

**Title:** Graduate Medical Education (#72)

**Scope:** Administrative Policy and Procedure

**Manual:** Administrative

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**Purpose:**

Sponsoring Institutions (SI) of Graduate Medical Education (GME) must have policies that govern GME training programs and that align with the Sponsoring Institution’s policies and procedures.

**Definitions:**

SLUHN University Health Network (SLUHN) GME programs are accredited by various organizations. These accrediting organizations will be referred to collectively as “responsible accrediting bodies” and are listed below:

1. Allopathic programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME).
2. Osteopathic programs are accredited by the American Osteopathic Association (AOA).
3. The Dental program is accredited by the Commission on Dental Accreditation (CODA).
4. The Podiatry programs are accredited by the Council on Podiatric Medical Education (CPME).
5. The Pharmacy program is accredited by the American Society of Health-System Pharmacists (ASHP).
6. The Orthopedic Physical Therapy GME program is accredited by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

The term “Housestaff” will be used as an all-encompassing term in reference to the interns, residents and fellows within SLUHN GME.

The abbreviation “PD” will be used as an all-encompassing term in reference to the Program Directors within SLUHN GME.

**SLUHN UNIVERSITY HEALTH NETWORK STATEMENT OF  
INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION**

SLUHN University Health Network (SLUHN) has been sponsoring undergraduate and graduate medical education in Bethlehem, Pennsylvania for over 50 years. The Board of Trustees of SLUHN, the Administration, and the teaching and attending faculty are firmly committed to maintaining and improving the quality of all GME training at SLUHN. This commitment includes strategic planning to continuously improve our programs, allocating financial and

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human resources as needed and recruitment of faculty to ensure a quality educational experience for our Housestaff. To supplement and ensure the funding of graduate medical education in the future, SLUHN has developed an endowment fund for medical education. GME programs produce quality physicians who remain in our communities and provide continuity of medical care and provide an enhanced quality of care for our patients. SLUHN provides our Housestaff with an excellent educational system. We also find that undergraduate medical education is important and, therefore, have affiliations with the Temple University School of Medicine and the Philadelphia College of Osteopathic Medicine for medical school rotations to SLUHN. Students from other schools can rotate at SLUHN depending on availability of rotations. Undergraduate medical education also complements graduate medical education and provides a total learning and teaching experience for our Housestaff. SLUHN Board of Trustees and SLUHN Administration always stand ready to assist our PD's in meeting all ACGME accreditation requirements.

1. **GOALS**, the goals for GME at SLUHN are to create and maintain educational programs that allow for:
  - 1.1. a Housestaff's ethical, professional, and personal development while ensuring safe and appropriate care for patients.
  - 1.2. the recruitment of high-quality applicants.
  - 1.3. serving as a resource of current thinking and information to the hospital network in their medical specialties.
  - 1.4. the training of well-qualified physicians who will be a credit to their professions and to SLUHN.
2. **OBJECTIVES**, the objectives of GME at SLUHN should be established annually in writing by the Designated Institutional Official (DIO) and the Senior Vice President & General Counsel (SVP&GC) and submitted to the President/CEO for approval. The objectives of GME at SLUHN are:
  - 2.1. to operate quality training programs which can consistently meet or exceed the standards of credentialing agencies.
  - 2.2. to train physicians who will qualify for medical staff appointments at SLUHN and other health care facilities.
  - 2.3. to earn and maintain the respect of the medical staff and community.
  - 2.4. to fill approved Housestaff positions at SLUHN with individuals who will perform well in training programs.
3. **RESOURCES**,
  - 3.1. SLUHN recognizes the obligation to allocate sufficient physical and financial resources to meet the goals and objectives of its Medical Education Programs.
4. **GME OPERATION**,
  - 4.1. The operation of graduate medical training programs at SLUHN will be uniform and in accordance with hospital policies and procedures, and will include the following elements.

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### **A. Allocation of Resources for Medical Education**

Financial resources will be allocated at SLUHN in accordance with the budget that is prepared annually by the administration and approved by the Board of Trustees. Each budget will be based upon a series of assumptions about revenues, expenses, the patient care market, and the strategic plan for the hospital, all of which will be formulated by the administration. The assumptions will be appropriately communicated to all managers within the institution, including clinical department chiefs and PDs for the various Housestaff training programs. Each PD will make a budget estimate based on the specific requirements for the program. Any description of the resources requested must include at least the following considerations:

1. The number of house officers needed to maintain the appropriate educational level in the program;
2. Teaching materials necessary to conduct a quality program;
3. An outline of lectureships and faculty development honoraria;
4. The funds necessary:
  - 4.1. For Housestaff and teaching staff travel;
  - 4.2. To support designated salaries for the teaching programs;
  - 4.3. For recruitment of new Housestaff;
5. The medical equipment needed for the teaching program;
6. The hardware and software necessary to monitor and document required program data, including Housestaff patient procedures;
7. Access to medical literature.

Proposed budgets for medical education programs will be submitted to the ACGME DIO. The DIO and the SVP&GC will compare each proposed budget with the short and long-term goals of the hospital, and aggregate the budgetary information into a consolidated budget for all medical education programs. All budgets will be reviewed annually through the established budgetary process to which clinical chiefs, PDs and the DIO will have the opportunity to support requests. Final allocation decisions will be reviewed by the administration and presented to the Board of Trustees for action. Throughout each fiscal year, regular reports of income and expenses, as well as budgeted amounts for expenses will be disseminated to each PD. Each PD will be responsible for budget compliance. The administration will also review budgetary compliance through the DIO and the SVP&GC.

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### **B. Designated Institutional Official (DIO)**

The DIO will be appointed by the SVP&GC with a direct reporting relationship to the SVP&GC. The DIO at SLUHN serves as the chief leader of all GME activities and is an individual who, in collaboration with a Graduate Medical Education Committee (GMEC), has authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements. The DIO is responsible for:

1. Serving as a standing member and Chairman of GMEC which includes:
  - 1.1. Determining the overall direction and agenda in a collaborative manner with GMEC.
  - 1.2. Providing the GMEC membership with on-going interpretations and updates of the Institutional Requirements, Common Program Requirements and all Program Requirements.
2. Serving as the GME representative and provide/annual periodic reports pertaining to the status of GME for the:
  - 2.1. Medical Staff Executive Committee
  - 2.2. Hospital Administration
  - 2.3. Medical Education Committee of the Board of Trustees
  - 2.4. SLUHN Housestaff Organization (SLRO)
  - 2.5. ACGME
3. Ensure compliance with all Institutional and Common Program Requirements and all SLUHN GME related policies.
4. Directing and preparing all documentation necessary for completion of the AIR process and author final report.
5. Ensuring minimum percent completion of ACGME Housestaff and Faculty surveys.
6. Performing on-going strategic planning to keep SLUHN GME programs prepared for new developments in healthcare.
7. Serving as a standing member of all GMEC constituted sponsored Special Review subcommittees.
8. Attending professional development events, such as ACGME-sponsored educational seminars, forums, etc. to keep abreast of any new, developing initiatives that must be maintained by individual GME programs to assure compliance with accreditation standards.
9. Chairing the PDs Subcommittee Meeting.
10. Assist the Director of Osteopathic Medical Education (DOME) who is appointed by the DIO to maintain all osteopathic accreditations. The DOME reports to the DIO.

