

This Graduate Medical Education manual is  
an institutional document and contains GME  
information and expectations

# ARNOT HEALTH

## GRADUATE MEDICAL EDUCATION

## HOUSE STAFF MANUAL

# 2021-2022

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Dear Trainee:

It is an honor and pleasure to welcome you to your training program at Arnot Ogden Medical Center. It is the responsibility of the Graduate Medical Education administration and faculty to support you on your journey towards becoming the most capable physician possible.

This house staff manual is designed to be a guide to the policies and procedures that are integral to your experience. Please use this manual, your faculty, and the GME staff to help you with any questions you encounter.

We look forward to partnering with you!

Sincerely,

Michael Witt, MD, MPH  
Designated Institutional Official

# INTRODUCTION

This manual has been developed as a guide and resource for trainees, residency program personnel and hospital administration. The purpose of these written policies is to establish guidelines for what a trainee can expect of the health system and what the health system can expect of the trainee. Trainees should use this manual as a resource to answer questions regarding Hospital Policies and Procedures. Trainees are expected to become familiar with and comply with all policies set forth in this book, as well as all Arnot Health policies and procedures available on the Arnot Health intranet.

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## **Statement of Commitment to Graduate Medical Education**

The Graduate Medical Education Leadership at Arnot Ogden Medical Center (AOMC) is comprised of the Graduate Medical Education Committee (GMEC), the Health System Administrators and the Hospital Board of Directors. The Leadership is strongly supportive of Graduate Medical Education. This support includes the commitment to provide the necessary educational, financial and human resources to support the programs and residents of AOMC.

The Leadership recognizes that the Graduate Medical Education Committee is a key component of the organized administrative system overseeing Graduate Medical Education. The Leadership supports the goals of the committee, particularly in regard to maintaining and upholding the institutional requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the programmatic mandates of the Residency Review Committee for the individual training programs.

The Leadership is committed to keeping itself fully informed about Graduate Medical Education, including the necessary resources to support it, and the quality of care and supervision of trainees provided through the medical staff, and regarding these and other issues will maintain ongoing contact with the Graduate Medical Education Committee, a sub-committee of the Quality Committee of the Board of Directors.

# **Arnot Health Mission/Vision/Values Statement**

## **THE MISSION OF ARNOT HEALTH**

**Is to partner with each person we serve in order to maximize their physical, emotional, social and spiritual health.**

## **THE VISION OF ARNOT HEALTH**

**Is to be recognized as the premier regional healthcare system delivering high quality, safe, cost effective, socially responsible health care services to all we serve.**

## **THE VALUES OF ARNOT HEALTH**

### **Excellence**

- ✓ We strive for the highest clinical quality, patient safety, and patient, physician and employee satisfaction by continually measuring and improving our performance.

### **Patient-Centered Health Care**

- ✓ We continually focus on the individuals we care for. We are skilled in communication, listening, and honoring the right of every individual. We teach and encourage our patients to participate in their care, to promote their wellness and to make well-informed decisions. We respect and honor the cultural, ethnic, and religious beliefs and practices of our patients in a manner consistent with the highest standards of care.

### **Compassion**

- ✓ All that we do for our patients and communities is done in an attentive, caring, and empathetic manner in order to alleviate the suffering which arises with health issues.
- ✓ We strive to exceed our patients and our co-workers' expectations for comfort and care in the midst of suffering.

### **Teamwork**

- ✓ We work together as trustees, administrators, staff, physicians, and patients to find new, creative and collaborative ways of improve the delivery of health care services.

### **Integrity**

- ✓ We adhere to the highest ethical and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.

## **Arnot Health Graduate Medical Education Mission**

Arnot Health's Graduate Medical Education (GME) Program is dedicated to providing excellence in training physicians to provide high-quality and empathetic care engaged in the practice of evidence-based medicine. An emphasis on primary health care and community health services reflects the program's philosophy, with specialty care demonstrating our commitment to innovation and quality in all endeavors. We seek to develop clinically skillful, compassionate and culturally competent physicians from diverse backgrounds, who are prepared to become leaders in their communities. The primary goal of our Graduate Medical Education (GME) program is to graduate physicians that will practice in the Southern Tier and other rural underserved regions in New York State.

Arnot Health's GME Program provides a collaborative, learning-centered environment in which highly qualified and diverse faculty, staff, medical students, and physician trainees integrate teaching, research, scholarship, creative activity, and community service. Through intellectual, social and cultural contributions, the GME Program enriches the lives of those in the community and surrounding region.

## **Facility Description**

The Arnot Health system is one of the largest healthcare providers in the Southern Tier of NY. With over 440 beds at three different hospitals—Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport Memorial Hospital—Arnot Health Systems offers its patients a full spectrum of care in virtually every subspecialty.

The primary training site for majority of residency/fellowship training programs is the Arnot Ogden Medical Center (AOMC) in Elmira NY. AOMC is a tertiary care facility with approximately 256 beds. AOMC has over 300 physicians and operates the Falck Cancer Center in collaboration with the University of Rochester.

Arnot Health is part of the Lake Erie Consortium for Osteopathic Medical Training (LECOMT). In 2012, Arnot Health made the decision to address the growing regional health care needs and physician shortage by developing a robust and comprehensive graduate medical education program. Now the site has residency training programs in Emergency Medicine, Internal Medicine, Family Medicine, Surgery, Radiology and Psychiatry, as well as fellowships in Gastroenterology and Endocrinology. Arnot Health has received institutional continued accreditation by the ACGME and is committed to ensuring that all of its postgraduate training programs maintain ACGME accreditation.

# CODE OF ETHICAL BEHAVIOR

Arnot Health, its Board of Directors, Medical Staff, and Employees conduct patient care and all other business operations in an ethical manner consistent with its Mission, Vision, Values, Strategic Plan, and guided by this policy. Such ethical practices include, but are not limited to, all areas of Patients' Rights, billing practices, marketing practices, admission practices, transfer practices and discharge practices avoidance of conflict of interest in contractual relationships or to acknowledge them if they exist, and Corporate Compliance.

Overall ethical behavior is guided by:

- Mission
- Vision
- Values
- Strategic Plan
- Performance Improvement Plan
- Policies

All services provided by Arnot Health are consistent with its Mission, Vision and Values. New services and technologies shall also be consistent with the Mission of Arnot Health. Such services and technological care are based on safety, efficacy, efficiency, costs, known experience, availability from other sources, number of individuals who benefit and the effect on the institutional ability to provide other needed services as well as the competence and qualifications of staff to provide these services.

Arnot Health maintains an Ethics Committee, which is an interdisciplinary group from within Arnot Health with community representation. For determinations made under the Family Health Care Decision Act (FHCDA), the committee must include a minimum of five members at least three must be health or social service practitioners including one nurse and one physician. At least one member must be a person without any governance, employment, or contractual relationship with the hospital. It is the responsibility of the Ethics committee to help carry out, advise, and direct the implementation of this policy.

The Ethics Committee ensures that its Code of Ethical Behavior protects the integrity of clinical decision making regardless of how Arnot Health compensates or shares financial risks with its leaders, managers, clinical staff, and licensed independent practitioners.

## A. PATIENTS RIGHTS

Patients' Rights Policy supports the right of the patients to be informed of the existence of the Patients' Bill of Rights. The patient has the right to ask and be informed of the existence of business relationships among the hospitals, educational institutions, other health care providers, payers, or networks that may influence the patient's treatment and care. Arnot Health provides services that are compatible with its mission and values.

## B. BILLING PRACTICES

The following practices have been established and implemented to ensure that patients are billed only for those services and care provided to the patients.

- All initial patient billing is itemized and includes dates of service.
- When a patient or payer has a question about a charge, that inquiry is reviewed expeditiously and related conflicts or complaints handled through mechanisms designed to protect against real or perceived harassment.

- General credit/collection procedures are conducted according to applicable State and Federal collection practice regulations.
- Policy Provision of Corporate Compliance.

### **C. MARKETING and PUBLIC RELATIONS PRACTICES**

Arnot Health conducts all marketing practices with truth, accuracy, fairness, and responsibility to patients and the community, holding to the principles of the fundamental value and dignity of the individual and the freedom of speech, assembly and the press. Marketing materials reflect only those services actually available, the level of licensure and accreditation, and comply with applicable laws and regulations on truth in advertising and non-discrimination under Title 6 and Title 16 of the Public Health Services Act and 45.C.F.R. implementing section 504 of the Rehabilitation Act of 1973.

### **D. ADMISSIONS, TRANSFERS and DISCHARGE PRACTICES**

Admissions, Transfers, and Discharge policies are not based on patient ability to pay. Patients whose specific condition or disease cannot be safely treated are diverted or transferred to an accepting institution when medically safe.

Admissions, transfers and discharges are conducted in an ethical manner and in accordance with all applicable Local, State, and Federal regulations and Arnot Health policies.

### **E. CONFLICTS OF INTEREST IN CONTRACTUAL RELATIONSHIPS**

Potential conflicts of interest in contractual relationships are inherent in the conduct of business. The Board of Directors and Arnot Health leadership review relationships carefully. All circumstances which could result in a conflict of interest are addressed through Arnot Health Policy. Annually all members of the Board of Directors and all management employees are required to review Policy and to file a disclosure statement. Board members' statements are reviewed by the Audit and Finance Committee. The President of Arnot Health reviews all employees' statements, except his or her own, and reports the findings to the Committee. The Committee reports its findings to the full Board of Directors.

### **F. CORPORATE COMPLIANCE**

Arnot Health will maintain a Corporate Compliance Program to oversee the organizational commitment to an ethical way of doing business, and system for doing the right thing. The program will consist of policies and procedures developed to assure compliance with all applicable federal and state laws governing the organization as well as:

- Demonstrate Arnot Health's commitment to honesty and responsible corporate citizenship.
- Reinforce employee's sense of right and wrong.
- Provide ongoing training of employee responsibility in terms of reporting suspected fraud, abuse, misconduct, or unethical behavior without fear of retaliation or retribution.

### **G. FAMILY HEALTH CARE DECISION ACT (FHCDA)**

The Ethics Committee will review all disagreements about surrogate decision-making and render advisory recommendations. These recommendations shall be non-binding with two exceptions. A determination by the Ethics Committee is binding when the attending physician objects to a decision to withhold or withdraw nutrition and hydration



provided by means of medical treatment for patient who is neither expected to die within six months nor permanently unconscious, and the Ethics Committee determines that the decision does not meet the standards set forth in the FHCDA. Also, the Ethics Committee must approve the decision of an unmarried emancipated minor to withhold or withdraw life-sustaining treatment without the consent of a parent or guardian.

# **AOMC BENEFITS, RESOURCES AND SERVICES**

Policies apply to all Arnot Ogden Medical Center (AOMC) employees, including those temporarily assigned to other institutions. Each intern/resident/fellow must agree to be bound by the Hospital policies and rules and regulations that relate to his/her activities as a trainee. A full listing of all AOMC policies and additional information on many of those listed below can be found on the Arnot intranet. Arnot Health continually evaluates the benefits they offer to employees, and reserves the right to amend or terminate any plan, at any time, for any reason.

AOMC offers a benefits package that allows employees to select coverage based on their level of need. Detailed information about all AOMC benefits is provided in the Arnot Ogden Medical Center Employee Handbook provided at orientation. For additional information, Human Resources may also be contacted at 607-737-4178.

## **Compensation**

During the term of intern/resident/fellow's employment, they shall receive an annualized stipend (per contract) payable in equal periodic installments in accordance with the Hospital's usual payroll practices. Hospital shall withhold from these payments to resident such amounts as may be required to be withheld by employers under any federal, state or local law and shall remit the same to proper agencies or otherwise deposit the same as required by law or regulation.

All intern/resident/fellows are paid bi-weekly and normal payday is the Thursday following the end of a pay period. If an observed holiday occurs on a Thursday, payday will be on the preceding Wednesday. Direct deposit is available- and an authorization form is provided to all new residents during the pre-employment process.

## **Vacation/Sick Days**

The Hospital shall provide new incoming PGY-1 through PGY-6 residents/fellows with 20 days (4 weeks) PTO time per academic year. (Please see GME Work hour & PTO Policy for more details). This time will be placed in the trainees account at the commencement of employment and will be available throughout the academic year. PTO is not cumulative from year to year and requires the Program Director's approval. Unused PTO will not be paid out at the end of the academic year. When it is anticipated that an extended leave is necessary for medical/personal reasons, with the Program Director's permission, the individual Intern/Resident/Fellow must use remaining PTO time. If the trainee fails to complete the term of this agreement, the value of any time not accrued (1/26th accrues each pay period of the year) will be subtracted from the existing balance. Additional paid leave (e.g. Salary continuation, Disability Bank, Sick pay, etc.) are not available. (Amended 1/2015)

## **Full-time Benefits – (HR.425) (Includes Life Insurance and Retirement Program)**

Detailed information is provided in the Employee Handbook or by contacting Human Resources.

## **Leave of Absence (HR.525) (Includes: FMLA, Qualified Exigency for Military Families, Military Caregiver Leave, Non-FMLA Leave, and Unpaid Leave of Absence)**

Detailed information is provided in the Employee Handbook. Please note residents/fellows must first exhaust all available PTO. If extended leave is taken, residency/fellowship training may need to be extended contingent upon specialty or subspecialty board requirements and GME policy.

## **Absences with Pay (HR.510) (Includes: Bereavement, Jury Duty and Military Reserve)**

Detailed information is provided in the Employee Handbook or by contacting Human Resources. Please refer to GME notification process as per policy.

## **Sexual and Other Prohibited Harassment (HR.910)**

Detailed information is provided in the Employee Handbook or by contacting Human Resources.

**Substance Abuse Testing Policy (HR.140)**

Detailed information is provided in the Employee Handbook or by contacting Human Resources.

Please refer to Human Resource or Online Employee Handbook for additional HR policies.

**Employee Assistance Program (EAP) – 607-733-0780**

Arnot Health provides Employee Assistance benefits using our local County Family Services department. The benefit includes counseling services, legal consultations, financial consultations, personal assistant, and a personalized website to help achieve work/life balance.

