

# Graduate Medical Education Faculty Handbook

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**USFHealth**

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## Preface

Welcome to the University of South Florida College of Medicine Morsani College of Medicine Graduate Medical Education (USF MCOM GME) Programs.

This handbook is designed to provide information about the roles and responsibilities of Faculty members that engage with Residents and Fellows (“Residents”) in USF MCOM GME programs.

USF MCOM GME Sponsoring Institution has 72 ACGME accredited programs.

The program directory is available here ([LINK](#)).

## USF MCOM Mission, Vision and Goals

### Mission

The mission of the Morsani College of Medicine (MCOM) at the University of South Florida is to provide for the education of students and professionals of the health and biomedical sciences through the creation of a scholarly environment that fosters excellence in the lifelong goals of education, research activity and compassionate patient care.

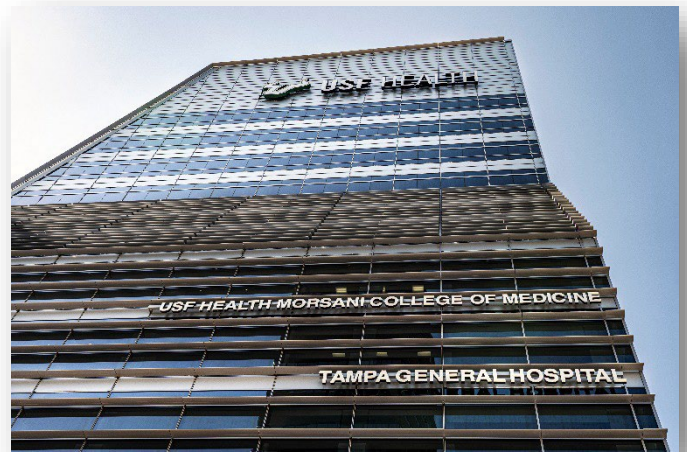
### Vision

The Morsani College of Medicine strives for national prominence through excellence, professionalism, diversity, timeliness, and strategic growth.

### Goals

The USF Health Morsani College of Medicine will:

- ❖ deliver the kind of creative and innovative education that produces “practice ready” physicians, physical therapists, athletic trainers, pharmacists and other health and biomedical sciences professionals and instills within them the knowledge, skills and attitudes required for the real world challenges of contemporary medicine.
- ❖ advance collaborative learning and discovery through significantly expanded basic science, translational and clinical research that contributes to improved preventive, diagnostic and therapeutic outcomes.
- ❖ achieve fiscal self-sufficiency and a stable economic base through the establishment of entrepreneurial academic, research and clinical programs. The MCOM will be the keystone in a network of institutions, programs and individuals that collaborate to provide innovative, high-quality, compassionate, accessible health care.



## USF MCOM GME Sponsoring Institution Goals

- ❖ Partner with programs to recruit a diverse pool of highly qualified applicants to serve our diverse patient community and ensure that our program leadership has the knowledge to proactively plan recruitment strategies and engage applicants to meet this goal.
- ❖ Partner with programs to nurture the development of resilient and professionally successful Resident physicians.
- ❖ Partner with programs to develop Resident physicians who apply health systems science to team-based practice.
- ❖ Partner with affiliate sites and programs to enhance Faculty's knowledge, skills, and attitudes to teach and train Resident physicians who will be ready for their future practice of medicine.
- ❖ Partner with programs to support Resident and Faculty research and scholarly activity.
- ❖ Meet/exceed accreditation requirements and collaborate with affiliates towards achievement of their missions.
- ❖ Partner with programs to foster an inclusive learning environment that works towards minimizing health disparities.



## Faculty Introduction

Faculty members are critical to the success of Resident education. You support the program in developing, implementing, and assessing curriculum and in assessing Residents' progress toward achievement of competence in the specialty. The development of the Faculty improves the education, clinical, and research aspects of a program. Programs must have Faculty with a strong commitment to the Residents with a desire to provide optimal education and work opportunities.

## Faculty Role & Responsibilities

The Accreditation Council for Graduate Medical Education (ACGME) has established responsibilities for Faculty teaching Residents. The responsibilities are listed below.

### Professionalism

- o Must be role models of professionalism.  
(Resource: [link to USF GME policies](#) and [Reporting professionalism concerns](#))
- o Must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.
- o Excellence in professionalism through faculty modeling of: the effacement of self-interest in a humanistic environment that supports the professional development of physicians the joy of curiosity, problem-solving, intellectual rigor, and discovery.
- o Residents and Faculty members must demonstrate an understanding of their personal role in the: provision of patient- and family-centered care; safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; assurance of their fitness for work, including: (1) management of their time before, during, and after clinical assignments; and, (2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
- o Must demonstrate a commitment to the delivery of safe, high-quality, cost-effective, patient-centered care.
- o Must demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities.
- o Must administer and maintain an educational environment conducive to educating residents.
- o Must have appropriate qualifications in their field and hold appropriate institutional appointments.