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### **C. Graduate Medical Education Committee & Subcommittees**

SLUHN strategic priorities and new ACGME requirements have altered the balance of responsibility between the Health System and GME. The scope of the Graduate Medical Education Committee (GMEC) is to provide oversight of accreditation, quality learning and working environments which includes review and approval of responses to Clinical Learning Environment Review reports, quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes, and programs' annual evaluation and improvement activities. GMEC meets at least six times per year (Feb, April, June, August, Oct, Dec). GMEC membership consists of chairs, PDs, associate PDs, patient safety officer, chair of community health, peer-selected Housestaff officers and other leaders. All Housestaff select GMEC representatives via online survey on an annual basis. At times members of other departments (i.e. Finance, Critical Care, Pastoral Care, etc.) may be invited to GMEC meetings when appropriate to address specific issues at the discretion of the GMEC &/or DIO. Voting members are in accordance with the section of the ACGME's Institutional Requirements located under (I.B.1.a). GMEC responsibilities follow those that are listed in the ACGME Institutional Requirements and those listed below:

1. **GMEC Oversight (documented in GMEC minutes):**
  - 1.1. the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)
  - 1.2. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)
  - 1.3. the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; (Outcome)
  - 1.4. the ACGME-accredited program(s)' annual program evaluations and self-studies; (Core)
  - 1.5. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)
  - 1.6. the provision of summary information of patient safety reports to Housestaff, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (Provided)
2. **GMEC Review/Approval (documented in GMEC minutes):**
  - 2.1. institutional GME policies and procedures; (Core)
  - 2.2. annual recommendations to the Sponsoring Institution's administration regarding Housestaff stipends and benefits; (Core)
  - 2.3. applications for ACGME accreditation of new programs; (Core)
  - 2.4. requests for permanent changes in Housestaff complement; (Core)
  - 2.5. major changes in each of its ACGME-accredited programs' structure or duration of education; (Core)
  - 2.6. additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
  - 2.7. appointment of new PDs; (Core)
  - 2.8. progress reports requested by a Review Committee; (Core)
  - 2.9. responses to Clinical Learning Environment Review (CLER) reports; (Core)
  - 2.10. requests for exceptions to clinical and educational work hour requirements; (Core)
  - 2.11. voluntary withdrawal of ACGME program accreditation; (Core)
  - 2.12. requests for appeal of an adverse action by a Review Committee; and, (Core)

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- 2.13. appeal presentations to an ACGME Appeals Panel. (Core)
3. **Institutional GME Policies and Procedures (documented in GMEC minutes)**
  - 3.1. Housestaff Recruitment
  - 3.2. Agreement of Appointment/Contract
  - 3.3. Promotion, Appointment Renewal and Dismissal
  - 3.4. Grievances
  - 3.5. Professional Liability
  - 3.6. Health and Disability Insurance
  - 3.7. Vacation and Leaves of Absence
  - 3.8. Housestaff Services
  - 3.9. Supervision
  - 3.10. Clinical and Educational Work Hours
  - 3.11. Vendors
  - 3.12. Non-competition
  - 3.13. Disasters
  - 3.14. Closure and Reductions
4. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)
  - 4.1. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)
    - 4.1.1. the most recent ACGME institutional letter of notification; (Core)
    - 4.1.2. results of ACGME surveys of Housestaff and core faculty members; and, (Core)
    - 4.1.3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations. (Core)
5. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)
  - 5.1. a summary of institutional performance on indicators for the AIR; and, (Core)
  - 5.2. action plans and performance monitoring procedures resulting from the AIR. (Core)
6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core) The Special Review process must include a protocol that: (Core)
  - 6.1. establishes criteria for identifying underperformance; and, (Core)
  - 6.2. results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

### **GMEC Subcommittees:**

PD Committee (PDC) - scope is a forum for discussion of issues relevant to GME training programs, recruitment and retention, academics, faculty clinical productivity, program costs, and transparency of outcomes. It may also be used by the GMEC to have a broader discussion before going to GMEC. PDC scope also includes collaborative learning session (e.g. interview process, innovative curriculum or tracks) and opportunities for faculty and leadership development sessions (e.g. CLER QI Faculty Coaches program). PDC membership consists of PDs, associate PDs, Housestaff officer(s), and other leaders. PDC meets six times per year (Jan, March, May, July, Sept, Nov).

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Chief Housestaff Patient Safety Committee (CRC) - scope is a forum for ensuring chief Housestaff development, to convey concerns and issues to the DIO, and to identify and solve patient safety issues. CRC membership consists of chief Housestaff and SLUHN Housestaff Organization (SLRO) officers. CRC meets quarterly and once for an annual chief Housestaff leadership development retreat.

Annual Institutional Review (AIR) subcommittee – scope includes reviewing accreditation letters, survey data, and other performance indicators to create AIR Scorecard Report and make action and monitoring plans for improvement and tracking. AIR subcommittee will also make recommendations for Special Program Reviews.

Wellness Workgroup- scope includes assessment, promotion, and maintenance of wellness at SLUHN GME Programs. This is to be accomplished through the teaching of skills to promote resiliency, enhance physician well-being and combat burnout during practice and beyond. This subcommittee recommends guidelines and identifies internal and external resources, assessments, evidence-based strategies, etc to programs to improve Housestaff wellness.

SLUHN Housestaff Organization (SLRO) sponsored at Bethlehem or the Anderson Housestaff Council (ARC) sponsored at Anderson provides a forum for Housestaff to voice concerns directly with program administration and GME leadership. The members also participate in the ongoing improvement of the learning environment. A Housestaff representative will be nominated for each program and also a President and Vice-President will be elected and the group will meet monthly.

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### **D. Appointment of PDs & Teaching Staff**

PDs will be appointed by the DIO in conjunction with the SVP&GC and the Campus President, based upon the recommendation of the appropriate clinical chief. PDs must meet the requirements of all responsible accrediting bodies (depending on the GME program). Every member of the SLUHN medical staff is regarded as a possible teaching faculty physician with responsibilities to the residencies as determined by their department PD. All physicians who are faculty will be evaluated yearly on their performance as faculty in the GME programs according to department faculty guidelines. Those teaching staff members who are paid a stipend or a fee to carry out certain educational and administrative functions for the GME programs will be appointed via contract (a) upon recommendation of the PD, (b) after being endorsed by the clinical chief, and (c) approved by the DIO and the SVP&GC. Appointments of paid teaching staff members will be on an annual basis and subject to review when each contract expires. The reappointment of paid teaching physicians will be based upon a written evaluation of each teacher's performance by the PD and reviewed by the DIO and the SVP&GC. It is expected that the teaching faculty will adhere to all regulations promulgated by their respective accreditation organization and the Centers for Medicare and Medicaid Services (CMS) as well as insurance companies concerning the duties of a teaching physician in terms of appropriate billing of services.

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### **E. Selection of Housestaff**

SLUHN GME emphasizes cultural sensitivity, respect for individuals and cultural differences within our programs. Every program encourages applicants regardless of race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity, disability, genetic information or any other protected characteristic as may be defined by applicable law to apply to our programs and we are committed to the recruitment and retention of a diverse and inclusive workforce in our Housestaff. SLUHN GME takes pride in our wide array of cultural representation throughout our Housestaff and will continue to strive to make sure our Housestaff are prepared to care for patients of diverse backgrounds. The SLUHN office of GME strives to ensure that our faculty and administration are diverse in their backgrounds to foster an environment of learning to care for all types of patients. The environment we create seeks to improve the retention, satisfaction, sense of community and respect amongst all personnel involved, valuing the contributions and additions that a diverse group of physicians can bring to healthcare in our communities. All programs seek to create a place of learning that acknowledges the differences in patient populations and treats each community with holistic, beneficial, and compassionate care. We believe that we can best achieve this goal by addressing systems of privilege including those based on race, ethnicity, gender, sexual orientation, and physical ability. This involves continual and ever increasing efforts at an institutional, departmental, and personal level to constantly reevaluate our efforts to promote inclusion and diversity in our environment. All programs will incorporate policies and procedures that enhance our Housestaff's exposure and interactions with patients from diverse backgrounds.

