for specific questions about such leave.

6) Bereavement Leave

If there is a death in a house officer's family, he or she may take up to three working days off as leave utilizing either sick or vacation time. For this purpose, "family" is defined as spouse, domestic partner, child, mother, father, mother-in-law, father-in-law, sister, brother, grandparent or grandchild.

Except in very unusual circumstances, bereavement leave must be utilized within 14 days of the date of death.

7) GME Administrative Leave

Administrative Leave is a general leave status, initiated by the Program Director, in consultation with the ACGME Designated Institutional Official. Examples of when a House Staff member may be placed on administrative leave include, but are not limited to: an internal review or investigation, or for an investigation of an external event, such as an arrest.

O. RESIDENT/FELLOW ELIGIBILITY AND SELECTION

House officers and fellows in accredited programs at AU are selected based on qualifications that meet or exceed the standards outlined below.

One of the following qualifications must be met to be eligible for appointment to a residency or fellowship program at AU:

- Graduate of medical schools in the U.S. and Canada accredited by the LCME; Or,
 - Graduate of a college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); Or,
 - Graduate of medical schools outside the U.S. or Canada meeting one of the following additional qualifications
 - Who hold a currently valid certificate from the ECFMG prior to appointment
- Programs will select only from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and qualities such as motivation, honesty, and integrity. House officers/fellows must also qualify for licensure.

In compliance with federal law, including the provisions of Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Family and Medical Leave Act of 1993, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Augusta University (AU) does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, veteran status, or genetic information in its employment. In addition, AU does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the AU's Anti-harassment, Non-Discrimination and Non-Retaliation policy

All prerequisite prior training must be successfully completed prior to beginning any residency or fellowship program. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency or fellowship programs must be completed in ACGME-accredited 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. Residency programs. Residency and fellowship programs must receive verification of each resident or fellow's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

All applicants that are granted interviews will be interviewed in person, or if extenuating circumstances make that impossible, by telephone or video conferencing. The Program Director evaluating house officers or fellows attempting to transfer from other educational programs (prior to completion of training offered in that discipline in that institution) will directly contact the referring Program Director, chair, and/or other appropriate references to assess the educational qualifications of the resident or fellow prior to making any offer of employment. A final letter of evaluation and recommendation must be obtained from the referring program for all house officers or fellows entering AU programs after completing some phase of training in another institution.

Whenever possible, all accredited house staff training programs at AUMC will participate in an organized matching program, such as the National Residency Matching Program (NRMP).

A program director may not appoint more residents than approved by both AU and, for ACGME-accredited programs, by their respective ACGME Residency Review Committee. All complement increases must be approved by both AU (by and through its GME expansion process) and, for ACGME-accredited programs, by the respective ACGME Residency Review Committee.

P. EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION/ANTI-HARRASSMENT/NON-DISCRIMINATION/ANTI-RETALIATION

1) Equal Employment Opportunity

AU's Equal Opportunity and Affirmative Action Policy is reflected in the following statement: "In compliance with federal law, including the provisions of Title VI of

the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of Education Amendment of 1972, Family and Medical Leave Act of 1993, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act (ADEA) of 1967, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, AU does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, veteran status or genetic information in its employment. In addition, AU does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression. For more information, see AU's Equal Opportunity and Affirmative Action Policy.

<https://www.augusta.edu/compliance/policyinfo/policy/equal-employment-policy.pdf>

2) Anti-Harassment

AU's Anti-Harassment, Non-Discrimination and Anti-Retaliation Policy: <https://www.augusta.edu/compliance/policyinfo/policy/non-discrimination-anti-harassment-policy.pdf> explains AU's prohibitions against sexual and other lawful harassment, examples of prohibited conduct, how to report AU's prohibition against retaliation against anyone who makes a complaint or participates in an investigation, and how AU investigates and resolves complaints of its anti-harassment policy. The AU Anti-Sexual Harassment – Standard Operating Procedure (SOP), provides additional details and examples of prohibited conduct, means of reporting, and how AU responds to reports of sexual harassment. Although violations of AU's sexual harassment policy are dealt with on a case-by-case basis. For more information, see <https://www.augusta.edu/compliance/policyinfo/policy/anti-sexual-harassment-policy.pdf> AU also has special procedures for addressing complaints of Sexual Violence (rape, fondling, incest, statutory rape, dating violence, domestic violence, and stalking). When an allegation of sexual harassment or sex discrimination involves Sexual Violence. <https://www.augusta.edu/student-life/conduct/sexual-misconduct-policy.php>