**Professional Liability (Malpractice) Insurance**

The Hospital agrees to provide professional liability insurance coverage for the Intern/Resident/Fellow for the duration of his/her training for activities within the scope of his/her educational program. The coverage provided is consistent with the Hospital's professional liability coverage provided to other medical and professional practitioners.

The insurance program will pay all legal expenses and indemnity payments, if any, necessary for the full defense of any malpractice action. Further, this insurance will respond on behalf of trainee regardless of when the suit is initiated as long as the trainee was performing an activity within the scope of the program at the time of the alleged event (s). This includes litigation that might be initiated after a trainee leaves the program. An extended reporting period, i.e., tail coverage, will be provided by Hospital.

Trainees who are served in connection with a malpractice action are asked to sign and date the document and then contact Risk Management and their individual program director. Do not contact the plaintiff's attorney without first discussing the matter with Risk Management and Program Director.

Coverage will not be provided for activities outside the scope of the program such as moonlighting outside of Arnot Health. Interns are not allowed to moonlight. Please see Moonlighting Policy for additional information).

**Life Support Training**

AOMC residency/fellowships require all intern/resident/fellows to have current certification in Advanced Cardiac Life Support (ACLS). Family Medicine, Emergency Medicine, and Psychiatry require PALS certification as well prior to starting their program. ATLS certification is required for General Surgery and Emergency Medicine residents. If you are already certified, you must present your certification document to the Graduate Medical Education Office. Current requirements for recertification are every two years for ACLS & PALS and four years for ATLS. It is your responsibility to keep all your certifications up-to-date.

## **DEA Suffix**

At the beginning of the residency, each trainee is assigned a controlled substance (DEA) suffix for use when writing prescriptions for controlled substances using the hospital's prefix and the resident-specific suffix. The trainee keeps his/her suffix for the duration of his training program. This suffix is not for use during moonlighting activities.

Applications for a permanent DEA number can be made on-line or a form can be printed from <http://www.deadiversion.usdoj.gov>.

## **NPI numbers**

All residents will be expected to apply for National Provider Identifier (NPI) number prior to their residency. NPI numbers can be applied for on-line at no charge. Residents may apply for NPI number at the start of their residency program by accessing the following website: <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>. Residents will sign up as "individuals" and Taxonomy (Provider Type) number is **390200000X**. Contact respective Residency Coordinator for additional information.

## **Lab Coats**

The hospital provides two lab coats for each intern/resident/fellow at beginning of training. Laundering is available by Arnot Health. Additional lab coats may be purchased at the intern/resident/fellow expense.

## **Intern/Resident/Fellow Certificates**

One certificate will be issued at the completion of residency/fellowship training or at a resident's departure. In the event that a certificate is lost or destroyed, a duplicate certificate will be issued and the former resident will be charged \$30.00.

## **Food Services**

The hospital provides food services at Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport campuses. In addition, meals are provided to Intern/Resident/Fellow at a discounted price.

## **Call Rooms**

The hospital provides ample and secure on-call rooms that are in close proximity to the hospital wards. On-call rooms have appropriate amenities. The hospital provides food to Intern/Resident/Fellows who are required to remain in the hospital overnight.

## **Computers**

There are a number of computer systems in use at Arnot Health. You must have a password to sign on to the systems you will be authorized to access, and instructions and temporary passphrases will be supplied to you at orientation. You will be required to change to secure, personal passphrases following Arnot Health policy, which will be reviewed with you during orientation; passphrases will need to be changed intermittently and you will typically be prompted when they are nearing expiration. If you do not have a passphrase, or have forgotten it, call the MIS Help desk at 737-4390. Once you have provided information to identify yourself your passphrase will be reset with a temporary passphrase for your use. The computer system access will allow you to look up clinical information in the Clinical Care System (CCS) which includes lab results, radiology reports, radiology images, discharge summaries, as well as additional clinical documentation and information.

You may be assigned a laptop for your use during your training, dependent upon program, that must be returned (not for personal use). The lap top has a limited warranty which covers normal use, and will be maintained during your training by Arnot Health for normal wear and tear. You will be expected to pay for any misuse or abuse of this device. If you need service on your lap top, contact the Help Desk at 737-4390. If a spare laptop is in inventory, a loaner device will be provided for your use while your

laptop is being evaluated/repaired. **Because you will be using the device to access Arnot Health computer systems and it is not your personal laptop, you must not alter the configuration of the laptop in any way without permission from Arnot Health's MIS department. This includes but is not limited to loading any other software, and/or altering the security features of the device.**

**Arnot will not be responsible if damage has occurred to laptop due to misuse (cracked or broken screen due to dropping, spilling liquid onto the keyboard etc) and trainee will be responsible for all replacement fees.**

### **E-mail/Intranet**

Arnot Health intern/resident/fellows are expected to communicate via e-mail. An Arnot Health corporate email account will be provided to you. You will be expected to check your electronic mailboxes daily. In addition, you will be given remote access to your email to enable you to check your email from outside the hospital via a web-based version. Other important hospital/patient specific queries will be sent via Electronic Medical Record (EMR) (hospital and/or clinic) specific software notification system.

### **Safety and Security/Parking/ID**

A robust and effective Safety and Security Department is present at AOMC. There is officer presence in and around the buildings provided by Safety and Security. In addition, parking permits and photo ID are available through Human Resources. Hospital ID badges are to be worn at ALL times while on the premises.

### **Identification Badges (HR.950)**

A hospital identification card will be provided at orientation. These are picture ID cards. The hospital ID card must be worn at all times above the waist. If your card is lost, you must contact the Arnot Ogden Human Resources. You will be charged for replacement cards. This magnetized card will allow you entrance to locked areas in the facility after hours. If a rotation requires coverage at St. Joseph's Hospital (SJH) Campus, an identification badge needs to be obtained from SJH Human Resources as well. Please see your respective coordinator and he/she will facilitate.

### **Correspondence**

All communication from GME to trainees will be via your Arnot email, pagers and/or Medhub. You are responsible for checking your Arnot e-mail frequently (at least daily). In addition, while on rotations, trainees should check their Medhub software account regularly. Many important communications from the Program Director, Graduate Medical Education, the hospital, and other sources will be sent via your Arnot email, pagers, and/or MedHub. In addition, important hospital/patient specific queries will be sent via Electronic Medical Record (EMR) (hospital and/or clinic) specific software notification system.

### **Qliq Paging System**

You will be required to use ArnotHealth's HIPAA-compliant secure messaging platform (Qliq) for the duration of the program for paging purposes as well as the coordination of patient care. The Qliq app is a free download available via the Apple App Store or Google's Play Store, and while the Qliq app does use data, the amount is negligible (approximately 1-2 kilobytes). For those with data usage or coverage concerns, you are welcome to connect to the open "ArnotHealth Guest" WiFi. Any problems with Qliq can be reported to the MIS Service Desk 24/7. After hours, if you experience problems with Qliq, please call the switchboard operator and let them know how they should reach you in the interim. Please follow-up with the GME Office as soon as possible if you've not yet received your Qliq login credentials.

### **Personal Development (PD) Funds**

PD Funds are available for the academic year and may be used towards conferences, dues, books, approved software and/or devices (no phones or furniture), stethoscopes, board application fees, and other items related to professional development. PD funds are not cumulative from year to year and

approval of their use is at the discretion of the GME Office/Program Director. All PD Fund requests must be submitted on approved request form and must have appropriate documentation of expenses, i.e. Itemized receipt showing you purchased (your name) indicating full amount paid is required. Reimbursement can take up to 60 days.

# **GRADUATE MEDICAL EDUCATION (GME) OFFICE**

## **GME INFORMATION AND EXPECTATIONS**

### **Graduate Medical Education Administration**

The Graduate Medical Education Office (GME) is a central office that provides institutional oversight to all intern/resident/fellows that rotate into the hospital, as well as the AOMC internship/residency/fellowship programs. The Graduate Medical Education Office is comprised of the Designated Institutional Official (DIO), the Associate DIO, and the Senior Residency Coordinator, who have the authority and responsibility for oversight of the educational programs at the institution, and the associated office and program coordinators.

The Graduate Medical Education Office exists in part to meet the requirements ACGME and ACGME for centralization and oversight; we are held accountable by this organization for monitoring program adherence to Graduate Medical Education Regulations. The development of clinical skills and professional competency of physicians in training, and adherence to specific residency program requirements is the responsibility of each program director.

The DIO, or designee, reviews and cosigns all correspondence to the ACGME, including program information forms, program updates and requests regarding program changes. The Graduate Medical Education Office provides an annual report to the Medical Staff, Performance Management Committee of the Board and Board of Directors, which includes information on the activities of the Graduate Medical Education Committee (GMEC), duty hours compliance, resident evaluation and resident responsibilities.

The Graduate Medical Education Office also exists to advocate within the hospital for intern/resident/fellows and respective programs, and to facilitate meetings of the Graduate Medical Education Committee. We are here as a resource for program information, problem-solving and conflict resolution. The Graduate Medical Education Office will conduct semi-annual meetings with the intern/resident/fellows of each sponsored program, at which time intern/resident/fellows are encouraged to bring forward any issues related to the institutional work environment, specific programs or the faculty. Intern/resident/fellows are encouraged to first address concerns with their program director or chairman; in the event that concerns are not successfully addressed on a program level, intern/resident/fellows can bring them to the Graduate Medical Education Office administration at any time either individually or through their Graduate Medical Education Committee representatives. An appointment should be scheduled to allow ample time.

### **Graduate Medical Education Committee (GMEC)**

The Graduate Medical Education Committee (GMEC) establishes and implements policies and procedures regarding the quality of education and the work environment for the intern/resident/fellows in all programs. The GMEC is made up of program directors of each respective internship residency/fellowship program, representation of the hospital CMO, medical education manager/staff person, quality improvement officer, and peer selected resident. This committee is chaired by the Designated Institutional Officer and is held every other month. This committee discusses program curriculum. The committee reviews resident stipends, program adherence to resident work hour requirements and resident supervision policies, communication with medical staff, program curriculum and evaluation, resident status, oversight of program changes, program experimentation and innovations, program reductions and closures, and the

resident appeal process. In addition, the committee ensures that the institution and each accredited program remain in compliance with accrediting body policies and procedures and CEE requirements through the regular review of Letters of Accreditation and institutional and program requirements. The Graduate Medical Education Committee is a sub-committee of the Quality Committee of the Board of Directors and makes annual reports to that group.

The Graduate Medical Education Committee oversees the systems that are in place to minimize the work of trainee that is extraneous to their educational programs and ensure that:

- Trainee will be provided with adequate and appropriate food services and sleeping quarters.
- Trainee will be provided with support services such as intravenous service, phlebotomy service, and laboratory service, as well as messenger and transport service.
- Trainee will be provided with an effective laboratory and radiology information retrieval system
- Trainee will be provided with a medical records system that documents the course of each patient's illness and care. This will be available at all times.
- Appropriate security and personal safety measures will be provided to trainees in all locations including parking facilities, on-call quarters, hospital and institutional grounds and related clinical facilities.

The Performance Management Department will bring concerns and issues regarding resident evaluation, supervision and the provision of quality patient care to the Graduate Medical Education Committee via the Designated Institutional Official.

An agenda and supporting documentation is circulated prior to each Graduate Medical Education Committee meeting. Agenda items are specifically stated and include the type of expected action. Detailed and accurate minutes are recorded of all meetings. These minutes are circulated to all committee members and kept in the Graduate Medical Education Office.

### **Confidentiality**

Access to confidential patient information must be limited to a clinical or business need to know. Under no circumstances is an employee permitted to access or view information on family members, friends or other acquaintances unless such access is required by the employee's job responsibilities. Staff is not permitted to access or view their own medical information. Physicians are **not** exempt from the stipulation of accessing their own personal information. No patient, including physicians, may request that co-workers access their medical records for them, other than when a care provision relationship already exists between the two parties.

Additionally, records of patients with HIV, mental health treatment and drug or alcohol counseling are equally sensitive and confidential. Improper disclosure of information from these records may result in criminal penalties including a fine or jail sentence, in addition to disciplinary actions.

User IDs and passwords are never to be shared and access of patient information by users may be audited for appropriateness. Any improper access or disclosure of confidential patient information may result in disciplinary action up to and including dismissal.

### **Work Hours**

The Graduate Medical Education Office reviews intern/resident/fellow work hour reports that are submitted by the residency programs to the Graduate Medical Education Committee. Intern/resident/fellows are expected to report their hours accurately for these reports, which are completed on a regular basis and used to monitor compliance to accrediting body and New York State duty hours requirements. When these reports indicate that intern/resident/fellows are in danger of violating these requirements, the program is expected to address the issue and report back to the committee their resolution. Rotations that are at high-risk for work hour violations are monitored on a more frequent basis.



## **Licensure**

Interns and residents may train in medical residency programs in New York State under the supervision of a licensed physician or dentist (as is appropriate) in an approved hospital setting without a trainee license. After successful completion of one-year training period, residents are eligible to obtain a New York State License.

NYS licensure is **strongly encouraged** as there is increased patient-care responsibility as you progress in your respective program. Residents who apply for a NYS licensure must provide proof by submitting a copy to the Graduate Medical Education Office. Applications for licensure are available at <http://www.op.nysed.gov/prof/> . Fellow trainees should be NYS licensed as well in lieu of completing an Internal Medicine Residency.

An unrestricted license is valid for a two year period and is required of residents/fellows who may wish to moonlight.

## **Physician Impairment**

Impaired Practitioner is defined as one who is unable to practice or interact successfully in a hospital environment with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or excessive use or abuse of drugs or chemicals, including alcohol.

Issues regarding physician impairment, including alcohol or substance abuse, will be handled in accordance to Hospital Medical Staff policy. The Hospital will facilitate referrals for treatment and take reasonable steps to keep all allegations made, investigations conducted, information gathered and actions taken in strictest confidence.

The Committee for Physician's Health of the Medical Society of the State of New York (CPH) or the corresponding council sponsored by the New York State Dental Association will provide confidential evaluation, treatment planning, and monitoring for physicians or dentists who voluntarily enroll. CPH generally does **not** report participating physicians to the Office of Professional Medical Conduct (OPMC) of the New York State Department of Health **unless** 1) on initial evaluation the physician is an imminent danger to the public, 2) the physician refuses to cooperate with CPH, or 3) the physician does not follow the treatment plan and/or does not respond to treatment. )

## **Voluntary Self-Referral for Drug/Alcohol Treatment in the Absence of Performance Issues**

An intern/resident/fellow who is concerned that he/she may have a problem with impairment may contact CPH directly (1-800-338-1833 or 1-518-436-4723) or may discuss the issue with the program director, the Department Chair or the Office for Graduate Medical Education.