1. The selection of Housestaff for each training program will be based on the following criteria without respect to race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity, disability, genetic information or any other protected characteristic as may be defined by applicable law.
  - 1.1. Candidates will be evaluated based on educational preparedness and ability to benefit from the program to which they are appointed. This evaluation will include the appropriate academic and personal characteristics required to enter the desired program;
  - 1.2. Candidates must have entered or completed their senior (final) year of medical school (LCME or AOA accredited), dental school, podiatry school, or pharmacy school (depending on the program) before being offered an appointment to those programs whose first year of a GME program begins at the PGY-1 level.
2. Candidates who meet the requirements enumerated by the responsible accrediting bodies will be eligible to enter a graduate medical education program. Each GME program will be responsible for reviewing the credentials of candidates qualifying under these criteria to assure that the appropriate legal/licensure requirements have been met.
3. International Medical Graduates (IMG) must have a valid ECFMG certificate and an unrestricted PA medical license or be able to obtain an unrestricted PA medical license by the time they would start their GME program or have completed a Fifth Pathway program provided by a LCME accredited medical school.
4. Applications will be made through the Electronic Residency Application Service (ERAS). Applications for programs not in ERAS or in a matching program will be obtained and filed with the coordinator of the individual program.
5. Programs offering PGY-1 positions will participate in the National Housestaff Matching Program, the CODA Match or the Podiatry Match, ASHP (depending on the program). Programs will follow all regulations of these organizations.

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6. Final recommendations for Housestaff appointments will be made by each PD and presented to each department's appropriate GME program committee, and reported to the DIO.
7. Appointment to a GME program is contingent upon review of a candidate's credentials by the DIO. Such review will be based at a minimum upon evidence of medical licensure and evidence of previous suitable training.
8. SLUHN sponsors H1Bs, J1s, and other visas for Housestaff entering GME training programs at its sole discretion due to costs and employment limitations incurred.
  - 8.1. Programs that desire to rank an international medical graduate applicant with a visa must express that desire and rationale in writing to the Designated Institutional Official (DIO) at least 21 days prior to the certifying rank order list deadline.
  - 8.2. Only graduate medical training program candidates with USMLE or COMLEX Step 3 results posted to ERAS prior to the second Sunday of February, will be eligible for consideration of H1B visa sponsorship.
  - 8.3. If an applicant needs to receive Step 3 scores before this date, the USMLE recommends that they take the exam no later than the end of the calendar year (per their announcement board).
  - 8.4. The DIO will indicate to programs in writing prior to certifying rank-order-list of SLUHN's desire to rank/sponsor an H1B or J1 visa candidate.
9. Housestaff will be accepted into open slots in a SLUHN program from programs in other institutions if they meet requirements as listed above. Credit for prior training will be based on whether it is accepted by the appropriate accreditation organization and Board and is recommended by the SLUHN GME program PD.

Equal Employment Opportunity has been, and will continue to be a fundamental principle at St. Luke's University Health Network. The Network and GME is fully committed to a policy of Equal Employment Opportunity, which is located in the Employee Handbook on the SLUHN Intranet.

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### **F. Apportionment of GME Program Positions**

The apportionment of Housestaff positions among the programs will be accomplished through the hospital budgetary process and will be based upon the recommendations of the PDs and those clinical department chiefs having residencies. Each recommendation will be subject to review by GMEC, DIO, SVP&GC and respective Campus President outlined in section A, "Allocation of Resources for Medical Education," cited above. The apportionment of Housestaff positions will also be contingent upon the maximum number of GME program positions permitted by the applicable ACGME Residency Review Committee for that specialty or the CODA, or the CPME, or ASHP, or ABPTRFE (depending on the specialty) and the overall hospital Housestaff cap as determined by CMS.

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### **G. Conditions of Housestaff Employment**

Housestaff will be accepted into a training program under a yearly contract outlining the terms and conditions of their appointment. Progression into each succeeding year is contingent upon successful completion of the previous year's of training requirements as delineated by their respective program. All Housestaff contracts require approval and signature of the DIO. Each Housestaff's contract will provide details of or a reference to the following:

1. Housestaff responsibilities & descriptions;
2. Duration of appointment;
3. Financial support for Housestaff;
  - 3.1. including conditions under which living quarters, meals and laundry services are provided
  - 3.2. Compensation
  - 3.3. Educational allowances
4. Conditions for reappointment and promotion to a subsequent PGY level;
  - 4.1. Mechanism of Housestaff performance evaluation
    - 4.1.1. All Housestaff are required to pass USMLE Step 3 or COMLEX-USA Level 3 before they can advance to the PGY-3 level. It is required that the Housestaff forward to their PD a copy of their score report.
    - 4.1.2. **All PGY-2 level Housestaff must pass Step 3 no later than March 31 of the PGY-2 level.** Failure to pass will result in a review of the Housestaff's status in the program by the program's Professionalism and Clinical Competency Committee (PCCC) and the ACGME Designated Institutional Officer (DIO). Upon review, the Housestaff may have an extended PGY2 or non-renewal of contract (termination).
    - 4.1.3. Housestaff who are off cycle must pass the exam no later than the end of the 9th month of training during the PGY-2 level.
    - 4.1.4. Programs have the ability to implement stricter timelines.
  - 4.2. Mechanisms for termination of Housestaff.
5. Grievance and due process;
  - 5.1. Physician impairment
  - 5.2. Sexual harassment
6. Professional liability insurance, including a summary of pertinent information regarding coverage;
7. Hospital and health insurance benefits for Housestaff and their eligible dependents;
8. Disability insurance for Housestaff
9. Vacation, parental, sick, and other leave(s) for Housestaff, compliant with applicable laws;
10. Timely notice of the effect of leave(s) on the ability of Housestaff to satisfy requirements for program completion;
11. Information related to eligibility for specialty board examinations; and,
12. Institutional policies and procedures regarding Housestaff clinical and educational work hours and moonlighting.
13. Type of GME program

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### **H. Supervision of Housestaff and Working Environment**

Members of the Housestaff are students even though they often enjoy some of the rights and privileges accorded employees. As students, they must always, but to varying degrees, be supervised when providing patient care services. Members of the Housestaff or any students rotating through SLUHN will not be permitted to observe, participate in or otherwise engage in any clinical or educational activity involving exposure to patients or specimens until they have received formal instruction regarding the proper implementation of universal precautions. The PD of each GME program will be responsible for assuring that Housestaff are supervised during all clinical interactions with patients at SLUHN. In most cases, the actual supervision of Housestaff will be the responsibility of the attending physician on whose service the Housestaff is working. The PD will be responsible for assuring that Housestaff gain increased responsibility for patient care as a function of their promotion to higher levels of training in the program and as shown by objective assessments of each Housestaff's capabilities. To ensure oversight of Housestaff supervision and graded authority and responsibility, the program must use the following classification of supervision:

1. Direct Supervision – The supervising physician is physically present with the Housestaff and patient.
2. Indirect Supervision
  - 2.1. 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.
  - 2.2. 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.
3. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

PD's will report in writing to the DIO and through the DIO to the Graduate Medical Education Committee of the Medical Staff on a yearly basis concerning the adequacy of Housestaff supervision. Any complaints about inadequate Housestaff supervision must be reported in writing to the appropriate PD for the purpose of evaluation and investigation by the PD, department chief and the DIO. Housestaff may only be delegated as much responsibility as can reasonably be granted, given their capabilities. Attending physicians will be responsible for the Housestaff performance, and must be involved in all significant patient interactions. Since the attending physician may delegate, but cannot abrogate, patient care responsibility, s/he (or the covering physician for this physician) must be available for consultation whenever needed. Housestaff will see patients and if there is a significant change in the patient's status will immediately inform the patient's attending physician of the change. Each program will clearly define and provide appropriate protocols for common circumstances requiring faculty involvement regarding escalation of care, timeliness of attending notification, and the supervision of procedures. The educational goals of each training program will not be compromised by excessive reliance on Housestaff to fulfill institutional service obligations. Clinical and Educational Work Hours, however, must reflect the fact that

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responsibilities for continuing patient care are not automatically discharged at specific times. Each program will provide backup support when patient care responsibilities are especially difficult or prolonged. Clinical and Educational Work Hours in each program will be consistent with the general requirements and special requirements that apply to each program and follow all Clinical and Educational Work Hour regulations proposed by the responsible accrediting bodies.