- ❖ Faculty can support the program to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. **(Resource: [Link to Kudos](#))**

### Teaching and Supervision

- o Must demonstrate a strong interest in education of Residents.
- o Must know program's aims and goals and objectives.
- o Must know delineation of Resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision. **(Resource: [link to programs scope to practice](#))**
- o Must know how the program integrates the ACGME Core Competencies of medical knowledge, patient care and procedural skills, professionalism, practice-based learning and improvement, systems-based practice, and interpersonal and communication skills into the curriculum.
- o Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.
- o Must directly observe, evaluate, and provide feedback frequently and timely (within 14 days of end of rotation) written feedback. **(Resource: [link to NI](#))**

### Program Committees

- o May be asked to serve on program committees such as the Clinical Competency Committee (CCC), which reviews each Resident's progress along the specialty specific Milestones, develops learning plans to capitalize on Resident's strengths and identifies areas and plans for growth, provides feedback to program director on Residents readiness to be promoted. **(Resource: [link to CCC guidebook](#))**
- o Provide information to the CCC for its synthesis of progressive Resident performance and improvement toward unsupervised practice.
- o May be asked to be a member of the Program Evaluation Committee (PEC), which conducts the Annual Program Evaluation (APE) as part of the program's continuous improvement process.

### Scholarly Activity

- o Must contribute to scholarly activities that are consistent with program's mission and aims and help advance Resident's knowledge and practice of the scholarly approach to evidence-based patient care. **(Resources: link to [RISE](#), [USF Library](#) and [USF GME site](#))**

- o In conjunction with Faculty, programs must demonstrate accomplishments in scholarly activity in at least 3 of the following domains:
  - Research in basic science, education, translational science, patient care, or population health
  - Peer-reviewed grants
  - QI and/or patient safety initiatives
  - Systematic reviews, meta-analyses, review articles, chapters in textbooks, or case reports
  - Creation of curricula, evaluation tools, didactic educational activities, or electronic education materials
  - Contributions to professional committees, educational organizations, or editorial boards
  - Innovations in education
- o The program must demonstrate dissemination of scholarly activity within and external to the program by faculty participation in grand rounds, posters, workshops, quality improvement presentations, grant leadership, non-peer-reviewed print/electronic resources, articles/publications, book chapters, textbooks, webinars, service on professional committees, journal reviewer, editorial board member, or editor.

### Faculty Development

- o Must pursue faculty development annually to enhance Faculty role as (1) educator (2) in quality improvement and patient safety (3) in fostering their own and their Residents' well-being, or (4) in patient care based on their practice-based learning and improvement effects.
- o (Resources: [link to USF GME events calendar](#), [link to USF DME Educator Development](#), and [Learn at ACGME](#))
- o Faculty performance must be evaluated at least annually. The performance review must include a review of the Faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. The evaluation must include written, anonymous, and confidential evaluations by the Residents.  
(Resource: [link to completing evaluation instructions in New Innovations](#))

### Clinical Learning Environment

- o Must actively participate in patient safety systems and contribute to a culture of safety.  
(Resource: [link to GME CLER page with PS QI resources](#))

- o Know their responsibilities in reporting patient safety events at the clinical site and know how to report patient safety events, including near misses, at the clinical site.  
(Resource: [link to Good Catch Error Reporting](#))
- o Serve as the credentialed and privileged attending physician who is responsible and accountable for the patient's care.
- o Must inform patient of Resident and Faculty member's respective roles in the patient's care.
- o Must delegate portions of care to Residents based on the needs of the patient and the skills of each Resident.
- o Must know maximum hours of clinical and education work per week for Residents: (1) no more than 80 hours per week, averaged over a four week period, inclusive of all in house clinical and education activities, clinical work done from home, and all moonlighting, and (2) must have 1 day in 7 free of clinical work and required education when averaged over 4 weeks.

### Wellness

- o Must understand their personal role in the safety and welfare of patients entrusted to their care, must be fit to provide care required by their patients, and commit to lifelong learning.
- o Must know signs of fatigue and sleep deprivation and be educated on alertness management and fatigue mitigation processes.  
(Resource: [link to GME wellness guide](#))
- o Must encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.  
(Resource: [link to GME wellness guide](#))
- o Must identify and recognize symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions.

### NRMP & Recruitment

- o Faculty must follow NRMP code of conduct, federal, and institutional rules during program recruitment.  
(Resource: [NRMP Annual Recruitment Education](#))