## **Return to Work (Physician Impairment)**

If treatment or rehabilitation is recommended by CPH, and the intern/resident/fellow enrolls in a CPH-approved treatment program, he/she will be required to waive his/her right to confidentiality to the extent that:

The DIO will be notified as to whether the proposed treatment plan limits his/her ability to work, and if so, will be provided with a description of the limitations; the DIO will be notified periodically whether the intern/resident/fellow is participating in the treatment plan and whether treatment has been successful; the DIO will be provided with any other information pertinent to the assessment of the resident's continued fitness to work.

Whether an intern/resident/fellow will be allowed to return to work or complete his/her residency will be evaluated on a case-by-case basis, taking into consideration the recommendations of the treatment program, the limitations, if any, on the

intern/resident/fellow's ability to practice and expected duration of the limitations, whether reasonable accommodations can be made by the residency program, the circumstances that give rise to the initial report of potential impairment (i.e. whether any serious incidents or violations of law occurred), and whether patient and staff safety can be maintained.

### **Program Letter of Agreements**

The training program has responsibility for the quality of the educational experience and will retain authority over the intern/resident/fellow's activities while on rotations to outside or participating hospitals. Affiliation agreements or Program Letter of Agreements (PLA) will exist with all major participating institutions. Program Letter of Agreement (PLA) must be in place for all rotations outside of AOMC, including agreements with non-hospital rotation sites, which will contain specific language as required by Medicare. These will be renewed at least every five (5) years, and updated as necessary per requirements.

### **Contracts**

All interns/residents/fellows are contracted employees. A contract must be signed at the beginning of each academic year. In June of each academic year, contracts for the upcoming academic year will be available for all trainees who are continuing in the program and must be signed prior to the first rotation of each academic year. 90 day written notice is required if you will not be continuing for the next academic year or if you willingly resign from your program.


### **Research**

All categorical trainees are required to demonstrate that they have engaged in a scholarly activity during their training program. Trainees are expected to satisfy the research requirement for their respective residency/fellowship program as mandated by the accrediting body and the Graduate Medical Education Office.

### **Procedures**

All procedures will be inputted and monitored using Medhub software. Until you are signed off on a procedure, you must be supervised by a provider who is credentialed for that procedure. Program Directors and/or Chiefs may inform their coordinator at start of program to ensure procedures are inputted in software.

**INTERNS/RESIDENTS/FELLOWS AND STAFF  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES**

 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 7/2016	MANUAL NO. GME-005
		Replaces (Date and No.) 1/29/2015	

## Resident Fellow Remediation/Suspension/Non-Renewal of Contract Policy

Before any action is considered, consultation with the DIO **MUST** take place. All residents experiencing academic or professional difficulties will be counseled as to the areas of deficiency, given an opportunity to respond be provided with a plan for remediation, and a timeline to remedy the deficiency before dismissal or non-reappointment is considered. Remediation plans are not disciplinary actions, and cannot be appealed at the institutional level. Any notice of dismissal or non-promotion of a resident must be in writing, must state the reasons for the action, and must be reviewed with the resident, who must sign and date indicating the material has been received by and reviewed with him/her. The notice must inform the resident of his/her right to appeal as per the institutional policy. A copy of this signed notice will also be sent to the DIO.

### Remediation

The primary responsibility for defining the standards of academic performance and personal professional development rests with individual departments and Program Directors. In each program, there is a clearly stated basis for evaluation and advancement, and this documentation is to be provided to the residents. At least semi-annually, each resident's performance will be evaluated against these standards, and a written summary assessment prepared.

When the evaluation system identifies performance deficiencies that cause concern regarding the resident's ability to perform as expected, the resident will not be able to advance to the next PGY level as scheduled, a remediation plan will be developed. In addition, residents who regularly exhibit professional deficiencies that affect their ability to work cooperatively and effectively with their co-workers or the inability to provide compassionate and safe patient care will be expected to work with program administration to address these issues with remediation.

- **Academic deficiencies** are primarily identified under the following three ACGME competencies: *Patient Care and Procedural Skills*, *Medical Knowledge*, and *Systems-Based Practice*.
- **Professional deficiencies** are primarily identified under the *Interpersonal and Communication Skills* and *Professionalism* competencies. Deficiencies related to *Practice-Based Learning and Improvement* can be both academic and professional, and may be addressed as either.

A period of remediation will be at least three months, which may be extended to a maximum of six months. A plan to correct deficiencies will outline the reasons for this action, the specific period, the plan to correct the deficiencies, the goals that must be attained by the resident and the possible outcomes. The plan will be provided to the resident in writing, and a signature obtained that indicates that the resident understands the written plan.

During the remediation period, efforts shall be made to advise, tutor, and otherwise aid the resident to correct deficiencies with the acknowledged goal of keeping him/her in the program. It will remain the resident's responsibility to correct the deficiencies. It is the Program Director's responsibility to meet with the resident at regular intervals, no more than 2 months apart, throughout the remediation process to inform the resident of their progress. At the end of the remediation period, the possible outcomes may include (a) Removal from remediation, (b) Extension of the remediation period, (c) Immediate dismissal from the training program, (d) non-renewal of employment.

**If deficiencies in professional competence that clearly, consistently or immediately endanger patients arise during the remediation period, the Resident will be dismissed or suspended immediately after consultation with the Graduate Medical Education Office.**

### **Removal from remediation**

If a resident has successfully completed the remediation period, a notice in writing will be made to the resident with a copy to the DIO. A successful remediation is defined not only as achieving the desired level of performance, but sustaining that level of performance over time. In the event that the resident is unable to demonstrate sustained performance as defined by the remediation goals after the completion of the remediation period, immediate dismissal from the program or non-renewal of employment after remediation may occur, depending on the circumstances.

### **Extension of the remediation period**

When a resident has made significant but not sufficient progress after a three-month remediation, and it is the determination of the Program Director that an additional period of remediation will successfully bring the resident to the expected level of functioning, the remediation period can be extended for an additional three months.

### **Immediate dismissal from the training program after remediation**

In the event that a resident is unable to meet minimum program expectations following the outlined period of time, and their level of functioning is such that they need an extraordinary level of supervision to avoid patient endangerment, the end of the appointment is immediate. The resident is to be notified in writing of this action with a copy of the letter to the DIO. The resident will not continue to work after this written notice. Credit for training may be given for periods of satisfactory performance, per the guidelines of the individual board. Termination of employment is subject to the Graduate Medical Education Office institutional appeal process.

### **Non-Renewal of employment after remediation**

In the event a resident is unable to improve to the level necessary for advancement, or is unable to sustain the requirements of the remediation, but is not at risk of compromising patient care, the Program Director has the option of allowing the resident to complete the program year. The resident will be notified at the end of their remediation period that their contract will not be renewed. Every effort will be made to provide the resident with four months' notice; however, if the timing of the remediation plan is such that the remediation period concludes less than four months from the end of the program year, the last date of the program year will determine the resident's termination date. Non-renewal of employment is subject to the Graduate Medical Education Office institutional appeal process.

### **Non-renewal or non-promotion**

In the event of non-renewal or non-promotion for reasons not related to remediation or misconduct, including natural disasters, discontinuation of the residency program, or hospital closure, at least four months' notice prior to employment expiration will be provided to the resident. This notice will be made in writing to the resident with a copy to the DIO. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the employment, the program must provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow. The resident will continue to work at his/her appointed level of training through the end of the employment period if circumstances allow. Full credit for the year may be given to the resident at the discretion of the Program Director and guidelines of the individual board. The trainee will be dismissed at the end of the employment period. Non-renewal of employment is subject to the Graduate Medical Education Office institutional appeal process.

### **Suspension**

If, in the judgment of the Program Director or department chair, a resident is impaired or his/her performance is such that the safety of patients or other personnel is threatened, hospital operations disrupted, or the resident cannot effectively carry out his/her duties, then the resident will be

suspended immediately with pay pending further review. In such cases, the DIO will be consulted to determine if suspension is warranted. Written notice from the DIO of the suspension and planned review will be given to the resident as promptly as possible. After investigation of the events, the possible outcomes include, but are not limited to, reinstatement within the program with or without time to make up, reprimand or warning, remediation program, or dismissal. If the results of the investigation warrant dismissal of the resident, the required remediation period of three months will be waived and the dismissal shall be immediate. Placement on suspension cannot be appealed; however, a termination as a result of a suspension is subject to the institutional appeal process.

### **Immediate dismissal without a remediation period**

This can occur as a result of performance or serious events that put patients or other health care professionals at risk. The bases for immediate dismissal include but are not limited to professional misconduct. If the resident is dismissed, his/her appointment shall end immediately.

Immediate dismissal may be based on a single significant event including, but not limited to:


- Falsification of records
- Material omission of information on an application
- Conviction of a felony
- Disciplinary Action by the State Licensing Boards
- Theft on or of company property
- Gross neglect of Duty
- Breaching confidentiality/HIPAA Violation
- Walking off the job or leaving work without approval
- Participation in illegal activities
- Jeopardizing Patient Safety

A consistent, documented pattern of:

- Inconsiderate or unsafe treatment of patients
- Disregarding safety and sanitary regulations
- Insubordination
- Failure to exhibit the Ethical Standards of Conduct and organizational values (STARS)

### **Resident Resignation**

Please provide resignation letter to your program Director allowing 90 days advance notice.

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		Replaces (Date and No.)	

## INTERN/RESIDENT/FELLOW APPEAL POLICY

This appeal policy shall be used as due process by an intern/resident/fellow who believes that a rule, procedure or policy has not been followed, or has been applied in an inequitable manner. An action will not form the basis of a grievance if the resident merely challenges the judgment of the faculty as medical educators in evaluating the performance of a intern/resident/fellow. When a intern/resident/fellow receives notice of suspension, dismissal, or non-promotion by the Program Director, he/she shall have the right to appeal such action **not** if the intern/resident/fellow disagrees with the decision being handed down, but **only** if the intern/resident/fellow believes that the decision was reached in the absence of due process. Performance evaluations or placement on a remediation program cannot be appealed.

To initiate the appeal process, the intern/resident/fellow shall notify the DIO **in writing** within ten (10) working days of the intern/resident/fellow's notification by the Program Director. Notification must include the reasons for the requested formal appeal. Failure to notify the DIO within the prescribed time frame will terminate the appeal process and render the adverse determination as final and binding. The expected duration of this appeal process is approximately 2-3 months from the time the intern/resident/fellow receives written notice of the adverse action from his/her department.

Within ten working days of receipt of the request for appeal, the DIO will appoint an ad hoc committee. The Chair of said ad hoc committee will be a member of the Graduate Medical Education Committee; one additional faculty member and one resident will comprise the remainder of the committee. Eligible faculty for the ad hoc committee are defined as a full-time physician and member of the Medical Staff and will not be a member of the department which sponsors the resident's program or a physician with any perceived conflict in serving. A intern/resident/fellow member of this committee must be from a department other than that which sponsors the aggrieved resident's program.

The Graduate Medical Education Office will provide administrative support to the ad hoc committee and will notify the intern/resident/fellow and the members of the ad hoc committee in writing of the committee's appointment with a copy to the Program Director and Department Chair. The hearing will be scheduled and the intern/resident/fellow, Program Director and Department Chair will be notified of the time and place of the appeal hearing. The hearing shall occur within 15 working days of the committee's appointment.

Prior to the hearing, the program should submit the intern/resident/fellow's departmental file and any other materials on which it based its decision to the Graduate Medical Education Office, for distribution to the committee. To preserve the confidentiality of anonymous evaluations, the appeal mechanism does not entitle the aggrieved intern/resident/fellow to review his/her complete departmental file. Upon written request, the intern/resident/fellow will be provided with a photocopy of summary evaluations, or other correspondence to which the intern/resident/fellow is otherwise entitled to review before the hearing is held.

The process of the hearing will not be rigidly prescribed except that the intern/resident/fellow will be required to appear, in person, before the committee and will be allowed to be accompanied by an advocate who is not an attorney. The intern/resident/fellow should be prepared to present evidence for rescinding the action. The program director should appear and be prepared to present evidence for upholding the action. The hearing shall be confidential, open only to the

committee members and note taker. Should the intern/resident/fellow fail to appear at the scheduled hearing, he/she waives his/her right to appeal and by default accepts the decision by the program.

If either the program director or resident would desire individuals with factual information regarding the decision of the department, above and beyond information in the file, to appear before the committee, the interested party may make the appropriate arrangements. The hearing may only be rescheduled under extraordinary circumstances at the discretion of the chair of the ad hoc committee. At the discretion of the chair, the program director and intern/resident/fellow may question their own witnesses. If the committee decides that additional information is required, the chair may request written materials and additional meetings, which may occur beyond the 15 day time period referenced above.

The ad hoc committee's scope of review will be to determine:

- whether there was adequate documentation of intern/resident/fellow performance to support the program's decision (formal evaluations, written documentation of poor clinical and/or professional performance, documentation of follow-through of the remediation plan) and
- whether the appropriate procedures (e.g. timely notice to intern/resident/fellow of his/her progress and/or deficiencies, adherence to remediation plan) were followed.


When the ad hoc committee has come to a decision by majority vote, that information will be relayed to the DIO in writing within five (5) working days. The DIO will then inform the intern/resident/fellow, program director and department chair in writing of the committee's decision within 15 working days. Reports and minutes of the meetings of the committee shall be prepared by a designated member and such documents will be maintained in the Graduate Medical Education Office.

In the event that it is determined by the committee that the program either did not follow due process, or does not have adequate documentation to support its decision, the intern/resident/fellow will be provided with the opportunity of a structured re-evaluation period of three months, during which time the intern/resident/fellow will adhere to the original remediation plan.