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### **I. Housestaff Clinical and Educational Work Hours**

Each program will establish formal policies governing Housestaff Clinical and Educational Work Hours and on-call schedules that comply with all the responsible accrediting bodies to foster Housestaff education, support continuity of care and facilitate the care of patients and support the physical and emotional well-being of Housestaff. Programs will not compromise education with excessive reliance on Housestaff to fulfill institutional service obligations. Policies must recognize that responsibilities for continuing patient care are not automatically discharged at specific times. Programs will ensure that Housestaff are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

The Sponsoring Institution oversees the compliance of its program's Clinical and Educational Work Hour requirements in several ways. First, the GME office provides training for Housestaff about how to enter their Clinical and Educational Work Hours and its importance to their education. Second, the GME office runs monthly Clinical and Educational Work Hour reports from our residency management system (aka: New Innovations (NI)) to assess the percent of Housestaff compliant with their Clinical and Educational Work Hours. Third, the GMEC reviews Clinical and Educational Work Hour compliance reports monthly. GMEC members provide strategies for managing Clinical and Educational Work Hour violations, exceptions, or lower than expected (less than 70%) compliance on Clinical and Educational Work Hours. In the event of multiple Clinical and Educational Work Hour violations or low compliance, the DIO and PD will meet with the Department Chair, Service-line VP and Housestaff to resolve the issue with the Department Chair and/or Service-line VP presenting a progress report to GMEC.

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### **J. Housestaff Financial Support and Benefits**

The Hospital recognizes its responsibility to provide its Housestaff staff with appropriate financial support and benefits. Housestaff in all programs at the same level of training will receive comparable levels of financial support. During the interview process, each candidate will be informed of all benefits provided including vacation time, personal days, sick time, professional liability insurance, health insurance, other insurance benefits, and meal allowances. Housestaff will be provided with:

1. Details of their professional liability coverage available upon request.
2. A copy of the Graduate Medical Education policy which includes information concerning the effect of leaves of absence on satisfying the criteria for completion of a GME program.

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### **K. Leave Policy**

Housestaff may request a leave of absence because of medical disability or condition (including maternity leave), military service requirements, or personal leave (including paternal and adoption leave) in accordance with the SLUHN Leave of Absence Policy. Because of certification requirements, when the total amount of missed days (including vacation) exceeds four weeks in any training year, this time may be required to be made up at the discretion of the PD following all responsible accrediting body requirements. When the total amount of missed days (including vacation) exceeds the number allowed by the certifying specialty board, this time will be added to the training period. When appropriate, scheduling accommodations (reduced hours, modified rotation schedules, reading electives, etc.) may be made at the discretion of the PD. The PD, on an individual basis, may petition the certifying board for exceptions to their requirements. Extended leave during the PGY-1 year is strongly discouraged. Any deviation from the standard educational program due to leave of absence shall be documented and granted by the PD at their discretion. The PD shall have the exclusive authority to determine whether any substitute work or experience meets the required standard for credit and/or completion of any portion of the GME program. Any leave of absence that extends beyond that originally approved by the PD, or any excessive absenteeism by a member of the Housestaff may result in termination from the training program. Housestaff are encouraged to discuss their leave plans as early as possible with the PD or a designee to allow for maximal flexibility in the use of alternative scheduling to assure that the Housestaff's educational requirements are met. It should be noted that an extended leave may have an impact on satisfactory completion of the program and eligibility for board certification.

**LEAVE TIME OPTIONS:** Housestaff may use sick time, personal time, vacation time, or short-term disability (if purchased). Sick time is accrued at a rate of one day per month and can be accumulated from year to year. Sick time may only be used in maternity leave or leave related to illness.

**MATERNITY LEAVE:** Short-term disability may be used for maternity leave. When accrued sick, personal and vacation time is exhausted and if the Housestaff has not purchased short-term disability insurance, additional required leave will be unpaid. Insurance benefits will continue during the unpaid leave period. The established leave guidelines for a normal delivery are 2 weeks prior to the expected delivery date (as established by a physician) and 6 weeks after the actual delivery. Additional time may be allowed because of complications of pregnancy upon receipt of the Housestaff's obstetrician's written recommendation and approval by the PD.

**PATERNITY/ADOPTION LEAVE:** These leaves are taken under the conditions set forth in the Hospital's Leave of Absence Policy.

**PROCEDURES FOR REQUESTING LEAVE:** A leave request should be submitted to the PD as soon as possible. For the birth of a child, the request should be submitted no later than 6 months before the leave start date.

**GRADUATING HOUSESTAFF:** Housestaff graduating at the end of the academic year are expected to complete their training program through June 30. Housestaff can save up to 40 hours of vacation time (or 80 hours in exceptional circumstances) for the last week(s) of the academic year with approval from their PD.

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### **L. Other Employment -- "Moonlighting"**

Moonlighting is defined as limited employment performed outside the purview of the training program. PGY-1 Housestaff may not "moonlight" at any health care entity, per accreditation requirements. Housestaff are not required to moonlight. Housestaff will be permitted to moonlight at the PGY-2 level or above if the following conditions are met:

1. Housestaff must have written permission of the PD and the DIO. Housestaff complete a form.
2. Housestaff must identify the position and project the hours to be worked.
3. Housestaff must have demonstrated satisfactory performance in the clinical and academic aspects of the program as determined by the PD on the last objective Housestaff evaluation (in-service examination).
4. Housestaff must not be the subject of any remedial or disciplinary action or on probation.
5. Housestaff must be licensed for unsupervised medical practice in the state where the moonlighting occurs.

Moonlighting works around Housestaff shifts, not the other way around. Typically, Housestaff must wait for the GME program call schedule to come out before agreeing to a moonlight shift. Housestaff need 4 days off a month where they are not on call or moonlighting (1 in 7 days off averaged over the month) per ACGME. Thus, Housestaff cannot fill all their weekends with moonlighting activities. Housestaff who are eligible and who choose to moonlight at another hospital or at a physician's office must be covered by professional liability insurance by that institution or physician's office. Proof of liability insurance must be demonstrated in writing to the PD in advance before becoming employed or moonlighting. All "internal" or "external" moonlighting must comply with responsible accrediting bodies Clinical and Educational Work Hour requirements. The moonlighting Housestaff must attest that they will comply with these requirements. Failure to abide by the above guidelines will be cause for termination of the Housestaff's moonlighting privileges and the Housestaff may be subject to further disciplinary actions.