3) Disability Discrimination and Accommodations

In accordance with AU EEO/AA policy, AU does not discriminate in its admissions or selection of house staff. Selection decisions are made without regard to disabilities or other protected categories. Applicants to AU's residency or fellowship programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current house staff who may require reasonable accommodations, should contact the Office of Employment Equity at 706-721-7285 or oeo@augusta.edu. Requests for accommodations are evaluated on a case-by-case basis. For more information, visit Office of Employment Equity website at <https://www.augusta.edu/oeo/>.

Q. RETALIATION

In compliance with law, AU does not retaliate against individuals for 1) filing or encouraging one to file a complaint of unlawful discrimination, 2) participating in an investigation of unlawful discrimination, or 3) opposing unlawful discrimination. In addition, AU does not retaliate against individuals for filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination based on grounds not necessarily protected by federal or state law, but protected by the AU's nondiscrimination policy, such as sexual orientation. "Retaliation" includes any adverse employment action or act of revenge against an individual for filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination. House officers who file a grievance/complaint, report activity which they believe to be unlawful, or participate in the grievance, review, or compliance process in good faith, will be protected against retaliation. House officers who believe that they have been subjected to retaliation as a result of any of these actions should contact the Employee Relations, which will investigate complaints of retaliation. Please refer to the policy for more information:

<https://www.augusta.edu/compliance/policyinfo/policy/non-retaliation.pdf>

R. COMPLIANCE PROGRAM

It is the policy of Augusta University (AU), and the healthcare related entities affiliated with the AUMC, to provide healthcare and healthcare-related services in compliance with all state, and federal laws governing its operations, and consistent with the highest standards of business and professional ethics. Regulatory compliance is adherence to the laws, rules, codes, standards and regulations of government healthcare and research programs and the contractual obligations entered by AU for healthcare operations or research. AU utilizes a Compliance Program Plan that has established an operational structure and processes to monitor and support compliance efforts. In accordance with the Compliance Program Plan, AU has appointed a Chief Compliance Officer, along with Hospital Compliance Officers who are charged with reviewing and enforcing AU compliance policies and addressing specific compliance situations that may arise to provide consistency in the application of compliance policies. For more details, the Augusta University Compliance Program Plan is available at

<https://www.augusta.edu/about/services/index.php?id=4>.

The compliance program consists of a number of components, one of which is training and education.

If a resident has questions concerning compliance issues or would like more information, contact the Compliance Office at 706-721-0900 or visit our website at

<https://www.augusta.edu/compliance/hotline.php>.

There is a confidential 24-hour Augusta University Compliance Integrity Line 1-800-576-6623 or compliance@augusta.edu in which he or she may report concerns (Please be aware that when using the email address your concerns may not remain anonymous).

S. CONFLICT OF INTEREST POLICY/VENDOR INTERACTIONS

The relationships between AU, the individual members of its community, and the healthcare industry have grown increasingly complex. As a result, there may be opportunities for professional interaction and development that may benefit AU and its individual members but which may also present the potential for or the appearance of conflicting loyalties and responsibilities for the individuals within the AU community. Given this, AU maintains policies that address conflict of interest between its employees (including house staff) and the health care industry and how vendors are allowed to interact with house staff. The core of the policies state that house staff may not accept gifts from health care industry (HCI), may not accept meals funded directly by HCI, may attend certain educational activities sponsored by industry that are approved and comply with the COI policy, and under certain conditions may be sponsored by grants from HCI. For more information regarding the Conflict of Interest and Vendor Interaction policies, please see the following link to the policy.

<https://www.augusta.edu/compliance/policyinfo/policy/individual-conflict-interest-policy.pdf>

T. RESIDENT TRANSFERS

When an AU Program Director wishes to consider accepting a resident with previous graduate medical education training into a position beyond the normal entry into the program, the Program Director must first contact the Program Director of the resident's current (or immediate past) program. Prior to accepting a transferring resident, the Program Director must obtain verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including compliance with residency training requirements and a summative assessment of competence in the following areas:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Professionalism
- Systems-Based Practice

Additionally, the program director must obtain Milestones evaluations from the prior program upon the transferring resident or fellow's matriculation.