**As with any remediation, if deficiencies in professional competence that clearly, consistently or immediately endanger patients arise during the remediation period, the intern/resident/fellow may be dismissed or suspended immediately after consultation with the Graduate Medical Education Office.**

If the intern/resident/fellow wishes to appeal the decision of the committee, he/she may do so in writing to the Senior Vice President of Medical Affairs within ten (10) working days of the date of the written notice of the ad hoc committee's decision from the DIO. Failure to request an appeal within the prescribed time frame will operate as a waiver of future appeal and acceptance of the ad hoc committee's decision. The Graduate Medical Education Office will provide a copy of the intern/resident/fellow's file and all documentation from the ad hoc committee's review of the intern/resident/fellow's initial appeal to the Senior Vice President for Academic and Medical Affairs. The process of this final appeal is at the discretion of the Senior Vice President for Academic and Medical Affairs. A decision shall be rendered within ten (10) working days of receiving the file and the intern/resident/fellow shall be notified of the decision directly in writing with a copy to the DIO.



 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 5/24/2016	MANUAL NO. GME-007
		Replaces (Date and No.)	

## **INTERN/RESIDENT/FELLOW COMPLAINT POLICY**

A complaint is defined as an issue perceived by an intern/resident/fellow or program director as needing resolution. Generally, such a matter will not significantly threaten an intern/resident/fellow's intended career development nor have the potential of leading to a recommendation of dismissal or non-renewal. It is the policy of the Graduate Medical Education Office that intern/resident/fellow concerns can be freely brought forward without fear of intimidation or retaliation.

### **Process for Addressing House Staff Concerns**

House staff concerns may be brought to the Program Director, Department Chair or the Graduate Medical Education Office. The process of mediation is available for house staff to address concerns or differences and eliminate or resolve a concern in a confidential and protected manner without fear of retaliation.

It is recommended that any concern first be discussed with the Program Director and/or Department Chair. If not resolved, the intern/resident/fellow may bring the issue to the attention of the Director of Medical Education or Administrative Director of Graduate Medical Education to discuss confidentially. The Graduate Medical Education Office may act as mediator and intercede for the house staff member, so as to try to reconcile differences and resolve the concern in a confidential manner. The resolution of the Graduate Medical Education Office using appropriate interaction with the intern/resident/fellow, Program Director, and any others deemed integral to the decision, will be final.

Resident complaints from a resident about a resident from another training program at AOMC should be handled in the following manner

1. Contact Chief resident of complainant's residency program
2. Chief resident of complainant's program contacts chief resident of resident of the program that resident complaint was directed towards.
3. If Issue not satisfactorily resolved on the chief resident level then program directors of both programs are informed by their respective chief residents to resolve.
4. Issue not resolved satisfactorily by program directors then it is referred to the DIO or his/her associate to resolve matter.

 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 3/25/2021	MANUAL NO. GME-008
		Replaces (Date and No.) 7/31/2019	

## POLICY ON INTERN/RESIDENT/FELLOW ELIGIBILITY, SELECTION, & DIVERSITY GOALS

### DIVERSITY GOALS

- Arnot Ogden Medical Center pledges to systematically recruit and retain a diverse and inclusive workforce including residents, fellows, faculty members and senior administrative staff members. We pledge to create a physician workforce that at least reflects the general population of the US and specifically the local population of our training program.
- Arnot will assess the program's efforts to recruit and retain a diverse workforce to develop an environment where differences are embraced and supported so that all participants have an equal opportunity for success.
- The Program Evaluation Committee will consider workforce diversity in their evaluation.
- As part of the education program, residents must demonstrate competence in respect and responsiveness to diverse patient populations (gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation)

### ELIGIBILITY

An applicant must meet one of the following qualifications to be eligible for appointment to an Arnot Ogden Medical Center ACGME-accredited program: (Core) IV.A.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, (Core) IV. A.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the ACGME or (Core) Iv.A.2.c) graduation from medical school outside of the United States or Canada, and meeting one of the following additional qualifications: IV.A.2.c)(1) Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, (Core) IV.A.2.) (2) holds a full and unrestricted license to practice medicine in a United States Licensing jurisdiction in his or her current ACGME specialty-/subspecialty program; or, (Core) IV.A.2.c) (3) has graduated from a medical school outside the United States and has completed a Fifth pathway\*\* program provided by an LCME-accredited medical school.

### TRANSFER OF RESIDENTS


To determine the appropriate level of education for intern/resident/fellows that are transferring from another residency program, the program director will receive written or electronic verification of previous educational experiences and a summative competency-based performance evaluations of the transferring intern/resident/fellow prior to their acceptance into the program.

A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

### SELECTION

1. Candidates must meet all eligibility criteria to be considered for selection to an AOMC residency program.
2. All applicants for Residency program are required to complete an application form through ERAS. Fellows must follow directions on website for applied program.

3. All first-year residency positions (PGY-1) must be offered through the NRMP matching program unless special permission granted by DIO. When programs do not fill through the match, applicants may subsequently be appointed to unfilled positions from the pool of unmatched students, or other sources, as long as they meet institutional standards.
4. Each program must have a set of written standards, appropriate to the specialty, to guide intern/resident/fellow selection. These standards must ensure that the applicants are selected on the basis of their ability, aptitude, academic credentials, communication skills and personal qualities. The presence of such standards for intern/resident/fellow selection shall be monitored by the Graduate Medical Education Office.
5. A personal interview is granted to applicants selected through the screening process as defined by each department. During the interview, the applicants will be informed of the salary and hospital benefits.
6. For each program, the selection of intern/resident/fellows should be the responsibility of a committee of the faculty which has the opportunity to review application materials, and to rate applicants against the published selection standards based on their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. The Committee should agree as a group on those applicants to be selected either through the match or otherwise. Such decisions should ordinarily not be those of an individual program leader.
7. Intern/resident/fellows will be selected from among the pool of eligible applicants without discrimination. Specifically, residency programs at AOMC will not discriminate with regard to race, sex, age, religion, color, national origin, disability or veteran status.
8. The program directors will report their match results and the qualifications of their new intern/resident/fellows each year after the match.

 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 5/24/2016	MANUAL NO. GME009
		Replaces (Date and No.)	

## POLICY ON INTERN/RESIDENT/FELLOW APPOINTMENT AND PROMOTION


1. The Graduate Medical Education Office ensures that all prospective intern/resident/fellows have met all of the eligibility requirements of the ACGME, New York State and other regulatory bodies including, but not limited to:
  - a. Graduation from an ACGME-accredited medical school. Final acceptance in the residency program and commencement of training is contingent upon confirmation of all educational credentials by primary course verification by the Graduate Medical Education Office. In addition to medical school, this also includes any previous US training or work experience.
2. All employment agreement letters are for one year and each intern/resident/fellow must be promoted and reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year. The hospital will honor the full term of the period except when a intern/resident/fellow's performance or behavior justifies dismissal.
3. Recommendations for the appointment and promotion of intern/resident/fellows should be initiated by departments and programs and sent to the Graduate Medical Education Office. The Graduate Medical Education Office will report all appointments and reappointments to the Graduate Medical Education Committee annually for approval.
4. Promotion to the subsequent year of training requires satisfactory and cumulative evaluations by faculty that indicates satisfactory progress in scholarship and professional growth. This includes demonstrated proficiency in ACGME competencies for intern/resident/fellows.
  - **Patient Care and Procedural Skills**
  - **Medical Knowledge**
  - **Systems-Based Practice**
  - **Interpersonal and Communication Skills**
  - **Professionalism**
  - **Practice-Based Learning and Improvement**
5. Intern/resident/fellows are expected to notify their department at least one hundred twenty (120) days in advance if they do not intend to return the following year.
6. Intern/resident must successfully pass the COMLEX III or USMLE 3 examination for promotion to PGY-2. Intern/Residents **must sign up** for the examination no later than **January 31<sup>st</sup>** of their PGY-1 year. Residents **must provide** documentation of their passing COMLEX III or USMLE 3 score to the GME Office by **May 1<sup>st</sup>** of their PGY-1 year. It is expected that these tests are taken electively; no sick call will be pulled in to cover your examination time.

Appointment and/or reappointment do not constitute an assurance of successful completion of a residency program. Successful completion is based on performance as measured by individual departmental standards. Successful completion of a residency program does not entitle a resident to appointment to the Medical Staff of AOMC.

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		Replaces (Date and No.)	

## POLICY ON INTERN/RESIDENT/FELLOW EVALUATION

1. Intern/resident/fellows will be evaluated at the end of each block rotation using Medhub Software. In addition, intern/resident/fellows will be evaluated at least twice-yearly against a set of written standards acceptable to his/her department or program to assess their competence by their respective Clinical Competency Committee. A summary of the individual rotation evaluations will be placed in the intern/resident/fellow's permanent file, shared with the intern/resident/fellow, and indicate by their signature that the intern/resident/fellow has seen and understands the substance of the report. Intern/resident/fellows will be given the opportunity to indicate in writing where they have disagreements with the evaluation.
2. In addition, we will get feedback from nursing staff, social workers, colleagues and other hospital staff on a regular basis to monitor and evaluate intern/resident/fellows. This will also be used as part of their 360° evaluation.
3. Finally, all residents will be required to take the program specific in-training examination. The scores will be monitored. Intern/resident/fellows are expected to score above the 40th percentile in their respective cohort or will be subject to mandatory remediation at the discretion of the program director and program faculty.
4. Such standards of evaluation must be applied equitably to all intern/resident/fellows, be consistent with all relevant institutional policies, assure due process, and wherever possible, be published and available to members of the intern/resident/fellow staff.
5. Evaluations of intern/resident/fellows are to be used in making decisions about promotion, program completion, remediation, and any disciplinary action.
6. As per accrediting body guidelines, a final evaluation will be completed by the program director with recommendation from the Clinical Competency Committee placed in the institution's permanent file. This evaluation will provide the program director's documentation of the intern/resident/fellows' competence in each of the core areas.
7. Intern/resident/fellows must complete confidential, written evaluations on the faculty at least annually. The information should be shared with the Department Chairman and used in the overall evaluation process of the faculty. Faculty evaluation should include a review of their teaching abilities, commitment to the educational program, clinical knowledge and scholarly activities.
8. Intern/resident/fellows will also complete confidential, written evaluations of the program at least annually. This evaluation should include quality of the curriculum and the extent to which the educational goals and objectives are met. These evaluations will be shared with the Department Chair and used by the Program Director in the formal program evaluation process.
9. The Graduate Medical Education Office will periodically audit departmental files for compliance and report back to the Graduate Medical Education Committee.

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		Replaces (Date and No.) 5/28/13; 1/28/14;1/29/15;5/24/16	

### POLICY ON MOONLIGHTING/REQUEST

It is the policy of the Graduate Medical Education Committee at AOMC Hospital to allow professional activity outside of the educational program only if approved by the individual program director, and if meeting New York State work hours regulations. There is no required moonlighting for residents at AOMC; any activities are initiated by the resident for program director approval. There is no moonlighting allowable for PGY-1 interns from any specialty.

Prior to seeking moonlighting privileges, resident/Fellow who wishes to engage in outside activities must:

- PGY-2 or higher with written approval from the Chairman or Program Director.
- be in good standing in the residency program
- seek written assurance of malpractice and workers' compensation coverage from any outside employer\*
- have a valid New York State medical license (as appropriate) and Federal DEA number (as appropriate) and/or Institutional DEA number (for Arnot affiliations only).
- Residents may moonlight in the capacity, in the hospital setting, without a license, as long as resident supervision policies adhere too, and there is attending physician to provide direct or indirect supervision.

If a resident/fellow engages in professional activities outside of the training program, the hours devoted to that activity must be added to the training program work hours and must be reported in writing on a monthly basis to the program director and on any institutional or departmental work hours surveys. The total hours must comply with the number of hours a resident may work as detailed in the New York State Health Work Hours Regulations.

- Residents/Fellow cannot work more than eighty (80) hours per week (averaged over a one month period).
- Residents/Fellow cannot work longer than 24 consecutive hours.
- Residents/Fellow must have at least twelve (12) hours of non-work time between shifts.
- Residents/Fellow must have one 24 hour period free from clinical duties each week.
- Residents must score in the 40<sup>th</sup> percentile or higher on in-training exam for specialty.

The resident's/fellow's performance will be monitored for the effect of these activities upon their performance in the program. If the moonlighting activities interfere with the responsibilities in their appropriate program, the approval for moonlighting will be revoked.

It is the responsibility of the institution hiring the resident/fellow to determine whether proper licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out the assigned duties.

\*Professional liability insurance is provided by the hospital's insurance program for only those activities that are **an approved component of** the training program, except during rotations to affiliated hospitals, at which time the coverage is provided by the affiliated hospital. There is **NO** coverage for professional activities outside the scope of the residency program.

GMEC 5/28/13; 1/28/14;1/29/15; 11/11/24/15; 3/22/16

 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 6/2018	MANUAL NO. GME - 012
		Replaces (Date and No.) 5/28/13, 1/28/14; 7/28/2016	

## POLICY ON INTERN/RESIDENT/FELLOW WORK HOURS

Each residency program must be committed to and responsible for promotion of patient safety and intern/resident/fellow well-being, and to providing a supportive educational environment. Regardless of where affiliated rotations are offered, work hours and on-call time periods must not be excessive for the trainees. Work hours must be consistent with ACGME/NYSDOH and Specific Program Requirements. In specific:

- The structuring of work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the trainee. Work hour assignments must recognize that faculty and trainees collectively have responsibility for the safety and welfare of patients.
- Didactic and clinical education must have priority in the allotment of trainees' time and energy.
- The learning objectives of the program must not be compromised by excessive reliance upon residents to fulfill service obligations.

Situations in which trainees work an excessive numbers of hours can lead to errors in judgment and clinical decision-making, and negatively impact the physical and mental wellbeing of trainees. These errors can impact on patient safety, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness.


Work hours must comply with the following standards:

- The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call and any allowed moonlighting. No exceptions to this policy shall be permitted.
- The trainee shall not work in excess of 24 consecutive hours.
- Allowances for already initiated clinical care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed ACGME/NYS allotted additional hours and must be reported by the intern/resident/fellow/fellow in writing with rationale to the DIO/program director and reviewed by the GMEC for monitoring individual intern/resident/fellows and program. Please adhere to specific work hour ACGME/NYSDOH requirements for PGY-1 trainees.
- Trainees shall not assume responsibility for a new patient or any new clinical activity after working 24 hours.
- The trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week and shall have no call responsibility during that time.
- Upon conclusion of a 20-24 hour work shift, trainees shall have a minimum of 12 hours off before being required to be on duty or on call again.