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### **M. Ancillary Support**

1. Housestaff on call will be provided with adequate sleeping quarters.
  - 1.1. SLUHN has numerous sleep/call rooms available to residents and fellows. To obtain access to a sleep/call room, you must follow the call room process for the campus you are rotating.
    - 1.1.1. Housestaff are not permitted to store personal items in the sleep/call room when not utilizing the room. Lockers are located near the sleep/call rooms to allow Housestaff to store personal items.
  - 1.2. Because housekeeping and other Housestaff may be accessing these rooms, Protected Health Information (PHI) must not be left unsecured in the sleep/call rooms.
  - 1.3. Housestaff have the right to expect a clean and safe sleep/call room. Housestaff are responsible for assisting in keeping the room clean and neat. Housekeeping will not clean the room or change linens until the room has been vacated.
    - 1.3.1. Reports of unclean rooms, broken furniture, etc. should be made immediately to your Program Coordinator.
    - 1.3.2. Please do not: decorate the sleep/call rooms; hang anything from the furniture, ceiling or walls; or move the furniture. If you feel something needs to be altered in a room, please speak to your Program Coordinator.
2. Housestaff will be provided access to food while on duty, clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; security and safety measures appropriate to the participating site; and accommodations for Housestaff with disabilities consistent with the Sponsoring Institution's policy.
3. Patient support services, such as IV team, phlebotomy services and laboratory services must be provided in a manner appropriate for and consistent with the educational objectives of each program and optimal patient care.
4. An effective laboratory, medical records, and radiologic information retrieval system will be provided 24 hours per day.
5. Reasonable, 24 hour, security will be provided in the hospital and parking areas.
6. Medical Library services are available on-line 24 hours per day, seven days per week.
7. Safe and secure lockers will be provided to those who need them.
  - 7.1. SLUHN University Health Network (SLUHN) cannot be held responsible for lost, stolen or damaged personal property. Housestaff agree to abide by the terms and conditions set forth by the GME office outlined below:
    - 7.1.1. All lockers are the property of SLUHN.
    - 7.1.2. Use of a locker by a person other than to whom it is assigned is forbidden. Misuse of a locker may lead to PD and DIO notification of unprofessional behavior.
    - 7.1.3. SLUHN reserves the right to open a locker without the consent of the employee to whom the locker is registered in instances where locker procedures are being abused or in the case of an emergency situation.
    - 7.1.4. Flammable materials, dangerous chemicals explosives or weapons of any kind are strictly prohibited inside the lockers.
    - 7.1.5. Perishable items, illegal or controlled substances such as drugs or alcohol are also strictly prohibited inside the lockers.

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- 7.1.6. Housestaff are not permitted to affix anything to the interior or exterior of their lockers.
- 7.1.7. Housestaff are responsible for reporting any damage or needed repairs to the GME office. Housestaff will assume the cost of any unreported damages.
- 7.1.8. All personal items must be stored completely within a locker. All items left outside of a locker, whether secured or not, will be removed and disposed of accordingly.

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### **N. Counseling and Support Services**

SLUHN recognizes that a GME program requires sustained intellectual and physical effort. Accordingly, Housestaff will be provided with access to a full-service employee assistance program (EAP). Consultation and communication with the EAP will remain confidential unless the Housestaff gives permission for release of information.

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### **O. Evaluation and Advancement of Housestaff**

Evaluation of Housestaff will be based on a graded approach and will be performed at least semi-annually, and/or at the conclusion of each clinical rotation. These evaluations will be in writing and will be reviewed with the Housestaff at least semi-annually on a one-to-one basis. Evaluations will be maintained as part of the formal record in the appropriate Housestaff credentials/personnel file, and will be accessible to the Housestaff upon request. Follow-up counseling will be available to each Housestaff whose evaluation indicates a lack of sufficient progress. If Housestaff disagrees with an evaluation, that Housestaff has the right to have their comments included in the file.

Each PD will develop formal criteria to be used in the evaluation of Housestaff. These criteria must encompass at least the following:

1. The academic performance of Housestaff and the ability of the Housestaff to meet the ACGME/AOA General Competencies/Milestones.
2. The quality of patient care provided by the Housestaff.
3. The adherence of the Housestaff to the established rules and regulations of the training program and the hospital.
4. The absence of any behavioral/conduct problems.
5. Case lists or procedure lists as required by the responsible accrediting bodies.

Evaluations will serve as the basis for advancing Housestaff to positions of greater responsibility. Evaluation criteria will meet the requirements of the responsible accrediting bodies, individual certifying specialty boards, and criteria that is developed by the PD to reflect the Housestaff's ability to meet ACGME/AOA General Competencies/Milestones, if applicable.

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### **P. Code of Medical Ethics and Vendor Policy for SLUHN Physicians**

1. Our physicians shall
  - 1.1. be dedicated to providing competent medical care with compassion and respect for all.
  - 1.2. regard responsibility to their patients as paramount.
  - 1.3. maintain the standards of professionalism and be honest in all professional interactions and will not engage in fraud or deception.
  - 1.4. respect the law and recognize a responsibility to seek changes in those laws which are contrary to the best interest of patients.
  - 1.5. respect the rights of patients, colleagues, and other health professionals and safeguard patient confidences within the constraints of law.
  - 1.6. continue to study, apply, and advance scientific knowledge, and maintain a commitment to further their medical education.
  - 1.7. make relevant health information available to patients, colleagues, and the public.
  - 1.8. recognize a responsibility to participate in activities contributing to the improvement of our community and the betterment of the health of our community.
  - 1.9. obtain consultation and use other professionals when indicated.
2. Our physicians shall only accept gifts from pharmaceutical, device, and medical equipment manufacturers and vendors when these gifts entail a benefit to patients.
  - 2.1. These gifts shall not be of substantial value. Textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments to an individual physician are not allowed.
  - 2.2. Subsidies to underwrite the cost of medical educational conferences or professional meetings which contribute to the improvement of patient care are permissible but the subsidy must be accepted by the conferences' sponsor and not by individual physicians. Subsidies should not be accepted directly or indirectly to pay for the cost of travel, lodging, or other personal expenses of physicians. Subsidies should not be accepted to compensate for physicians' time.
  - 2.3. Faculty at conferences or meetings can receive reasonable honoraria and can be reimbursed for reasonable travel, lodging, and meal expenses.
  - 2.4. Subsidies for Housestaff to attend educational conferences are permissible as long as the selection of Housestaff who receive the funds is made by a SLUHN Hospital PD or Clinical Chief.
  - 2.5. Physicians will not accept gifts if they are related in any manner to the physician's prescribing practices.
  - 2.6. Subsidies for graduate medical education or departmental events are allowed provided they are modest and for the GME program or department as a whole.

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### **Q. Discipline, Remedial Actions and Dismissal of Housestaff and Due Process for Teaching Staff**

Each program will follow the procedures listed below for recognizing and dealing with clinical performance and educational problems prior to those problems becoming serious. The objective will be to assist the Housestaff in correcting training difficulties through educational opportunities and supervision. If however these remedial measures are not successful, the procedures provided below exist for the program to implement an adverse action such as suspension or dismissal and they set forth grievance procedure for Housestaff to follow should they feel a suspension or dismissal is unwarranted.

Individual members of the Housestaff will be offered a variety of supervised experiences tailored to correct any identified deficiencies. PDs will be required to clearly define the problem(s) in writing, the steps designed to remedy the problem(s), the anticipated outcome and the time frame(s) within which improvement of the Housestaff performance should occur. Documentation concerning the steps to be taken, etc. should be maintained in the Housestaff's file and discussed with the Housestaff. Both the Housestaff and PD will sign letters of remediation, formal reprimands, probation, etc. Consistent with general hospital policy, and in accordance with the severity of the problem(s) identified, remedial actions can be initiated with an informal oral conference and become as stringent as formal counseling conferences with written documentation, a written warning, probation, suspension, and/or termination.