The AU Office of Graduate Medical Education must be notified prior to accepting a transferring resident as described above. All residents and clinical fellows transferring into AU GME training programs must satisfy the conditions of employment as contained in this manual.

The transferring resident (either coming to AU or AU resident leaving) must sign the "Release of Information and Waiver of Liability" form before information is exchanged between institutions. Any other "release of information and waiver of liability forms" will be used at the discretion of the Office of Legal Affairs.

In addition, AU Program Directors are required to provide timely verification of residency education and summative performance evaluations to other requesting residency programs for any house officers who may leave the program prior to completion of their education.

U. ELECTIVE AWAY ROTATIONS (DOMESTIC AND INTERNATIONAL)

The Office of Graduate Medical Education will consider Away Rotations for House Staff as approved by the Program Director and the ACGME Designated Institutional Official as part of the educational training program. Advance planning and careful coordination with your program director and program coordinator is necessary for all the items that must be in place prior to an away rotation. Please follow the link for additional information on the timeline and process:

<https://www.augusta.edu/mcg/residents/hspolicies/5.0clinicalrotations.pdf>

II. BENEFITS

For a full summary of benefits, please see the Benefits Overview available on the HR website at https://www.augusta.edu/hr/university/university_benefits/index.php. This link will connect you to more information on each of the benefits below along with decision tools, FAQs, and other important resources.

You must enroll or waive coverage within 30 days of your hire date.

A. CORE COVERAGE

I. HEALTH CARE PLAN

- 1) Consumer Choice HSA
- 2) Comprehensive Care
- 3) Blue Choice HMO
 - a. Due to the Stipulations on the J1 and J2 VISAs, the Blue Choice HMO policy is the only plan offered to those on a J1/J2 VISA
- 4) Kaiser Permanente – *Not offered to Augusta University Employees*

Prescription drug coverage is included when you enroll in one of the health plan options. Please review the benefits overview, online decision tools, summary plan description, and evidence of coverage booklets before selecting a health plan option

https://www.usg.edu/assets/hr/benefits_docs/2020_USG_Comparison_Guide.10.2019.pdf

II. LIFE INSURANCE

- 1) Basic life insurance coverage provided by AU in the amount of \$25,000.00 for the employee only.
- 2) Supplemental Life is offered 1 to 8 times annual salary, coverage is for employee only. Coverage per \$1000.00 on annual salary. Max is \$250,000.00
- 3) Child Life is offered for dependent children only.

- 4) Spouse Life is offered in increments of \$10,000.00 up to a maximum of \$500,000.00

Please refer to the Benefits Plan Summary for more information

<https://www.augusta.edu/mcg/residents/residentbenefits2pagesummary2019.pdf>

III. RETIREMENT PLAN

House Staff can only enroll in the following supplemental retirement plans:

- 1) 403 (B)
- 2) 457 (B)
- 3) Roth 403 (B)
- 4) Roth 457 (B)

IV. LONG-TERM DISABILITY (LTD)

Provided at no cost to Residents/House Staff. Premiums are paid by AU for the duration of employment

B. VOLUNTARY COVERAGE

- 1) ACCIDENTAL DEATH AND DISMEMBERMENT
- 2) SHORT TERM DISABILITY
- 3) VISION
- 4) DENTAL
- 5) CRITICAL ILLNESS PLAN
- 6) ACCIDENT PLAN
- 7) HOSPITAL INDEMNITY PLAN
- 8) LEGAL PLAN
- 9) TAX SHELTERED ANNUITY/DEFERRED COMPENSATION
- 10) DEPENDANT CARE & HEALTH CARE FLEXIBLE SPENDING ACCOUNT
- 11) LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT
- 12) HEALTH SAVINGS ACCOUNT (HAS)

Please see the link below for detailed information about the voluntary coverage above
<https://www.augusta.edu/mcg/residents/residentbenefits2pagesummary2019.pdf>

C. TRAVEL INSURANCE

From the date of employment, the employee is automatically covered while traveling on approved Augusta University business. Authorization for travel plans happens at the department level through effective planning, communication, and management. If an event occurs while traveling on Augusta University business, all necessary documentation should be provided to the Office of Risk and Insurance Management at (706)721-0900.

D. WORKERS' COMPENSATION

We hope you never have a work injury, but you should know what to do just in case.