- Upon completing a work period of at least 12 but less than 20 hours, a minimum period of 10 hours off must be provided.
- All off-work time must be totally free from clinical, on call and educational activity.
- Rotations in which a trainee is assigned to Emergency Department hours shall ensure that trainees work no longer than 12 hour shifts with no more than 30 additional minutes allowed for transfer of care and shall be required to report in writing to the DIO/program director for review by the GMEC, only any time exceeding the 30 additional minutes, for monitoring individual trainees and program.
- In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the work hour limits, additional coverage shall be assigned as soon as possible by the attending staff to relieve the trainee involved.
- The program leadership is responsible for ensuring trainees have alternative means of transportation home should they feel too fatigued to safely return home following a shift. (Please refer to Fatigue/Stress Policy GME-025).
- The trainee shall not be assigned to in-hospital call more often than every third night averaged over any consecutive four-week period. Home call is not subject to this policy, however it must satisfy the requirement for time off. Any time spent returning to the hospital must be included in the 80 hour maximum limit.

Arnot Ogden Medical Center Graduate Medical Education allows no exceptions to the work hours listed above.



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		Replaces (Date and No.) 4/29/2015, 5/1/2017, 7/28/2018	

## GENERAL POLICY ON RESIDENT SUPERVISION

### STATEMENT OF GENERAL POLICY

1. An appropriate level of supervision is required of all residents during all clinical duties that incorporates the principles of graduated responsibility.
2. Each program director is responsible for creating a supervision policy specific to his or her residency or fellowship program that contains the basic principles in this general policy, as approved by the GMEC.
  - a. *The General Surgery resident supervision policy is appended to this policy as an example for program directors.*

### DEFINITIONS

- A. Supervision - Supervision refers to the dual responsibility that an attending physician has to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient by any resident. Such control is exercised by observation, consultation and direction. It includes the imparting of the attending physician's knowledge, skills, and attitudes by the attending physician to the resident and ensuring that patient care is delivered in an appropriate, timely, and effective manner.
- B. The levels of supervision are:
  - a. **Direct Supervision:** The attending physician is physically present with the resident and patient.
  - b. **Indirect Supervision:**
    - i. 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.
    - ii. 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 present in the operative/procedural suite or on the unit and immediately available for consultation.
  - c. **Oversite:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- C. Resident - The term "resident" refers to an individual who is engaged in a graduate training program in medicine (which includes all medicine specialties, e.g., emergency medicine, family medicine, internal medicine, surgery, psychiatry, radiology, and issued broadly to include interns), and who participates in patient care under the direction of the attending physicians. The term "resident" includes individuals in approved subspecialty graduate medical education programs who historically have also been referred to as "fellows."

## **POLICY**

The intent of this policy is to ensure that patients will be cared for by clinicians who are qualified to deliver care and that this care will be documented appropriately and accurately in the patient record. This is fundamental, both for the provision of excellent patient care and for the provision of excellent education and training. Faculty supervision of residents assures resident education. The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinical educator is the appropriate supervision of the residents as they acquire the skills to practice independently and simultaneously provide the highest standard of patient care. Additionally, it should be understood that documentation of patient care acceptable for purposes of third-party billings, is governed by guidelines that are defined by payers, such as the Centers for Medicaid and Medicare Services (CMS) or third-party insurers.

## **SCOPE**

- A. Attending physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and with each resident who is participating in the care of that patient. Each patient must have an attending physician of record whose name is recorded in the patient chart. It is recognized that other attending physicians may, at times, be delegated responsibility by the attending physician of record. In this case, the Attending physician of record is responsible to be sure that the residents involved in the care of the patient are informed of such delegation and can readily access an attending physician at all times and the attending of record, if necessary
- B. Within the scope of the training program, all residents must function under the supervision of an attending physician. On-call schedules and rotation schedules for each residency program are to be developed on a periodic basis to provide residents with a variety of patient care educational experiences consistent with the program requirements of that particular program. Backup must be available at all times through more senior residents and appropriately credentialed attending physicians. It is the responsibility of each program director to establish categories of all resident activities according to graduated level of responsibility and appropriate levels of supervision outlined below. The requirements for on-site supervision will be established by the program director for each residency program in accordance with ACGME, AMA, Joint Commission, CMS guidelines and should be monitored through periodic departmental reviews, with institutional oversight through the GMEC internal review process. The type of supervision (physical presence of attending physicians, home call backup, etc.) required by residents at various levels of training, must be consistent with the requirement for progressively increasing resident responsibility during a residency program and the application program requirements of the individual departmental, as well as common, standards of patient care. The levels of supervision are:
- C. In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the resident in the ambulatory setting, it is expected that an appropriately privileged attending physician will be available for supervision during clinic hours. Patients followed in more than one clinic will have an identifiable attending physician for each clinic. Attending physicians are responsible for ensuring the coordination of care that is provided to patients.

## **POLICY STANDARDS**


Quality graduate medical education can occur only in settings that are characterized by the provision of high quality patient care. As a practical matter, preparing future practitioners to meet patients' expectations for excellence requires they learn in environments epitomizing the highest standards of medical practice. Even more important, as an ethical matter, justifying the participation of residents in the care of patients requires adherence to uncompromised standards of quality medical care.

- A. The attending physician of record is responsible for the quality of all of the clinical care services provided to his or her patients.
- B. All clinical services provided by resident physicians must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education, based on patient acuity and a resident's graduated level of responsibility.
- C. Attending physicians directly responsible for the supervision of patient care services provided by resident physicians must be as available to participate in that care as if residents were not involved; the presence of residents to "cover" patients on inpatient services or to provide care in ambulatory settings does not diminish the standards of availability required of the physician of record.
- D. Attending physicians are responsible for determining when a resident physician is unable to function at the level required to provide safe, high quality care to assigned patients, and must have the authority to adjust assigned duty hours as necessary to ensure that patients are not placed at risk by resident physicians who are overly fatigued or, otherwise, impaired.

## **PROCEDURE**

- A. All patient care performed by residents during training will be under the supervision of an attending physician credentialed to provide the appropriate level of care. The specifics of this supervision must be documented in the medical record by the attending physician or resident according to Medical Staff rules and regulations.
- B. The supervising/attending physician must be immediately available to the resident in person or by telephone 24 hours a day during clinical duty. Residency Program Directors must assure this occurs. Residents must know which supervising/attending physician is on call and how to reach this individual.
- C. Inpatient supervision: The supervising/attending physician must obtain a comprehensive presentation from the resident including a history and physical with co-signed attending attestation for each admission. This must be done within a reasonable time, but always within 24 hours of admission. The supervising/attending physician must also require the resident to present the progress of each inpatient daily, including discharge planning. All required supervision must be documented in the medical record by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- D. Outpatient supervision: The supervision/attending physician must require residents to present each outpatient's history, physical exam and proposed decisions. All required supervision must be documented in the medical record by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- E. Consultative Service supervision: The supervising/attending physician must communicate with the resident and obtain a presentation of the history, physical exam and proposed decisions for each referral. This must be done within an appropriate time but no longer than 24 hours after completion by the resident of the consultation request. All required supervision must be documented by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.

- F. Procedural supervision: The supervising/attending physician must ensure that procedures performed by the resident are warranted, that adequate informed consent has been obtained and that the resident has an appropriate level of supervision during the procedure to include sedation. The level of supervision (according to the four levels outlined previously in this policy) must match both the resident's ability to determine the appropriateness of the procedure and the resident's ability to perform the procedure. All required supervision must be documented by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- G. Emergency supervision: During emergencies, the resident should provide care for the patient and notify the supervising/attending physician as soon as possible to present the history, physical exam and planned decisions. All required supervision must be documented by the resident and/or the supervising/attending physician according to Medical Staff rules and regulations.
- H. The GME Department has specific guidelines concerning resident supervision and submits them to the GMEC for approval. These must include the following key principles:
- a) Clinical responsibilities must be conducted in a carefully supervised and graduate manner, tempered by progressive levels of independence to enhance clinical judgment and skills.
    - 1 This supervision must supply timely and appropriate feedback about performance, including constructive criticism about deficiencies, recognition of success, and specific suggestions for improvement.
    - 2. Resident supervision must support each program's written educational curriculum.
    - 3. Resident supervision should foster humanistic values by demonstrating a concern for each resident's well-being and professional development.
    - 4. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
    - 5. Faculty call schedules are structured to assure that support and supervision are readily available to residents on duty.
    - 6. The quality of resident supervision and adherence to the above guidelines are monitored through annual review of the resident's evaluations of their faculty and rotations by the GMEC (see Evaluations of Rotations and Faculty Members by Resident Policy).
    - 7. For any significant concerns regarding resident supervision, the special review process will be engaged by the GMEC. The Program Director will submit a work plan to remediate the situation, which will be tracked by the GMEC through the Special Review policy steps.
    - 8. Each program should include in their program-specific supervision policy those circumstances in which residents must immediately contact their supervising physician.

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## POLICY ON MEDICAL STUDENT SUPERVISION

Assignment to a clinical rotation is processed by the individual Medical School and the Arnot Health Graduate Medical Education Office. Once assignments have been made, the Arnot Health Graduate Medical Education Office disseminates schedule information to the appropriate departments.

Students may participate only in clinical services where educational objectives have been developed and approved for credit. New York State Department of Education guidelines must also be followed as appropriate.

The primary responsibility for the patient is vested with a teaching attending or medical staff member and **will not** be delegated to a student.

Residents and fellows will participate in overseeing the educational process, but any supervising physician must have applicable credentials, privileges, and authorization in order to oversee each clinical activity or procedure.

Students must be clearly identified as such. When being introduced, the phrases “student doctor” or “medical student” are recommended. A photo ID with student designation will be worn at all times.

Utilization of AOMC facilities is dependent upon following the procedures and guidelines as outlined in this policy.

### Procedures


Medical students, in the course of their educational curriculum, will take patient histories, perform complete physical examinations and enter findings in the medical record of the patient with the approval of the patient's attending physician. All medical student entries must be identified as “student” and must be countersigned within 24 hours by an appropriately privileged physician. The student record will not substitute for the required history and physical examination or progress notes of an attending or resident physician. The physician who countersigns the student entries verifies the content as being accurate and appropriate and shall sign as verified or the record will be rewritten or a note made clarifying any areas of question. Third and Fourth year students may scribe a physician order if the order is signed by the responsible resident or attending physician prior to the order being carried out.

Medical students may be assigned and directed to provide additional patient care services under the direct in-person supervision of an attending physician or authorized postgraduate trainee. The supervising physician must have privileges or authorization to perform the procedure being supervised. The degree of supervision must take into account the complexity of the procedure, potential for untoward effects, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient.

Each student will be assigned a unique hospital computer access code. Students MAY access the computer to obtain needed information on their patients with authorization through Medical Education. Computer entered orders cannot be taken off before approval by the supervising physician.

Students will not sign as witnesses to authorizations or consents for procedures or surgery on patients cared for by themselves, or their team.

At the conclusion of each rotation, the supervising physician will complete a written evaluation of the student, in the format provided by each school for submission.

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## POLICY ON TRAINEE CREDENTIALING

### Resident Credentialing for AOMC Intern/resident/fellows

Each department assesses, on an on-going basis, the knowledge level and skills of all intern/resident/fellows in performance of surgical or other invasive procedures. Each program defines their own credentialing process, which is well detailed in their intern/resident/fellow procedures manual and available upon request. Other methods of evaluation are used to assess competency of intern/resident/fellows in field-specific procedures within each division/specialty.

#### DEFINITIONS:

**General Supervision:** Attending physician or another credentialed physician's presence is not required during the intern/resident/fellow's performance of the specific treatment or procedure, however the supervising physician is readily available and furnishes the overall direction and control over the intern/resident/fellow.

**Direct Supervision:** Intern/resident/fellows will perform a specific treatment or procedure with direct visual supervision of the patient's attending physician or another credentialed physician.

#### PROCEDURE:

Intern/resident/fellows will utilize an online tracking system via Medhub software system. It will be at the discretion of the Program Director to amend (add or withdraw) competency while residents are on rotations outside.

#### DELINEATION OF PRIVILEGES DESCRIPTIONS

**General Supervision Privileges:** Privileges for intern/resident/fellows in each specialty are defined as those standard, usual and customary activities appropriate in the diagnosis and treatment of any and all diseases encompassed by the specialty. Intern/resident/fellows who are approved under General Supervision may perform the following procedures: the evaluation, diagnosis, and provision of a consultative opinion; completion of the appropriate medical record, including medical history; documentation of care; order writing (excluding Medication Orders); communication with patients and family regarding treatment; and provision of emergency care in accord with service privileges and within scope of their training program.

Please refer to the RPF for each intern/resident/fellow for more specific information related to the specialty field.

**Special Procedures:** The specific privileges identified on each RPF are granted by proof of competency and approval by the training Program Director.

**Direct Supervision Privileges:** All procedures that are not identified above under either General Supervision Privileges or Special Procedures must be performed under direct supervision. Procedures that are approved independently as Special Procedures can be performed under general supervision.