#### 1. Unsatisfactory Performance:

- 1.1. The evaluation of a member of the Housestaff's performance will be based upon reports received by the PD from the faculty, including attending physicians and senior Housestaff, and an appraisal by the PD. Housestaff receiving unsatisfactory evaluations must be notified by the PD. The Housestaff will thereafter have the opportunity to discuss the evaluation(s) in conference with the PD. The PD will make a written record of the results of such discussion. If the Housestaff fails to correct the activity identified as a problem within a reasonable period of time, a written warning is appropriate. If the problem is not resolved after timely conferences and a written warning, then suspension or dismissal may be appropriate.
- 1.2. Whenever an academic problem is identified and/or an unprofessional conduct occurs with Housestaff, the PD must inform the appropriate clinical department chief and the DIO prior to taking any remedial, probation, or adverse action. The purpose of such communication will be to assure consistency in the application of remedial, probation, and adverse actions affecting Housestaff based upon their misconduct or deficiency.
- 1.3. An important element of success in remedial efforts is to document all plans and actions taken and to make efforts to obtain the Housestaff's agreement to the corrective plan. Such documentation will also serve as a written record of past remedial efforts if more stringent action, such as suspension or termination, must be considered. In those cases where more stringent action is warranted, the Housestaff will be informed by the PD of the opportunity to file a grievance if the Housestaff disagrees with the PD's action.

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- 1.4. The PD will notify Housestaff in writing of intent not to renew his/her contract no later than 4 months when possible prior to the end of the Housestaff's current contract.
2. Unprofessional Behavior or Conduct:
  - 2.1. It is expected that Housestaff will observe professional behavior and conduct in order to maintain the clinical learning environment. Listed below are several behavioral offenses which may result in disciplinary action ranging from counseling with written documentation concerning the same to a written warning, probation, or immediate discharge from all duties and responsibilities as Housestaff:
    - 2.1.1. Falsification of a GME program application;
    - 2.1.2. Violation of posted health, safety, fire prevention, or security rules;
    - 2.1.3. False, fraudulent, or malicious statement(s) or action(s) involving relations with patients, the hospital, co-workers or the public;
    - 2.1.4. Chronic or habitual lateness or absenteeism;
    - 2.1.5. Unauthorized use, removal, theft, or intentional damage to the property of a patient or visitor, an employee, the hospital, or an independent contractor;
    - 2.1.6. Actual or threatened physical violence; profane or abusive language;
    - 2.1.7. Transporting, possessing, being under the influence of and/or consuming an intoxicant(s) or illicit controlled substance(s) on the hospital premises;
    - 2.1.8. Disorderly or disruptive conduct including sexual or other unlawful harassment with any person(s) on hospital premises, will be dealt with according to the SLUHN Hospital Employee Handbook.
    - 2.1.9. Inappropriate appearance, including not adhering to the Housestaff Dress Code and the Network dress code that is listed in the SLUHN Hospital Employee Handbook and gross inattention to good grooming and personal hygiene,
    - 2.1.10. Writing prescriptions for relatives, friends or others outside the scope of the program;
    - 2.1.11. Violating HIPAA and/or any patient confidentiality policy; and
    - 2.1.12. Other issues of unprofessional or behavioral conduct as determined by the PD.

Any action which results in dismissal of Housestaff from the program must be documented in writing by the PD and approved by the DIO. Such action must be communicated in writing and either delivered in person to the Housestaff, or sent via certified mail, return receipt requested. If the Housestaff disagrees with the action that has been taken, and the problem cannot be resolved within the program, the Housestaff may file a grievance. The rigors of fulfilling the responsibilities of an Housestaff may cause emotional stress requiring the support of behavioral services. Should Housestaff or display evidence of the need for such support or if this support is deemed necessary by the PD, behavioral health evaluation and support will be offered through the Employee Assistance Program.

### **3. Grievance Procedures for Housestaff:**

The following procedure is available to Housestaff who feels that the adverse action imposed by the PD is unwarranted. It is hoped that most matters will be resolved between the PD and Housestaff; however, in the event that such resolution does not occur, the Housestaff may file a grievance. All documentation regarding the grievance will be maintained in the Housestaff's credentials/ personnel file. Every effort will be

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made throughout the grievance procedure to adhere to the time constraints indicated. However, extensions of specified deadlines may be granted for legitimate delays such as holidays, vacations or illnesses. Any delay will be properly documented and communicated to the appropriate individuals. Any action taken that would suspend or terminate the Housestaff's participation in the GME program will be communicated to the Housestaff in writing, and either delivered in person or sent via certified mail, return receipt requested. Regardless of mode of transmission, the Housestaff will have the opportunity to meet and discuss such action with the appropriate PD. If the matter cannot be satisfactorily resolved, the Housestaff may file a grievance stating the grounds for his or her disagreement.

Open door discussions with the program director, faculty, assigned mentors and/or other program leadership are encouraged. Housestaff also have access to an anonymous suggestion box through a survey medium not associated with Housestaff names to ensure anonymity. A link to this suggestion box is found on their homepage of New Innovations. This information is first reviewed by the resident representatives during their monthly meeting with GME leadership. Issues, concerns, or suggestions are then either reviewed with the appropriate program leadership if a specific program is identified or brought to GMEC for discussion and follow-up. Any further discussion or follow up with the residents will be discussed at the every other month Housestaff Forum hosted by the GME office. In addition, on an annual basis, the DIO meets with the Housestaff in each program so that Housestaff can express and address concerns in a protected manner. Housestaff are encouraged to schedule individual meetings with the DIO after this group meeting, as needed. These meetings are confidential. The DIO writes a short summary of themes for the program director to review and decide next steps. In addition, the following grievance procedure is available to any Housestaff who has a complaint or concern and/or who feels that an adverse action imposed by the Program Director is unwarranted. Any determination by the Housestaff to file a grievance must be submitted in writing to the DIO no later than fifteen (15) calendar days after the PD has imposed the adverse action or a notification is made to the DIO. Extensions of specified deadlines may be granted for legitimate delays such as holidays, vacations or illnesses.

#### **4. Composition of the Review Panel:**

The DIO shall appoint a Review Panel no later than ten (10) calendar days after the filing of a grievance by Housestaff. The role of the Review Panel is to review the information contained in the grievance, the information in the allegation against the Housestaff, and to make a recommendation regarding the issues at hand. Such Review Panel shall be composed of three (3) members of the teaching staff, which will include at least:

- 4.1. One (1) member of the teaching staff from the program the aggrieved Housestaff is enrolled,
- 4.2. One (1) senior Housestaff from a specialty area different from the aggrieved Housestaff,
- 4.3. One (1) Housestaff from the same training specialty as the aggrieved Housestaff.

There will be no right to discovery in connection with the filing of a grievance; however, the aggrieved Housestaff will be entitled to copies of any reports or evaluations relied upon by the PD when determining to impose the adverse action. In addition, the Review Panel may accept any relevant information if it is information upon which responsible, reasonable persons are accustomed to rely in the conduct of serious affairs. There is no right to have an attorney present at the review panel meeting.