Procedure if medical attention is required at the time of accident/Injury

- 1) Employee shall report accident/injury to supervisor.
- 2) Accident/injury should be reported within 24 hours.
- 3) Employee shall complete section A of the Employee's Report of Accident/Injury and submit to supervisor.

https://www.augusta.edu/hr/university/university_benefits/documents/au_wc_first_report_of_accident_injury.pdf

- 4) Employee shall complete Leave Election Form and return to HR

https://www.augusta.edu/hr/university/university_benefits/documents/leave_election_form.pdf

- 5) Supervisor must complete section B of the Employees Report of Accident/Injury form and submit to Wes Norton (wnorton@augusta.edu) in Human Resources, Benefits and Data Management.
- 6) Supervisors must report accident/injuries to DOAS workers' compensation toll free number: 1-877-656-7475

Procedure if no medical attention is needed

- 1) Employee shall report incident to supervisor
- 2) Incidents should be reported within 24 hours
- 3) Employee should complete section A of the Incident Notice Only form and submit to Supervisor.

https://www.augusta.edu/hr/university/university_benefits/documents/au_incident_only1.pdf

- 4) Employee shall complete Leave Election Form and return to HR

https://www.augusta.edu/hr/university/university_benefits/documents/leave_election_form.pdf

- 5) Supervisor should complete section B if the Incident Notice Only form and submit to Wes Norton (wnorton@augusta.edu) in Human Resources Benefits & Data Management.

E. PROFESSIONAL LIABILITY COVERAGE

All Residents/House Staff are covered while acting within their scope of duties. House officers' primary coverage is written on an "occurrence" basis. This means that they are covered for events occurring while they are part of AU and includes claims made after they leave. "Tail" coverage need not be purchased. However, it is of utmost importance that house officers notify the Risk and Insurance Management office of any adverse outcome or potential claim as soon as they are aware of it. For further information, contact the Office of Risk and Insurance Management at (706)721-0900.

More coverage information can be found on the GME webpage under "House Staff Resources"

<https://www.augusta.edu/mcg/residents/general-information.php>

III. SUPPORT SERVICES

A. HOUSE STAFF HEALTH & WELLNESS

Graduate Medical Education at AUMC is committed to providing resources and techniques to ensure residents and fellows enrolled in MCG's training programs, are mentally and physically healthy and fit for training in the clinical learning environment. The Medical College of Georgia provides an on campus assessment and counseling program for House Staff, Faculty, employees, graduate students and immediate members of their family.

- 1) Employee-Faculty Assistance Program (EFAP) – Information can be found at <https://www.augusta.edu/about/efap.php> or (706)721-2599
- 2) KEPRO- professionals are experienced, caring individuals who hold master or doctoral degrees in counseling or a related field. They are certified and licensed by the appropriate state agency. All discussions between you and your EAP Professional are confidential. Information regarding your contact with EAP cannot be released without your written consent, except by court order, imminent threat of harm to self or others, or in situations of abuse (such as child or elder abuse) – More information can be found at <http://www.powerflexweb.com/1063/login.html>
Company code *USGCares*

More resources can be found on the GME website

<https://www.augusta.edu/mcg/residents/residentwellness.php>

B. LACTATION ROOMS

There are several lactation rooms within the facility for nursing mothers. The GME office has designated a space on the 9th floor where the House Staff sleep rooms and lounge are location (BB-9515). This room is equipped with two lactation stations and a refrigerator for the purpose of storing breastmilk only

More information can be found also at:

<https://www.augustahealth.org/womens-health/obstetrics-and-gynecology/breastfeeding>

C. SLEEPING AND TRANSPORTATION OPTIONS FOR HOUSE STAFF TOO FATIGUED TO RETURN HOME SAFELY

For house staff who are too fatigued to safely return home, several options are available through the Office of Graduate Medical Education including:

- 1) Call Room space is available on an as needed basis for residents who are too fatigued to safely return home. You will be assigned a Call Room based on your department. The room number can be obtained from the GME Office at (706)721-7005. Please notify Environmental Services via the number posted in the room if there are any issues with cleanliness in the rooms. If the issues are not resolved, please contact the GME Office.
- 2) For house staff too fatigued to safely transport themselves home and for whom resting in a call room is not an option, you may request transportation home with a return trip the next day is available through the transportation service of your choice deemed to be reasonable and customary. You may submit your receipts long with your rotation schedule to the GME Office for reimbursement.

