Off-Cycle Resident Orientation Form
MUSC Office of Graduate Medical Education

Note: It is the Program Coordinator’s, or program designee’s, responsibility to ensure the off-cycle requirements are completed for his/her resident.

Step I: Release Letter (if applicable) and/or Department Appointment Letter and Resident Agreement - Provide a Release Letter from the resident’s former Program Director (PD) to Beth Smith (GME Office). The letter must be from the former PD addressed to the new PD and give permission for the resident to transfer to MUSC. In addition, an Appointment Letter is required from the department which includes the resident’s first, middle and last name, credentials, PG level and dates of appointment. This letter is to be sent to Beth Smith. At that point, the Resident Agreement will be generated. Important Note: The Resident Agreement can be generated before all requirements stated on this form have been completed, HOWEVER, the resident cannot begin his/her rotation (No patient interaction, patient care, review of medical records, etc.) until all of the requirements have been completed, reviewed and approved by Angela Ybarra (GME Office). The Program Coordinator will have a period of two weeks from the date of the contract to work with the resident to complete all of the requirements.

Step II: Orientation Session - Off-cycle residents are required to complete an Orientation Session before beginning residency at MUSC. The session presenters below must be contacted by the resident, or the Program Coordinator, to schedule time to go over the required Orientation materials by topic. Each presenter must sign and date this form confirming the session has been completed. Note: Sexual Harassment, Compliance and HIPAA sessions are required face-to-face, “live” forums. Infection Control, Radiation Safety and Radiology Compliance are available via CATTS [www.musc.edu/catts] Ryan Woodruff (GME Office) or Angela Ybarra can verify whether or not your off-cycle resident has completed this CATTS module.

Step III: PEAR Form – Departments are responsible for initiating the PEAR form. It needs to be sent to "RDW" within the UMS system. Once received, reviewed and approved by Ryan Woodruff, the PEAR will be processed and forwarded to Human Resources Management.

Step IV: Off-Cycle Form – Return this completed form to Beth Smith.

Resident Name: __________________________________________________________________________
Department: __________________________ Department Contact: ________________________________

Orientation Sessions:
ACGME Core Competencies (Dr. Harry Clarke) ________________________________________________
CCIT Training (Krista Moloney or designee) _____________________________________________
Health Information/Medical Records (Cheryl Erickson) _________________________________
MUHA Pharmacy Services (Dr. Kelly Garrison or designee) ________________________________
Quality and Safety (Dr. Patrick Cawley) ____________________________________________________
Release Letter (if applicable) and Department Appointment Letter (Beth Smith) ________________________________________
Risk Management (Sharon Dunning or designee) ________________________________________________________________
Sleep Deprivation and Fatigue in Residents (Dr. Ben Clyburn) ____________________________________________________

**Face-to-Face Orientation Sessions:**

Medicare Overview/HIPAA/Compliance (Reece Smith) __________________________________________________________
(Signed Code of Conduct Form – http://www.musc.edu/medcenter/formsToolbox/source/CodeofConduct.pdf)

Sexual Harassment (Dr. Daniel Smith)  ________________________________________________________________

**CATTS Sessions (Located at www.musc.edu/catts) Note: “These sessions are found under the “New Resident Orientation” module**

Infection Control* (GME review/approval) ________________________________________________________________
Radiation Safety* (GME review/approval) ________________________________________________________________
Radiology Compliance* (GME review/approval) ______________________________________________________________
OSHA Mandatories (GME review/approval) ________________________________________________________________

**Approvals:**

Employee Health Services (Joye Veitch, RN) ________________________________________________________________
HRM/Employment (Sherie Zolner or designee) ______________________________________________________________
SC Medical Licensure (Beth Smith/GME Office) (Please see Beth Smith regarding DHEC and DEA, if applicable.)

FOR GME OFFICE USE ONLY:

Date Received: ______________________________________
Approved by the GME Office: __________________________
Date contract generated: _______________________________

Revised 12/2009