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## **POLICY ON TRAINEE FILE CONTENT, ACCESS AND RETENTION, AND RELEASE OF INFORMATION**

1. Each residency program sponsored by AOMC shall maintain a file concerning each intern/resident/fellow.
2. The file will contain a record of the trainee's specific rotations and other training experiences (including training procedures), written evaluations from the faculty and others, the periodic summative evaluations by the program director or designee, any institutional disciplinary actions, and other information concerning the trainee that the program director judges appropriate to maintain in the file for purposes of evaluation and training, including records required to be maintained by applicable Institutional and Program Requirements of the ACGME.
3. The file will be regarded as confidential, will be maintained in a secure location and will be available only to the Department Chair, Program Director, the Director of Medical Education, and designated administrative staff in the Graduate Medical Education Office and the applicable residency program offices.
4. The Program Director and the DIO may disclose the file, or portions thereof, to others whom they judge to have a legitimate need for the information for reasons relating to the education of the trainee, the quality of education in the program, or the quality of patient care in the program. The Program Director and the DIO may also disclose the file, or portions thereof, to others, as authorized in writing by the trainee.
5. On reasonable request, the trainee shall have access to his or her file under direct supervision of a designated member of the residency program. The trainee is not entitled to copies of the contents of the file.
6. Upon completion of the training program, where the trainee will be recommended for Board certification, only the final summative evaluation of the trainee, the record of the trainee's specific rotations and other training experiences (including training procedures) and a record of any disciplinary actions will be maintained in the file. The file will then be maintained as a permanent record. The Program Director may exercise his or her discretion to retain other records for which there may be a particular need such as, but not limited to, records of successfully remediated academic deficiencies.
7. For intern/resident/fellows who do not complete the training program, or who complete the training program, but who will not be recommended for Board certification, the entire file will be maintained as a permanent record.
8. A notarized copy of the final evaluation will serve as the formal summary of training at the Hospital and will be released only to a third party with written consent of the intern/resident/fellow /program graduate or a specified recipient whom the intern/resident/fellow/graduate has previously authorized, in writing, to obtain an exit evaluation for a stated purpose. The request must be signed and dated; the recipient specific and its purpose stated. Access to the database and the area where the intern/resident/fellow files, including final evaluations, are stored should be limited to authorized personnel only.



9. Faxing an exit evaluation should be avoided unless there is an urgency that requires it. If an exit evaluation is faxed, it is important that proper procedures for the exit evaluation request be followed. An exit evaluation that is faxed should be considered “unofficial” and followed by a mailed original. The fax cover page should state that the document is confidential, intended for the exclusive use of the addressee.

## Special Review Policy

If any program needs more vigilant monitoring, for any reason, the GMEC and/or DIO will suggest a Special Review. Special Reviews are commissioned as a result of a program's inability to maintain education standards and/or failure to be in compliance with any standards considered fundamental to the quality of the program.

Special Reviews are reviews of a program that is not in compliance with program requirements. When such a program is identified, the DIO will create a Special Review Task force which will conduct the review.

A Special Review can be a focused or comprehensive process, depending on the nature of the concerns to be addressed.

Upon completion of a Special Review, the Chair of the Special Review Task force will compose a written report which identifies areas of concern. All concerns must be addressed by the Program Director in the form of written action plans. The expectation is that the plans are completed in a timely fashion (3-6 months). Both the results of the Special Task Force Review and Program Director action plans will be reviewed by the GMEC. The areas of concern will be addressed in each subsequent GMEC meeting until the issues are deemed to have been resolved.

### Focused Special Reviews:

Examples of trigger items of focused special reviews include (but are not limited to):

- a) Poor resident survey results
- b) Poor faculty survey results
- c) Case/patient log concerns
- d) Curriculum/Evaluation tools do not reflect milestones
- e) Core Competencies not adequately reflected in curriculum
- f) ADS not accurate
- g) Programs which are doing well will still receive an occasional targeted program review to ensure that the GME Office remains familiar with the program. This is part of the GME Office's program monitoring institutional requirement.
- h) Poor In-Service training examination scores

### Comprehensive Special Reviews:

Examples of trigger items of comprehensive special reviews include (but are not limited to):

- a) Annual Program Evaluations are not completed
- b) Multiple areas in the residency described as Fair or Poor
- c) Multiple RRC citations
- d) Failure to properly respond to a focused special review
- e) ACGME (once applicable) requests for reports or other correspondence between ACGME (once applicable) and a program can trigger a review

- f) Major citations or adverse decisions on an ACGME (once applicable) site visit or self-study visit can trigger a review
- g) The GME Office will be expected to review all program annual reports before they are conveyed to ACGME (once applicable). If there are concerns raised by these reports, a program review may be triggered.
- h) Complaints made by members of other programs, or by hospital staff, to the GME Office may trigger a program review.

The Chair of the Graduate Medical Education Committee will assign at least two members (from a department other than the one reviewed) and two residents from the Graduate Medical Education Committee to the Internal Review Committee. The DIO will also participate. The following materials will be used to conduct the review:

- ACGME (once applicable) Institutional, Common and Program requirements in effect at the time of the review
- Accreditation letters of notification from previous ACGME (once applicable) reviews and progress reports sent to the respective CEE.
- The Program's completed internal review document
- Institutional Resident Manual
- Internal review guidelines
- Reports from previous internal reviews
- Previous Annual Program Evaluations
- Results from internal or external resident surveys, if available

The committee must interview the program director, faculty and a group of peer-selected residents. At least one resident from each level of training must be interviewed. The committee may also choose to meet with the Department Chair, other faculty, additional residents or other persons whose input would be helpful to the review.

While assessing the residency program's compliance with each of the program standards, the review should also appraise the following:

- Compliance with Common, Program and Institutional Requirements
- The educational objectives of the program and how they define the specific knowledge, skills, and attitudes required and provide educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
- Educational objectives and effectiveness in meeting those objectives.
- Educational and financial resources
- Effectiveness in addressing areas of noncompliance and concerns in previous ACGME (once applicable) accreditation letters of notification and previous internal reviews.
- Effectiveness in using evaluation tools and outcome measures to assess resident's level of competence in each of the seven ACGME (once applicable) general competencies;

Effectiveness in developing and implementing a process that links dependable educational outcome measures with program improvement.

## POLICY ON DISASTER RESPONSE

In the event of a disaster impacting the graduate medical education programs sponsored by AOMC, the Graduate Medical Education Committee establishes a policy to protect the well being, safety and educational experience of intern/resident/fellows enrolled in our training programs.

A disaster is defined by the ACGME as a set of events causing significant alteration to the residency experience at one or more residency programs. This document acknowledges that there are multiple types of disaster: acute disaster with little or no warning (e.g. tornado or bombing), intermediate, with some lead-time and warning (e.g. hurricane), and the insidious disruption or disaster (e.g. avian flu). This document will address disaster and disruption in the broadest terms.

Following declaration of a disaster, the Graduate Medical Education Committee, working with the DIO and other sponsoring institution leadership, will make the determination that transfer to another program is necessary. All efforts will be made to restructure or reconstitute the educational experience as quickly as possible following the disaster in order to maximize the likelihood that intern/resident/fellows will be able to complete program requirements within the standard time required for certification in that specialty.

Once the DIO and Graduate Medical Education Committee determine that the sponsoring institution can no longer provide an adequate educational experience for its intern/resident/fellows, the sponsoring institution will to the best of its ability arrange for the **temporary transfer** of the intern/resident/fellows to programs at other sponsoring institutions until such time as AOMC is able to resume provision of the educational experience. Intern/resident/fellows who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the intern/resident/fellow will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then **permanent transfers** will be arranged.

The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at AOMC will work collaboratively with the DIO who will coordinate on behalf of the hospital the ability to accept transfer intern/resident/fellows from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional intern/resident/fellows for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer intern/resident/fellows.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all intern/resident/fellows from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.

## **POLICY ON ACCOMMODATIONS FOR DISABILITY**

It is the policy of AOMC to ensure that no qualified person shall be denied access to, participation in, or the benefits of any program because of a disability. Employment and promotion decisions will be based upon the individual's qualifications for and ability to perform the essential function of the position with or without reasonable accommodation. Disabled persons who have met the academic and technical standards for admission to or participation in a residency program shall receive appropriate accommodations needed to insure equal access to educational opportunities, programs and activities in the most integrated setting appropriate as deemed reasonable by the Hospital.

Reasonable accommodations will be made as necessary and are those that do not fundamentally alter the nature of the program and can be provided without lowering academic and other essential performance standards.

### **Procedure:**

To be eligible for accommodations, the intern/resident/fellow must contact Occupational Health Services as soon as possible after matching or accepting an employment offer from the residency program. The intern/resident/fellow is required to make timely and appropriate disclosures and requests for accommodations, and may be asked to provide medical or other diagnostic documentation of the disability and limitations, and to obtain additional evaluations, prior to receiving the requested accommodations. Occupational Health Services will work with the Residency Program and Graduate Medical Education Office through this process.

Delay on the part of the intern/resident/fellow in contacting Occupational Health Services seeking accommodation may result in limiting the ability of the hospital to provide reasonable accommodations.

### **Rights:**

Intern/resident/fellows have a right to expect all disability-related information to be treated confidentially. Occupational Health Services is the office designated to review disability documentation and determine eligibility and appropriate accommodations.

### **Responsibilities:**

Intern/resident/fellows have a responsibility to self-disclose and provide Occupational Health Services with appropriate documentation of their disability.

Intern/resident/fellows have a responsibility to initiate discussions with Occupational Health Services concerning accommodation requests in a timely manner.

Intern/resident/fellows have a responsibility to notify Occupational Health Services immediately when an accommodation is not being provided completely or correctly.

Intern/resident/fellows have a responsibility to notify Occupational Health Services when an accommodation is not being used or is no longer needed.

## AWAY ELECTIVES

AOMC shares the desire to provide rotations at other sites for educational opportunities not available at the hospital. If a trainee in an AOMC-sponsored program wishes to participate in an elective experience at another hospital or office which is not already part of the curriculum of his/her program, **the trainee's program director must have all arrangements in writing for that experience** in cooperation with the Graduate Medical Education Office.

To maintain compliance with Medicare requirements, as well as prudent documentation, the written letter of agreement of the terms and conditions of the rotation must be coordinated and executed prior to the onset of the rotation. The written agreement and any additional documentation must be submitted to the Graduate Medical Education Office for review **prior to** mailing to the hosting physician and the final signed documents are to be submitted to the Office for Graduate Medical Education **before the rotation begins**.

The written agreements must contain the following:

- educational objectives of the special elective
- documentation of supervising physician(s)
- work schedule with specific start and end dates
- salary and malpractice coverage arrangements
- financial arrangements
- signed approval from the program director
- signed approval from the hosting preceptor

In addition:

- Rotations to non-hospital sites or private offices must include the required language regarding payment arrangements, i.e. the dollar amount paid the non-hospital site. The trainee will be reported on the AOMC cost report for this period of time. The hospital will incur the direct costs and the hosting physician will incur and be compensated for the indirect costs.
- Rotations to other hospitals: an invoice for the amount of salary and benefits incurred by AOMC will be included with the written agreement. The hosting hospital will collect the direct and indirect reimbursement from Medicare for the period of the rotation.
- Rotations to other sites and hospitals may require a signed Business Associate Agreement between the site and the ACGME. The Graduate Medical Education Office will help the programs determine when this agreement is necessary.

All away electives must be documented in detail on the Department's trainee rotation schedule. No away electives are permitted in the first year of any program. Away electives are at the discretion of the program director and may be no longer than one block.

## **POLICY ON ELECTIVE ROTATIONS**

Arnot Ogden Medical Center shares the desires to provide Elective Rotations for trainees. If a trainee chooses an Elective Rotation in the Arnot Health Systems this includes Arnot Ogden Medical, St. Joseph Hospital, or IRA Davenport. Trainee must first complete an Elective Rotation Request Form from the Graduate Medical Education Department. This form must be completed and submitted **60 days** in advance of rotation start. Please do not solicit individual attending(s) for elective rotations. Electives must be coordinated through the Graduate Medical Education Office.

The process is as follows:

1. The trainee completes the GME Elective Rotation Request Form.
2. Submits the GME Elective Rotation Request Form to Chief who in turn forwards to GME Office.
3. Request will be processed for approval status. If not approved trainee will be notified promptly. If approved, rotation will be arranged by the Graduate Medical Education representative.
4. The trainee will be notified and it will be dually noted on the curriculum schedule.

Please be advised:

Please spend some time planning your electives ahead; there are certain curriculum requirements which are dually noted in the basic standards of your respective program. Please take time to read these and carefully select the electives that are needed to enhance your educational experience.

In addition, all Electives are to be done with physicians who are affiliated with Arnot Health. If a particular physician is not a member of the Medical Staff at Arnot Health this will need special approval from Graduate Medical Education Office.

## VISITING RESIDENT ROTATION

If a resident wishes to participate in a rotation at AOMC or another approved site, the resident's program should make all arrangements through the respective program in which the resident will be working. Requests shall be in made in writing and include:

- Written request from the resident's home program requesting rotation outlining rotation requested, dates and duration.

Program Letter of Agreement (PLA) outlining the following:

- Person(s) responsible for education and Supervision
- Responsibilities of each rotation, i.e. goal and objectives
- Content and duration of educational experience
- Policies and Procedures that govern trainee education

Additional Documentation:

- Copy of the resident's CV, including any other applicable information requested
- Immunization record and physical exam
- Certifications, i.e. ACLS, BLS etc.
- Letter of good standing from resident's home program

A copy of above correspondence and documentation must be provided by home residency program. Approved site rotation will verify documentation sufficient and notify coordinator and/or office manager that rotation approved. AOMC Graduate Medical Education will maintain a file on all visiting residents.

Any rotation at AOMC will be declared for GME reimbursement by AOMC and should be clearly documented on the Department's resident rotation schedule, including the resident's name, sponsoring hospital/institution, and dates of rotation.


## VISITING MEDICAL STUDENT ROTATIONS

If a Medical student wishes to participate in a clinical clerkship or elective at AOMC, the student and their school should coordinate the arrangements through the Graduate Medical Education Office. These requests shall be in writing and include:

- Written confirmation from the school approving the rotation and confirming the student's good standing in the Medical School program
- work schedule with specific start and end dates
- assurance that the student's malpractice insurance will be provided and paid for by the student's school and that AOMC shall hold no financial liability for this rotation.
- copy of the student's CV
- immunization status and physical exam to include MMR immunization and TB test within the last six months

The Graduate Medical Education Office will maintain a file on the student and coordinate the evaluation process at the end of the rotation. All visiting medical student rotations must be approved through the Graduate Medical Education Office.



 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 4/25/18	MANUAL NO. GME-024
		Replaces (Date and No.) 5/26/2017	

## Paid Time Off (PTO) Policy

### **POLICY:**

In order to ensure adequate coverage of call and inpatient care with minimal inconvenience to continuity of patient care, all interns/residents/fellows must submit time away requests via Med Hub Software forty-five (45) days prior to the start of the block that proposed vacation is to occur in order to be reviewed for approval. In addition, PTO requests may be subject to \*program specific scheduling, i.e. PTO may or may not be allowed during certain block rotations.