#### **5. Meeting with Review Panel:**

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The DIO shall schedule a meeting of the Review Panel as soon as possible, but no later than ten (10) calendar days after the appointment of the Review Panel. At the meeting of the Review Panel, the aggrieved Housestaff shall be informed of the information supporting the action taken by the PD, and shall be invited to discuss, explain and/or refute it. Upon conclusion of the meeting, the Review Panel shall begin its deliberations. Within five (5) calendar days after adjournment of the meeting, the Review Panel will present its recommendation in writing to the DIO, who shall forward a copy of it to the aggrieved Housestaff, certified mail, return receipt requested, and copies to the clinical department chief, the PD, the DIO, and the SVP&GC.

### **6. Teaching Staff:**

Adverse actions involving members of the teaching staff will be governed by the Medical Staff By-Laws of SLUHN or if paid faculty, pursuant to the provisions of individual employment contracts.

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### **R. Harassment & Protection from Retaliation**

It is the policy of SLUHN that any harassment including sexual harassment is unacceptable conduct in the workplace and will not be tolerated. Housestaff who think she/he is a victim of harassment should promptly report any incident to the PD, DIO, or the Senior Vice President for Human Resources. The hospital will promptly investigate all allegations of harassment. Reports of sexual or other unlawful harassment will be kept confidential, recognizing that some disclosure may be necessary for the purpose of investigation or corrective action. Every effort will be made to protect alleged victims of harassment from retaliation if they seek redress. Retaliation will not be tolerated. To help prevent retaliation, those who are accused of harassment will be informed that retaliation is regarded as a form of harassment. Accusations that retaliation has occurred will be handled in the same manner as accusations of harassment. The full SLUHN policy for Harassment is located in the Employee Handbook on the SLUHN Intranet.

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### **S. Special Program Reviews of GME Programs**

GMEC demonstrates effective oversight of underperforming programs through a Special Program Reviews. Special Program Reviews will be conducted under the oversight and supervision of the DIO. GME Office staff will coordinate and support Special Program Reviews. GMEC and/or the DIO determine the need for a special review of a program using the following criteria:

1. Substantive non-compliance with ACGME program requirements;
2. Greater than 1 Housestaff attrition (includes withdrawal, transfer or dismissal);
3. Downward trends in more than 2 categories for the resident and/or faculty surveys;
4. Recurrent duty hour violations;
5. Downward trends in board passage rate;
6. At the request of program administration;
7. Concerns identified in the annual program evaluation report;
8. Concerns identified and communicated to the GME office by Housestaff or faculty in a program;
9. Failure to submit GMEC required data (e.g. annual program evaluation report, balance scorecard data, etc.) on or before identified deadlines;
10. Concerns regarding annual WebADS information submitted by the program (e.g. milestone data);
11. Failure to submit required data to an accreditation agency on or before identified deadlines.
12. A program's inability to demonstrate success in any of the following areas: establishing and implementing supervision policies, maintaining transitions of care, educating Housestaff in and consistent monitoring of professionalism and adherence to the related policies in this document.

A subcommittee of faculty, Housestaff, and administrators outside the department in which the GME program exists, will be appointed by the DIO to conduct the special review. The DIO will appoint the subcommittee chair. Reviews will evaluate the following items:

1. the educational objectives of each program and the effectiveness of meeting these objectives;
2. the adequacy of available educational and financial resources to meet these objectives;
3. the effectiveness of each program in addressing areas of non-compliance and concerns in previous ACGME or AOA accreditation letters and previous internal reviews;
4. the effectiveness of each program in defining in accordance with the Program and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the Housestaff to achieve competence in the ACGME/AOA General Competencies/Milestones;
5. the effectiveness of each program in using evaluation tools developed to assess a Housestaff's level of competence in each of the ACGME/AOA General Competencies/Milestones;
6. the effectiveness of each program in using dependable outcome measures developed for each of the ACGME/AOA General Competencies/Milestones.

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7. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

At a minimum, materials and data to be used in the review process will include:

1. The most recent Annual Program Evaluation (APE)
2. All correspondence from the Review Committee:
  - 2.1. Recent accreditation letters of report
  - 2.2. All concerns/citations from the RC and corrections of those concerns/citations through a quality improvement process
  - 2.3. Accreditation cycle length
3. Compliance with established program requirements
4. If applicable:
  - 4.1. Procedural volume
  - 4.2. Board passage rates
5. ACGME Housestaff, program and faculty survey data (given the program under review).
  - 5.1. ACGME WebADS data including submitted milestone reports (given the program under review).
6. Faculty development
7. Scholarly activity
8. The clinical learning environment:
  - 8.1. Clinical and educational work hours
  - 8.2. Resident supervision
  - 8.3. Patient safety / Quality improvement
  - 8.4. Transitions of care
  - 8.5. Service vs. education
9. Interviews with the PD, faculty, and Housestaff in the program and individuals outside the program deemed appropriate by the committee.
10. Program's scorecard;

For all Special Program Reviews, the chair will submit a written draft report to the DIO that includes any areas of non-compliance or concerns identified as action items for internal follow-up and review by the GMEC. The DIO and review committee chair will meet with the PD and department chief to share findings of the draft report and discuss next steps including presentation to and approval by, the GMEC and any action item follow-up that may be indicated. The final report will be sent to the PD and department chief by the DIO shortly after approval by the GMEC. A work plan addressing correct measures to any action items identified in the report must be submitted by the PD to the DIO within 30 days of GMEC action. In order to monitor progress towards resolving an action items, PD's must present a progress report to GMEC within 6-months of GMEC action and thereafter every 3-months until all action items are complete. In order to complete the review process, the PD should share the results of the review with all Housestaff and faculty in the program. Discussion of the report and any action items should take place as part of the Annual Program Review.

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### **T. Order Writing by Housestaff**

Housestaff has the primary management responsibility for patients assigned to them for care, under the supervision of the attending physician. All orders are to be written by the Housestaff except:

1. Emergency situations when the Housestaff is not available.
2. Situations when the orders to be written do not impact directly on patient care or management (such as preps for procedures to be performed by attending staff).
3. At the discretion of the attending physician.

All DO NOT RESUSCITATE (DNR) orders written by Housestaff must be countersigned by the attending physician as soon as they arrive on the unit. All inpatient orders written by Housestaff must be cosigned by the Attending Physician with knowledge of the patient. Please note that the co-signature requirement only applies to the inpatient order itself. The order for observation status does not require a co-signature.

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### **U. Performance Improvement**

All department performance improvement programs are conducted in accordance with the SLUHN Performance Improvement Plan. During orientation, Housestaff will be informed of the institution's organization for and methods of providing performance improvement. Housestaff will participate in performance improvement activities, including appropriate committee membership, of their clinical department. All deaths of patients, that were managed by Housestaff, will be reviewed by the PD or their designee. Autopsies will be requested on all patients, when medically indicated. Performance Improvement activities, medical education and scholarly activities by Housestaff present special requirements for the hospital medical records system. The medical records system will be periodically reviewed by the DIO in conjunction with the SVP&GC to assure proper support of the graduate medical education system.