In order to control costs, we do ask that you utilize these options in the order listed whenever feasible; however, of prime importance is your personal safety during travel between work and home.

D. FITNESS FACILITIES

Augusta University Wellness Center offers membership programs and services to Augusta University students, employees, alumni and retirees as well and employees of campus affiliates and other University of Georgia institution employees.

Available amenities:

- 1) Personal Training (additional cost)
- 2) Group Fitness classes (included in membership)
- 3) Kayaks & Georgia State Park Passes available (additional cost)

Please visit the Wellness Center website @ <https://www.augusta.edu/campus-recreation/wellness/> for more information.

E. RECOGNIZING THE IMPAIRED PHYSICIAN

AU has long been concerned for the impaired professional. Greater awareness has led to increased recognition of addictions, depression, stress management, inappropriate anger displays, and behavior problems in our faculty and students and a continued interest in the

treatment of the impaired professional. Physicians can become dysfunctional in a variety of ways, just like the patients they treat. Their individual problems often manifest in ways that can harm the patients whom they serve, the institutions that employ them, their families, and the colleagues with whom they work. Physicians often have difficulty admitting their problems with drugs or alcohol, and too often, do not get the help they need until a crisis is reached. Early interventions in confronting physicians who are heading for trouble are needed and if necessary, intensive treatment programs for the compromised professional can be made available. Initiating this process can be difficult for colleagues and supervisors. If advice or recommendations are needed, please contact the EFAP office @ (706)721-2599, or speak to your Program Director if you have concerns.

Please refer to HS Impairment Policy 35.0 for more information

<https://www.augusta.edu/mcg/residents/hspolicies/hspolicy35.pdf>

IV. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES

The following evaluation and disciplinary guidelines apply to house staff as part of their AU training programs. The purpose of these guidelines is to provide a system for evaluation of the performance of house staff and procedures to deal with unsatisfactory academic performance and/or other conduct.

Length of Appointment

Appointments are made for a one-year term, with renewal of the appointment based on satisfactory performance by the house officer and the availability of a position. Terms and conditions of the appointment are specified in the yearly contracts and are further described in this House Staff Manual.

A. EVALUATION

Each program will develop educational goals and objectives for its house staff which are consistent with the ACGME criteria for the particular specialty. Evaluations shall use criteria and procedures appropriate to the particular departmental program and shall include, but are not limited to the core competencies (Patient Care, Medical Knowledge, Communication and Interpersonal Skills, Problem-Based Learning and Improvement, Professionalism, and Systems-Based Practice) as defined by ACGME.

- 1)** A written (including electronic) evaluation of a house officer addressing medical knowledge, competence in patient care, professionalism, system-based practice, interpersonal and communication skills, and practice-based learning and improvement will be completed at the end of each rotation or assignment. The Program Director or faculty designee will share the evaluation(s) with the house officer and provide feedback in accordance with ACGME requirements for that specialty. These evaluations must occur at least semi-annually, will include written review of performance, and should also include a discussion of areas of deficiency and plans for improvement.

- 2) The written evaluation and any documentation regarding the meeting should be permanently maintained in the departmental file.
- 3) The evaluations, evaluation summaries and/or other non-privileged documents provided by the GME Office and/or department to the Review Committee may be reviewed by the house officer with the Program Director, the DIO, or an individual designated by the DIO upon request.
- 4) Copies of correspondence between the house officer and the Program Director, or any other correspondence directed to or on which the house officer was copied, will be provided to the house officer upon request to the Program Director. This provision only applies to correspondence maintained in program, departmental, or GME files.

B. INFORMAL COUNSELING

In addition to evaluations, Program Directors and attending or supervising physicians provide and document timely feedback on an ongoing basis, which includes positive feedback as well as minor performance or conduct concerns as they occur and are documented as such.