**Scheduled PTO:** The Hospital shall provide new incoming PGY-1 interns/residents with 15 days (3 weeks) PTO time and PGY-2 and PGY-3 residents with 20 days (4 weeks) PTO time per academic year. Please note PTO is not cumulative from year to year and requires prior approval. Unused PTO will not be paid out at the end of the academic year. The intern/resident is responsible for notifying their respective clinic of approved PTO, otherwise they will be reprimanded.\*\*

### **SCHEDULED PAID TIME OFF (PTO) PROCEDURE:**

To request scheduled time away (educational or paid time off), interns/residents/fellows must submit all PTO Request via Med Hub Software forty- five( 45) days prior to the start of an academic block that their vacation is to occur in for time off.

1. All PTO requests must be submitted via Med Hub Software. Designee of specified programs or appointed Chiefs will receive requests and approve or \*reject. All requests will go to the residency coordinator/program director for review of adherence of PTO policy and sign off. Please allow one week for processing and notification. \*Please include explanation with rejection notice, i.e. does not meet department policy requirements, etc.
2. Once final approval/rejection received, trainee(s) are notified via Med Hub Software.
3. A contact number for emergencies must be submitted prior to leaving to Program Director/designee or Chief for respective program informing them intern/resident/fellow will be absent.
4. Please refer to program-specific PTO requirements (if applicable) located in respective program's manual. For example-Medicine rotations: There is no more than one (1) resident allowed away at one time during a medicine rotation per team.
5. Any additional time away from program that exceeds PTO may require extended time in program per ACGME/ACGME requirements.

**\*Please note: PTO includes sick time (Unscheduled Time Off). Please see below for Unscheduled Time Off Procedure.**

### **Unscheduled Time Off Procedure:**

1. For unscheduled absences due to illness, emergencies, etc., intern/resident/fellow must do the following:

- a. Call and SPEAK with Program Director/designee or Chief and follow their instructions. DO NOT TEXT! Interns/residents/fellows who fail to follow the proper notification channel for unscheduled absences will be reprimanded. **\*\* Please note if assigned an additional shift due to reprimand this does not exempt use of PTO.**
- b. Intern/Resident/Fellow must then contact their assigned rotation attending/senior or chief AND clinic (if applicable). DO NOT TEXT! (Program Director/designee or Senior/Chief must ensure proper notification channel followed and ensure hospital operator is notified. Please note responsible person(s) do NOT decide use of PTO.
- c. The Program Director/designee, Senior or Chief will notify the respective coordinator or GME Office (if coordinator not available) of the unscheduled absence as soon as possible. If office is closed, please call at opening time in morning and SPEAK with someone; do not text, leave a voice mail or email this information.
- d. The intern/resident/fellow absence will be documented by respective coordinator in Medhub as an unscheduled absence and will be deducted from PTO balance. There are not exceptions!
- e. In the event a PD or Chief/Senior is away he/she will notify trainees who to contact in their absence.

#### **Extended Time or Leave of Absence:**

Each Program Director serves as the key resource on specialty board examinations and materials for application and preparation. Therefore, the Program Director should be contacted by the Resident/Fellow Physician to confirm the effect that a leave of absence, for any reason, will have on their ability to satisfy criteria for completion of the residency or fellowship program and eligibility for specialty board examination. Resident/Fellow physicians granted leave shall be responsible for making up the leave time in terms of maintaining his or her satisfactory performance and program progression, as determined by the Program Director and documented via written documentation outlining the program extension time. A leave of absence may result in an extension of the total length of the time required to complete the training program. All leaves will be processed in accordance with Arnot Ogden Medical Centers Policies on Family and Medical Leave of Absence (FMLA), Personal Leave of Absence (PLOA) or Administrative Leave of Absence, as applicable.

\*Specified Programs include: Cardiology Fellowship, Endocrinology Fellowship, GI Fellowship, PGY-2 or greater Radiology Residency and PGY-1 greater than first 6 months Psychiatry Residency

#### **\*\*Reprimand:**

- First Offense Penalty = You will be assigned an additional call
- Second Offense Penalty = Remediation, Suspension or Termination

## FATIGUE/STRESS POLICY

The Department of Graduate Medical Education at Arnot Health supports high quality education and safe and effective patient care. The program is committed to meeting the requirements of patient safety and intern/resident/fellow wellbeing. Excessive sleep loss, fatigue and intern/resident/fellow stress are serious matters. Appropriate backup support will be provided when patient care responsibilities are especially difficult and prolonged, and if unexpected needs create intern/resident/fellow fatigue sufficient to jeopardize patient care during or following on-call periods.

Intern/resident/fellows must be able to:

1. To recognize the signs of fatigue and sleep deprivation
2. Implement alertness management and fatigue mitigation process
3. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

### Definitions:

**Faculty:** Any individuals who have received a formal assignment to teach intern/resident/fellow physicians.

**Fatigue management:** Recognition by either an intern/resident/fellow or supervisor of a level of intern/resident/fellow fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue

**Fitness for duty:** Mentally and physically able to effectively perform required duties and promote patient safety.

**Intern/Resident/Fellow:** Any training physician in an accredited graduate medical education program.

**Scheduled work periods:** Assigned work periods within the institution encompassing hours, and may be within the normal work day, beyond the normal work day, or a combination of both.

### Procedure:

The program will provide all faculty and intern/resident/fellow information and instruction on recognizing the signs of fatigue, sleep deprivation, alertness management, fatigue mitigation process and how to adopt this process to avoid potential negative effects on patient care and learning.

All attendings and intern/resident/fellows are instructed to closely observe other intern/resident/fellows for any signs of undue stress and/or fatigue. Faculty and other intern/resident/fellows are to report such concerns of sleepiness, tardiness, intern/resident/fellow absences, inattentiveness, or other indicators of possible fatigue and/or excessive stress to the supervising attending and/or Program Director. The intern/resident/fellow will be relieved of his/her duties until the effects of fatigue and/or stress are no longer present.

Program directors continue to educate trainees and faculty on signs, risk, and methods of counteracting fatigue. Modules on fatigue, stress and depression, substance abuse, and disruptive behavior are mandatory for viewing at [http://med.stanford.edu/gme/duke\\_life/fatigue.html](http://med.stanford.edu/gme/duke_life/fatigue.html).

## **Sleeping and Taxi Service**

- Sleeping quarters are provided by the Graduate Medical Education Office for overnight call assignments as well as napping.
- When intern/resident/fellow is post-call, at end of the work day or does not feel safe to return home following a shift trainee should:
  - Notify program director/faculty;
  - First seek alternative transportation home from colleague, program faculty or program administration;
  - If this option is not feasible, the trainee should notify applicable program faculty/director/designee who in turn will notify GME representative for arrangement of taxi service home.

## **Stress Management**

Stress is a normal part of the work-life of a physician. At times, however, intern/residents/fellows may find a need to reach out for help in managing stressful situations or events. The following support service is available for all employees:

Chemung County Family Services  
Employee Assistance Program – 607-936-1771

## **INTERN/RESIDENT/FELLOW DRESS CODE POLICY**

### **GENERAL RESIDENT/FELLOW DRESS AND APPEARANCE**

#### **STATEMENT OF GENERAL POLICY**

Professionalism in dress reinforces the Arnot Health reputation and can be reassuring for patients and visitors. Employees are expected to exercise good judgment and maintain an appropriate appearance that is businesslike, neat, and clean as determined by the requirements of the area in which the employee works. Arnot Health staff should be particularly sensitive to what patients and visitors believe to be appropriate attire and grooming. Consequently, Arnot Health's tendency is toward conservative appearance.

#### **PURPOSE:**

To provide guidelines for the professional and safe attire of personnel. Employees are expected to wear clothing appropriate for their jobs, recognizing that the hospital image projected to patients and the public is reflectant on the clean and professional appearance of all employees.

#### **ACCOUNTABILITY:**

Each staff member is expected to take all necessary measures to assure their personal appearance is in keeping with the nature of their role. Management is responsible for notifying any staff member in cases where an adjustment is needed to correct problems in this area, and for taking appropriate disciplinary steps if correction is not forthcoming.

#### **POLICY:**

##### **SCRUB ATTIRE:**

- a. Scrubs are permitted during the following rotations **only**:
  - a. Emergency Medicine
  - b. Night Float
  - c. Diagnostic Radiology (IR)(Fluoro)
  - d. OB
  - e. General Surgery
  - f. ICU
  - g. Inpatient Pediatrics
  - h. Endoscopy

All other rotations require business casual dress with **white coat** and **name badge**.

- a. No jeans, stretch leggings, capri pants, cut-offs, t-shirts, hoodies/sweatshirts or athletic wear with manufacturer logos. No short skirts, low cut tops, or shorts are permitted.

#### SHOES:

- a. Safe clean shoes are to be worn, no open toe shoes (exception only for office jobs, not in patient care areas).
- b. No flip-flops or open back sandals in any area. No slippers or slipper socks in any area.
- c. Socks/stockings required in all clinical areas.
- d. No cloth/material boots in clinical areas.

#### JEWELRY:

- a. For safety and infection control purposes, jewelry should be minimal. One ring and a short chain may be worn in clinical areas.
- b. No dangling chains and large charms in clinical and food prep areas. Small non-dangling earrings may be worn.
- c. Wristwatch with second hand is considered part of the clinical uniform; however, no bracelets or other jewelry worn on the wrist.
- d. No body piercings should be visible and no more than two earrings in the earlobe.
- e. Only clear colored ear gauges permitted.

#### HAIR:

- a. To provide a professional appearance, wear simple, neat, clean style, or have hair put up, or neatly pulled back. (NO multiple rainbow color(s) in hair.)
- b. All facial hair must be neat and trimmed.

#### FINGERNAILS

- a. NO artificial fingernails (tips, overlays, acrylics, gels, or silk wrapped) will be worn by staff who have patient/food contact.
- b. Fingernail length will be fingertip length to provide safe patient care.
- c. Nail polish will be neutral color, not chipped, in areas that have patient contact.
- d. Nails will be neat, clean, and well-manicured.

#### PERFUME / COLOGNE / STRONG ODORS:

- a. Fragrance-free environment.

DAILY BATHING / HYGIENE IS REQUIRED, with the use of deodorant is required.

#### TATTOOS:

- a. No visible tattoos in patient care or in public areas.

#### HATS:

- a. No hats, bandanas, or head covers unless required by department or religious beliefs.

#### QUESTIONABLE ATTIRE:

- a. If questionable attire is worn at work the program director, faculty or chief resident will hold a personal, private discussion with the employee to advise and counsel the employee regarding the inappropriateness of attire. The employee will be asked to go home and change his/her attire immediately. Progressive discipline will be implemented.

 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 2/28/17	MANUAL NO. GME-027
		Replaces (Date and No.) 5/24/2016	

## GME RELOCATION ALLOWANCE POLICY

### **Relocation Allowance:**

*A \*relocation allowance of up to \$2,000 is given to each PGY-1 categorical resident (\*Relocating receipt must accompany request for reimbursement)*

### **Reimbursable Expenses**

1. Commercial moving company
2. Charges for packing, crating, mailing and/or shipping household goods; and other  
Miscellaneous packing supplies
3. Rental truck (Includes Fuel Costs)

### **Non-Reimbursable Expenses**

1. Travel and lodging costs incurred during additional trips from the old residence to the new residence.
2. Cost of meals at any point in the relocation process.
3. House hunting expenses
4. Any storage expense
5. Meals, tips and travel costs incurred by laborers
6. Expenses incurred by person(s) other than incoming trainee
7. Costs related to immigration
8. Utility, cable and telephone installation charges
9. Loss of security deposits
10. Real estate expenses
11. Postage costs for realty and mortgage documents
12. Personal telephone calls, tips, movies or other entertainment
13. Extraordinary items requiring special handling (e.g., boats)
14. Bank fee for cashier's checks

### **Payment of Allowance for Moving Expenses**

\*Reimbursement may be requested once a trainee is an Arnot employee and must be submitted within 30 days of employment date to qualify. An itemized receipt must be submitted and approved by your respective coordinator and then will be sent to Accounting for reimbursement.

 Arnot Ogden Medical Center	<b>Graduate Medical Education</b>	DATE: 5/24/2016	MANUAL NO. GME-028
		Replaces (Date and No.)	

## Reimbursement of Mileage to Rotation

### **Mileage Reimbursement Allowance**

A travel allowance of up to \$500 will be given to a trainee for an approved rotation block following guidelines defined below.

### **Reimbursable Mileage**

1. Trainee travels more than 50 miles one way per day to rotation site.
2. Trainee is on an approved block rotation at least two consecutive weeks.
3. Prior approval must be given by program director via respective residency coordinator.
4. Documentation is complete; with appropriate mileage form submitted within 60 days of rotation completion.

### **Non-Reimbursable**

1. Any Non-mileage expenses
2. If trainee is provided housing while on rotation or has made other housing arrangements
3. If trainee fails rotation
4. If trainee fails to get prior approval for mileage

### **Payment of Mileage Reimbursement Allowance**

Mileage reimbursement allowance may be requested only by an employed trainee in the Graduate Medical Education program at Arnot Ogden Medical Center. Completed form must be given to respective residency coordinator which will then be sent to Accounting for reimbursement. Please allow up to 60 days for reimbursement.



## **Program Closure and Reduction Policy**

### **I. Purpose of Policy**

The purpose of this policy is the expectation that the Graduate Medical Education Committee (GMEC) as the Arnot Ogden Medical Center (AOMC) governing body for graduate medical education, maintain a policy that addresses a reduction in size or closure of a residency or fellowship program or closure of the institution, per the Accreditation Council for Graduate Medical Education (ACGME) requirements.

### **II. Policy Scope**

The policy applies to all ACGME-accredited residency and fellowship programs at AOMC.

### **III. Definitions**

Resident: any physician in an accredited graduate medical education program, including interns, residents, and fellows.

Designated Institutional Official: the individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited programs.

### **IV. Policy Statement**

The senior leadership of the Sponsoring Institution in conjunction with the Department Chair, Program Director, DIO and GMEC will make appropriate efforts to avoid the closure of ACGME- accredited programs.

The Sponsoring Institution must inform the GMEC, the DIO, and the affected residents as soon as possible when it intends to reduce the size of or close one or more programs, or when the Sponsoring Institution itself intends to close.

In the event a decision is made that a training program must decrease in size:

The appropriate Department Chair and Program Director will inform the DIO, GMEC and the residents as soon as possible following the decision.

The DIO and GMEC will be responsible for monitoring the complement reduction process. Plans to reduce the complement of residents in the program will be made, where reasonable, by first reducing the number of positions available to incoming residents.

If the reduction needs to include residents currently in the training program, the Department Chair, Program Director and DIO must assist affected residents in enrolling in an ACGME- accredited program(s) in which they can continue their education. In the event a decision is made that a training program must close:

The appropriate Department Chair and Program Director will inform the DIO, GMEC and the residents as soon as possible following the decision.

The DIO and GMEC will be responsible for monitoring the closure process. The sponsoring institution will preferentially structure a closure, when reasonable, that allows enrolled residents to complete the program.

In the event a program must be closed before one or more residents are able to complete their training, the Department Chair, Program Director and DIO must assist resident(s) to assist them in enrolling in an ACGME-accredited program(s) in which they can continue their education.

## **GME Reimbursement and Travel Policy for Residents, Fellows, Faculty, Staff and Administrators**

1. **PURPOSE:** This policy establishes guidelines regarding the reimbursement for travel expenses and conference registration fees for residents, fellows, faculty, staff and administrators involved in preapproved off-campus educational or administrative events.
2. **POLICY:** Arnot Health Graduate Medical Education (GME) will provide full or partial funding for travel and registration expenses incurred by residents, fellows, faculty, staff and administrators participating conferences only under the circumstances described below.
3. **GENERAL OVERVIEW**
  - a. All expenses for reimbursement must be pre-approved by the GME office.
  - b. Any charges made without obtaining prior approval will not be reimbursed.
    - i. You must submit a Travel Request Form (TRF) for approval by the GME office at least sixty (60) days before the proposed date of the event in question.
    - ii. Projected expenses must be entered and totaled.
    - iii. Forms with incomplete information will be returned.
  - c. Verbal travel requests will not be accepted.
  - d. Travel should be via the lowest cost alternative consistent with good business practices. Neither luxury, nor sub-standard modes of transportation or accommodations should be used.
  - e. Whenever possible, the GME office will make the approved travel and lodging reservations on your behalf.
  - f. Requested flights will be booked at the lowest fare available at the time of booking.
  - g. Rental vehicles are not available for reimbursement. Please use sensible public transportation and save receipts.
  - h. Lodging expenses are capped at \$200 per day.
  - i. Expenses submitted which do not comply with the guidelines of this policy will not be reimbursed unless accompanied by a written exception from the GME office.
  - j. Expense reports and receipts must be submitted within 30 days after the event.
  - k. Early registration for any event is required. The additional cost of registrations after the early registration cutoff date will be the personal responsibility of the traveler if he or she is responsible for the delay.

### **4. EXPENSES ELIGIBLE FOR REIMBURSEMENT**

#### **a. Residents & Fellows**

##### **i. Conferences**

1. Travel expenses and registration fees meals may be reimbursed for Residents & Fellows who are giving poster or lecture-based presentations at a regional or national meeting related to their specialty field.

- a. No more than 2 trainees from any given program are eligible for this reimbursement in any academic year.
- b. Only 1 trainee per presentation is eligible for reimbursement.
- c. The reimbursement will not exceed \$800 per individual except under extraordinary preapproved circumstances.
- d. All such expense reimbursement requests must first be approved by the trainee's program director and the DIO.
- e. Three (3) days of Conference attendance is allotted, all other days will be considered PTO.
- f. GME will sponsor only one conference presentation per academic year, any additional; the resident/fellow may use their personal development funds and PTO.

ii. Travel to and from away rotation sites or off-campus training locations

- 1. Trainees will be eligible for mileage reimbursement to and from a training site greater than 75 miles from the primary training site.
  - a. Trainees will be eligible for this mileage reimbursement only once during any given training block.

b. **Faculty, staff and administrators**

- i. Unless prior approval has been obtained from the GME office, faculty will be expected to utilize their CME funds for travel and registration expenses for educational conferences or meetings.
- ii. Staff and administrators may be reimbursed for travel and registration expenses for educational events or meetings with prior approval by the GME office.

## 5. CERTIFICATES OF ATTENDANCE

- a. A Certificate of Attendance must be attached to the Expense Reimbursement Form submitted no later than thirty (30) days after the trips' completion.

## 6. USE OF PERSONAL CREDIT CARDS

- a. Unless reservations or registrations were made by the GME office on behalf of the individual, all expenses should be charged to the traveler's credit card.

## 7. MEAL REIMBURSEMENT

- a. The normal per diem for meals is \$50.00, subject to the following limitations:
  - i. Alcohol and deserts are not eligible for reimbursement.
  - ii. Tips up to 18% are eligible for reimbursement.
  - iii. Room service is not reimbursable.
  - iv. Itemized meal receipts are required.

## 8. CHANGES TO ITINERARY

- a. It is the responsibility of the traveler to incur costs associated with any changes to the original itinerary. Exceptions can be made that involve emergency events; appropriate personnel must be contacted prior to itinerary changes and a written explanation must be filed with your travel forms upon return.

## **9. PARKING REIMBURSEMENT**

- a. For parking reimbursement to apply it must be stated on the TRF and supported by receipt(s), parked in “economy” style lots.

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**\*Please note that all travel reimbursement requests will not to be processed until GME has received receipt of Attendance.**

**TRAVEL REQUEST FORM:**

Date Submitted: \_\_\_\_\_  
 (Travel request must be submitted 60 days prior to travel)

Name: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_ to \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

Traveling from: \_\_\_\_\_ to: \_\_\_\_\_

If the purpose of your travel is conference related please attach the following:

1. Conference Flyer
2. Abstract / Poster (if you are presenting)
3. Copy of notification that you have been selected to present at the conference

**NOTE:** All Conference related Expenses will not be reimbursed until GME has received a receipt of conference attendance.

Is this conference required by your current program? Yes ☐ No ☐

Is this conference required for you to be Board Eligible? Yes ☐ No ☐

**Estimated Expenses:** (all sections must be completed for approval)

Expense	Description	Total
<b>Airfare</b>	Round Trip (including Tax and Baggage Fee)	
<b>Hotel</b>	Hotel Name: _____ # of Nights: _____	
<b>Meals</b>	(\$50.00/day)	
<b>Conference</b>	Registration Fee (Early Bird rate Yes <input type="checkbox"/> No <input type="checkbox"/> )	
<b>Transportation</b>	Uber / Taxi / Train costs	
<b>Hotel Parking (if Airfare is not required)</b>	Parking fee	
<b>Mileage (if Airfare is not required)</b>	\$0.54 x (miles)	

**Total Expense: \$** \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DIO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATUS:** (GME to complete)

☐ Request is **Approved**

☐ **Provide more information:** (Comment Required) \_\_\_\_\_

☐ Request **Denied**

## Wellness Policy for Residents and Faculty

### I. Purpose of Policy

This policy defines the ways in which residents are supported in their efforts to become competent, caring and resilient physicians, and ways that faculty are likewise supported in their roles as mentors and clinicians.

### II. Policy Scope

This policy applies to all residents, faculty, program directors, program coordinators, and Graduate Medical Education (GME) staff at Arnot Health.

### III. Definitions

**Burnout:** Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.

**Resident:** Any physician in an ACMGE-accredited graduate medical education program including residents and fellows.

**Resilience:** The ability to withstand and recover quickly from difficult conditions or situations. During training, residents will inevitably face difficult patient care, educational or personal events which have the ability to negatively affect their wellness. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase resilience, as can specific training that increases an individual's self-awareness and range of coping strategies.

**Wellness:** Refers to the state of being healthy, happy and successful. Wellness may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

### IV. Policy Statement

Promoting the physical, psychological and emotional wellness of our residents and faculty is of paramount importance to the Arnot Health GME system. Residents and faculty are encouraged to lead healthy lives and make healthy choices that support them in their personal and professional growth. To that end, we provide the following strategies to support health, wellness and resilience:

- **Institutional Support**

- Employee Assistance Program (EAP) [Refer to Arnot Health Human Resources Policy # 670, attached].

- The EAP provides confidential and affordable counseling services, which can be assessed with the appropriate degree of urgency depending upon the nature of a situation.
- The Program Director or a faculty member may approach a resident/fellow who appears distressed to suggest a referral to EAP or other counseling services.
- The EAP process can be initiated by calling the Arnot operator who will connect the caller directly with the EAP vendor.
- Residents are provided with free access to the comprehensive gym and physical fitness center at Elmira College.
- Residents have access to healthy food and beverage options while on duty at the primary and secondary sites.
- All residents participate in Safety Behaviors for Error Prevention course during training.

#### • **Graduate Medical Education Support**

- At least once during their training, all residents and fellows will complete a year-long wellness education program (CoreWellness) that is presented in monthly sessions involving a structured series of on-line modules followed by faculty-facilitated group discussion. These comprehensive modules include recognition of burnout and depression, mindfulness, dealing with difficult situations, developing healthy attitudes toward nutrition and physical fitness, and finding the right balance between work and home life. All faculty are also provided these modules and encouraged to participate as discussion facilitators.
- Physician wellness topics are incorporated into faculty development sessions.
- Each program will maintain attention to resident and faculty member burnout, depression and substance abuse.
  - The Program and Institution will educate faculty members and residents on identification of the symptoms of burnout, depression, and substance abuse, including the means to assist those who experience these conditions. Residents and faculty members will also be educated on recognizing those symptoms in themselves and how to seek appropriate care.
  - Residents and faculty members will be encouraged to alert the Program Director or other designated personnel or programs when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- The GME Office is a safe place where residents can ask for and receive help with various needs including academic counseling, coaching, and mentoring.
- GME sponsors an annual Resident and Fellow Appreciation Week that includes various wellness activities. Residents are given messages of appreciation from institutional officials, community members, and the GME staff and faculty.
- Residents are presented grand rounds on the topics of finance for residents and young physicians, and healthy nutritional strategies.
- The Resident Council is composed of peer-elected representatives from each of the residency programs. It meets monthly to discuss issues affecting resident life and seeks to promote harmonious and collaborative relationships among residents, faculty and staff and can plan various volunteer and social activities.



- GME ensures the delivery of healthy snacks to the resident call room. Meal funding support is also provided to Residents taking overnight in-house call and for Residents who must return to the hospital to provide care when scheduled to home call.
- Residents are provided with sleep rooms in the hospital in the event that they are too fatigued to drive home after a clinical shift.
- All residents are expected to complete an annual learning module on sleep alertness and fatigue mitigation.

- **Program Support**

- There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the Resident whom is unable to provide the clinical work.
- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments.
- Residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a Resident colleague or a faculty member displaying signs of Burnout, depression, substance abuse, suicidal ideation or potential for violence.
- Residents will be provided the opportunity to attend medical, mental health and dental health appointments and should work with their Program Directors when scheduling these if time off from work is needed for these visits. requires multiple days off for treatment, then the Program Director should work with the Resident to initiate FMLA (Family Medical Leave Act). This opportunity should comply with individual program's scheduling policies and is provided at the discretion of the program's administration.

**POLICY #: HR.670 Page 1 of 2 TITLE: EMPLOYEE ASSISTANCE PROGRAM**

**DATE OF ISSUE: 7/85 APPROVAL:** Steve Simmons, Vice President of Human Resources **LAST**

**REVIEW/REVISED: 1/17**

**NEXT REVIEW: 1/19**

**FACILITIES COVERED: AOMC AMS SJH IDMH**

**OWNER(S): EXECUTIVE**

**PURPOSE:** To explain the Employee Assistance Program (EAP).

**STATEMENT:** Occasionally a non-work issue may grow to the point where it interferes with an employee's performance on the job. However, the person affected may not fully appreciate the extent to which performance has been impaired. Also, the individual may be reluctant to acknowledge the problem, or may not wish to discuss the issue with his/her manager. This policy is provided to furnish a means for assisting the employee in dealing successfully with the causes for the performance problems.

**1. ACCESS TO EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES:**

1. Voluntary employee reference to this policy and to EAP support is the most preferred course of action. This can be initiated by the employee's own action, or by contact with someone, who suggests EAP to the employee outside the discipline process. Employee family members may also access EAP services.
2. Reference to EAP may also be included as part of employee counseling following some procedure problem. In this case, the employee's superior may suggest EAP support as one possible source of help in remedying the performance problems.
3. Regardless of how the process is initiated, the purpose of EAP is to assist the individual in dealing successfully with underlying problems that have risen to the level that impairs satisfactory performance.
  1. An employee who actively seeks and follows professional assistance will be considered to have initiated a program of correction, and will be viewed in a favorable light when considering disciplinary actions.
  2. Should no assistance be sought, or if a program of correction is not being followed, discipline will proceed normally, based on performance of the position responsibilities.
  3. Essentially, performance must return to acceptable levels and be maintained, in order to assure that progressive discipline is not again called for. The employee is responsible for assuring this, regardless of whether EAP is involved.

## **2. GENERAL:**

1. **CAUTION:** Managers are cautioned to avoid "diagnosing," or taking action based on suspicion. The matters most often involved in this type of circumstance are sensitive and private. Confidentiality must be observed, as well as the use of care and discretion in handling these issues.
2. Regardless of intentions for correction, the facility cannot permit an impaired employee to continue in active employment where the welfare or safety of others may be at risk.

## HOSPITAL POLICIES

The following policies are provided as required by the ACGME Institutional Requirements. A comprehensive list of hospital policies is available on any hospital computer on the Arnot Intranet-search hospital policies. As a hospital employee, you are required to adhere to all hospital policies.

### **Policy**

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HR.140 Substance Abuse Testing Policy

HR.670 Employee Assistance Program (EAP)

HR.025 Interactions Between Medical Staff, Employees And Outside Vendors

HR.600 Employee Health Services

HR.430 Disability/Workers' Compensation/Social Security/Medicare/Unemployment

HR.640 Modified Return-To-Work Program

HR.730 Education and Training

HR.010 Equal Opportunity/Diversity

LE.010 Code of Ethical Behavior