C. CORRECTIVE ACTION

Corrective Action is taken to address any concern about the house officer's performance or conduct which is too serious to be resolved by Informal Counseling or was not corrected by Informal Counseling. Performance or conduct issues subject to corrective action include, but are not limited to, the following examples:

- 1) Insufficient medical knowledge
- 2) Inability to apply medical knowledge effectively, whether in patient care, research, or performance of technical skills
- 3) Any deficiency or conduct which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct
- 4) Failure to progress or perform at the expected level of training
- 5) Violations of professional responsibility, University or Medical Center by-laws, policies and procedures, state or federal law or any other applicable rules and regulations

a. INITIATION OF CORRECTIVE ACTION

There may be concerns regarding the performance or conduct of a house officer which have not been remedied or should not be addressed solely with feedback or Informal Counseling.

Potential Disciplinary Actions:

- Probation
- Dismissal
- Non-renewal of a House Office Notice of Appointment
- Other actions that could significantly threaten a House Officer's career development

Please refer to House Staff Policy 13.0 "House Officer Evaluation, Grievance & Due Process" for detailed information

<https://www.augusta.edu/mcg/residents/hspolicies/13houseofficerevaluationgrievanceanddueprocess.pdf>

V. GENERAL INFORMATION

A. PRESCRIPTIONS/DEA

House officers are assigned the DEA number plus an identifying suffix by the AUMC. The DEA number is to be used for AUMC patients only. Residents are not to self-prescribe. For those house officers who have a full, unrestricted Georgia medical license and their own DEA number, a copy of their valid DEA certificate should be provided to the GME Office. The valid personal DEA will be only be used for non-Residency/Fellowship related prescriptions, i.e., moonlighting.

B. GREENBLATT LIBRARY

The Greenblatt Library provides access to over 3,700 online journals, 200+ online medical textbooks and multiple biomedical databases. Broad access is crucial to provide health professionals the opportunity to incorporate the latest research into clinical practice and training.

For additional information on library amenities please refer to the Library Homepage

<https://www.augusta.edu/library/greenblatt/>

C. MEAL MONEY

House Officers participating in programs which require in-house overnight call use their Augusta University ID badge to access hospital provided dining funds. These funds are managed by the JagCard Express program.

Call rotation dining allowances are determine by the GME Office from the departmental call schedule (\$20 week night & \$25 weekend or holiday). Funds are only given for required, in-house, home call (must be in-house consecutively for 6 + hours), overnight call. The

department/House Officer is responsible for notification of schedule changes to the GME office.

- 1) House Officers dining funds are accepted at all approved campus/hospital dining facilities:
 - a. Terrace Dining – located on the second floor of the main hospital
 - b. McDonalds - located on the first floor of the CHOG
 - c. Subway – located 1467 Harper Street
 - d. Student Center – Atrium Dining Hall DA 1st floor
 - e. Education Commons Building
 - f. Cafe at the Cancer Center
- 2) Any unused balances are purged 90 days after date of issue
- 3) Funding for each months call rotation is a separate plan and each plan balance is reported individually. When two (or more) plans are valid, the first plan is used until it expires or reaches a \$0 balance before the next plan will be accessed.
- 4) Personal funds on the card (Express \$) are accessed only when House Officers funds are depleted. Personal fund on the card do not expire.

You can manage you JagCard Express account online 24/7 from any computer with internet access.

To review your balance please use this link:

<https://services.jsatech.com/login.php?cid=144&>

For general information please use this link:

<https://www.augusta.edu/auxiliary/mealplan.php#>

D. WHITE COAT LAUNDERING

House staff can drop off their white coats for laundering in the designated area of their program/department if offered by your program.

E. DISCOUNTS

Human Resources maintains an extensive list of discounts available to AU employees at this link:

https://www.augusta.edu/hr/university/university_benefits/index.php

F. AUGUSTA UNIVERSITY PUBLIC SAFETY

When you come to campus, it's understandable that you might have some concerns about your safety and well-being. The Augusta University Police Department enforces Georgia's Vehicle and Criminal Laws along with University policies and regulations to ensure the safety of all who visit the AU Campus.

The AU Police Department offers a variety of training and self-defense classes please use this link to see what classes are currently available <https://www.augusta.edu/police/>

If leaving or arriving you feel unsafe walking to your vehicle please call 706-721-2911 and the police department will provide a walking escort.

G. HEALTH CENTER CREDIT UNION

Now that you are an employee at Augusta University, you are able to take advantage of the great benefits by becoming a member at Health Center Credit Union (HCCU).

HCCU is a not-for-profit cooperative financial institution serving greater Augusta's medical and educational community run for and by the members themselves.

To find out more information about becoming a member or the benefits they offer please click on the link below:

<https://hccu.coop/>

H. JAGSTORE

The JagStore is the official Campus store owned and operated by Augusta University. The primary goal is to supply books and course materials to our students in the most affordable way possible.

The JagStore also offers a huge selection of Augusta University and Jaguar clothing and gifts.

Please select the link below for locations, operating hours and general information.

<https://www.augusta.edu/jagstore/>

I. PASTORAL CARE

An interdenominational chaplaincy program serves the hospital and clinics. Services of the chaplain are available for patients and their families and hospital staff members. The chaplain maintains a close relationship with local clergy of all faiths. Upon request, the chaplain will call a clergy person of the patients' choice.

Should you require Pastoral counseling please contact their office @ (706)721-2929 or (706)721-5110 for the CHOG Pastoral Services.

For more information please click on the link below:

<https://www.augustahealth.org/patient-family-information/pastoral-care/pastoral-care>

J. EMERGENCY DENTAL CARE

Emergency dental care is available for House Officers and other employees.

The Emergency Dental Clinic is a daily limited clinic for those patients in pain and in need of emergency care. Calls are received beginning at 8:00am, Monday-Friday and is first come first serve.

Please call (706)721-2371 to make an emergency appointment.

K. NOTARY PUBLIC AND HOSPITAL SEAL

Services of a Notary Public are available for official documents at no charge in the GME office. The GME office also has the Augusta University Hospital Seal available.

L. PAYROLL

House Staff are paid on the last working day of each month. You can access a printable version of your paystub through OneUSG.

Please refer the HR homepage for more information:

<https://www.augusta.edu/hr/>

VI. Medical Center Policies

Please familiarize yourself with the Medical Centers policies which can be found in the Policy Library:

<https://www.augusta.edu/compliance/policyinfo/policies.php>

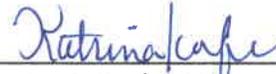


**Statement of Institutional Commitment to Graduate Medical Education
July 1, 2021**

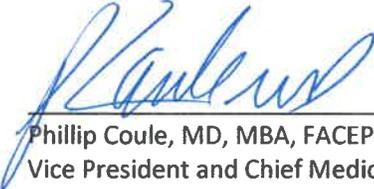
The Medical College of Georgia (MCG) at Augusta University (AU) assumes ultimate responsibility and oversight of all Graduate Medical Education (GME) programs as the Sponsoring Institution (SI). The Governing Body (GB) is the single entity that maintains ultimate authority over and responsibility for the SI and each of its Accreditation Council for Graduate Medical Education (ACGME)-accredited programs. MCG, as the SI, is committed to excellence in both education and patient care and will have oversight of resident/fellow assignments and ensure the safety and quality of the learning and working environment at MCG and all participating sites. MCG at AU, as the SI, is committed to providing financial support for administrative, educational, and clinical resources, including personnel, necessary to ensure excellence in its GME programs.

The SI and GB will appoint and support a Designated Institutional Official, who will work in collaboration with the Graduate Medical Education Committee to ensure that all ACGME-accredited programs at MCG remain in substantial compliance with the Institutional, Common, and Specialty-Subspecialty specific program requirements as well as the ACGME policies and procedures.


7-7-2021
Date
David C. Hess, MD
Dean, Medical College of Georgia
EVP for Medical Affairs & Integration
Augusta University
(Governing Body Member)


6/25/2021
Date
Katrina R. Keefer, MPA
Executive Vice President for Health Affairs, Augusta University
Chief Executive Officer, AU Health System
(Governing Body Member)


7/7/21
Date
D. Douglas Miller, MD
Vice Dean for Academic Affairs
Medical College of Georgia
Augusta University
(Governing Body Member)


6/18/21
Date
Phillip Coule, MD, MBA, FACEP, FAEMS
Vice President and Chief Medical Officer
Augusta University Health Care System
Associate Dean for Clinical Affairs
Medical College of Georgia at Augusta University
(Governing Body Member)


6-30-21
Date
Charles Howell, MD
Chief Executive Officer
Augusta University Medical Associates
Chairperson Emeritus
Professor of Pediatric Surgery
(Governing Body Member)


6/18/21
Date
Natasha M. Savage, MD
Interim Associate Dean for Graduate Medical Education
Designated Institutional Official
Medical College of Georgia
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Office of the Dean

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