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### V. Academic Records Retention for Verification Requests and Legal Matters

<u>Documentation</u>	<u>Mechanism</u>	<u>Responsibility</u>	<u>Graduated Housestaff Retention</u>	<u>Terminated Housestaff Retention</u>
<b>Schedule:</b>				
Block Rotations	New Innovations (NI)	Coordinator	7 yrs	7 yrs
Continuity Clinic	NI	Coordinator	7 yrs	7 yrs
Call Schedules	NI/Paper	Coordinator	7 yrs	7 yrs
Moonlighting Doc	NI/Paper	Coordinator	Until Graduation	7 yrs
<b>Evaluations:</b>				
Faculty	NI	Coordinator	Until Graduation	7 yrs
Multisource	NI	Coordinator	Until Graduation	7 yrs
Yearly	NI	Coordinator	7 yrs	7 yrs
PD Semi Annual	NI/Paper	Coordinator	7 yrs	7 yrs
Final Summative	NI	Coordinator	Permanent	Permanent
<b>Exam Results:</b>				
USMLE/COMLE X	NI	Coordinator	7 yrs	7 yrs
RITE Exams	NI/Paper	Coordinator	7 yrs	7 yrs
(OSCE'S, CEX'S, etc.)	NI/Paper	Coordinator	7 yrs	7 yrs
In-Training Exam Scores	NI/Paper	Coordinator	Until Graduation	Permanent
<b>Portfolios:</b>				
Procedures & patient logs	NI/Paper/ Web ads	Coordinator	7 yrs	7 yrs
Procedure Credentialing	NI	Coordinator	Until Graduation	7 yrs
Scholarly Activity/ Research	NI/Paper	Coordinator	Until Graduation	7 yrs
Conference Attendance	NI	Coordinator	Until Graduation	7 yrs
<b>Personal Data:</b>				
Application ERAS file	NI	Coordinator	Permanent	Permanent

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BLS/ACLS	NI/Paper	Coordinator	Graduation or expiration	Graduation or expiration
Copy of Documentation Visas	NI/Paper	Coordinator	Date of determination + 1 yr	Date of determination + 1 yr
House Officer Agreement	NI	Coordinator	7 years	7 years
Dates of Training	Echo/NI	Coordinator	7 years	7 years
Training License	Echo	Coordinator	7 years	7 years
Promotion letters	NI	Dept of MedEd	7 years	7 years
Medical School Diploma	NI	Coordinator	7 years	7 years
Medical School Transcripts	NI	Coordinator	Graduation	Graduation
Graduate Certificate	NI	Dept of MedEd	Permanent	NA
ECFMG	NI	Coordinator	Permanent	Permanent
<b>Correspondence:</b>				
Leave of Absence Request(s)	NI	Coordinator	7 yrs	7 yrs
Letters of Rec.	NI	Coordinator	7 yrs	7 yrs
Transfer Documentation	NI	Coordinator	7 yrs	7 yrs
Verification Letters	NI	Coordinator	7 yrs	7 yrs
<b>Disciplinary Actions:</b>				
Letter of Probation	NI	Coordinator	Permanent	Permanent
Counseling Documentation	NI	Coordinator	Permanent	Permanent
Reporting Out	NI	Coordinator	Permanent	Permanent
Verbiage for Future Correspondence DOP's	Echo	Medical Affairs	7 years	7 years

SLUHN authorizes only the DIO and appointed PDs to provide on behalf of SLUHN evaluation information, training verification and professional references regarding current and former Housestaff officers of SLUHN. Accordingly, all requests for SLUHN evaluation information, training verification, and professional references

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regarding its current and former Housestaff officers shall be directed to the DIO and/or the appointed PD for the training department in question.

All such requests for information regarding current and former Housestaff officers of SLUHN must be in writing. SLUHN will release pertinent information in writing upon receipt of a written authorization and release form signed by the current or former Housestaff officer. The written authorization must describe specifically the information to be disclosed and the person(s) to whom it is to be disclosed. The authorization must also be on an authorization and release form that is acceptable to SLUHN. If an acceptable, signed authorization and release is not on file and one does not accompany the request, SLUHN will verify only a current or former Housestaff officer's dates of training and position(s), and contemporaneously advise the inquiring party that as a matter of policy an acceptable, signed authorization and release, substantially in the form as that attached to the response, must be provided before SLUHN provides any further information.

The information disclosed by SLUHN in response to requests for information, training verification and professional references will be supplied in good faith, based upon information in the Housestaff officer's file and related to the clinical competence, professional conduct, character, ethics, behavior or other matters bearing on the house staff officer's qualifications. To the extent an appointed PD receives a request for information on a Housestaff officer whom SLUHN had suspended or placed on probation, the PD shall forward their proposed response to the DIO for approval prior to providing the response to the inquiring party; for all other responses, it shall be sufficient if the appointed PD copies the DIO on the response provided to the inquiring party. If the DIO directly receives a request for information but lacks sufficient information to process such request, the form may be forwarded to the appointed PD for the training department(s) in question for completion and then returned to DIO.

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### **W. Disaster Policy for Housestaff Training Interruption**

This policy addresses administrative support for each ACGME-accredited program and resident/fellows in the event of a disaster or interruption in patient care.

All programs maintain in New Innovations each Housestaff's telephone numbers (home, cell, emergency contact), e-mail addresses (hospital, private), and local mailing address. The respective PD, coordinators, and the DIO will also be able to access this information in the case of an emergency. In case of a disaster affecting the training of Housestaff, the DIO or designee will notify Housestaff where to go to continue their training. All accreditation organizations Housestaff transfer and program reconfiguration policies will be followed.

If SLUHN plans to reduce the size of a GME program or close a GME program, the DIO will inform the Housestaff as soon as possible of the planned decrease in size or closure. The PD and the DIO will allow Housestaff in the program to complete their education if possible or assist them in getting into other responsible accrediting bodies accredited programs in their specialty.

- This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. (Core)
- Sponsoring Institutions and programs should be aware of resident/fellow travel history and plans. If plans include travel to high-risk areas, the resident/fellow should be informed about the risks of being unable to return and/or the possibility of being placed in quarantine.
- Residents'/fellows' time away from the program may affect their Board eligibility. Check with the relevant Board regarding eligibility requirements and with specific questions about time away from the program related to COVID-19.

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### **X. Conference and Travel Requests**

The DIO and PDs must approve all conference and travel requests and expense reimbursement form submissions. Housestaff in their last year of training receive the established amount for a conference (acceptance of scholarly activity not required). All Housestaff whose scholarly activity is accepted for presentation (oral or poster) at a conference receive the established amount for the conference. Housestaff must submit a Conference/Seminar Attendance Form to their PD and DIO for approval. Housestaff submit an Employee Expense Reimbursement Form and must attach all receipts to get reimbursed up to the established amount (see attached SAFED policy)

#### Definitions:

Eligible programs: All GME Programs accredited by the ACGME, the AOA, the CPME, or the American Dental Association training programs are eligible to participate in the SAFED program. Faculty from non-accredited programs will not be eligible.

#### Eligible persons:

<b>CATEGORY</b>	<b>AMOUNT</b>	<b>GUIDELINES</b>
PD Conference	\$3,000/year	Only applies to PD
Senior Housestaff Conference	\$2,000/year	Occurs in the last year of training, must be approved by PD/DIO, may be mandated board review at the discretion of PD.
Scholarly Activity/Housestaff	\$2,000/scholarly presentation	Must be approved by PD/DIO; Can only be used once per individual project; Only applies to one Housestaff/project.
Scholarly Activity/Project	\$1,000/scholarly presentation	Must be approved by PD/DIO; Up to a total of \$1k can fund multiple "Housestaff authors" to present a project at a local/regional conference.
Scholarly Activity/Faculty	\$2,000/scholarly presentation/year	Can only be used by core faculty; Can only be used once per individual project; Faculty may attend the same conference where Housestaff present scholarship so long as they are listed as part of the presentation.
Faculty Development per One Core Faculty per Program	\$1,000/year	Only applies to faculty development course approved by PD/DIO (limited number per year)

Time Period: Activities supported by the SAFED program must be completed while the Housestaff is currently enrolled.

Scholarly Activity: The funds provided by the SAFED program are not to be used to support research or research support, grant writing, poster printing, or other activities to produce scholarly work but are used when travel is needed to present scholarly activity. Scholarly activity is defined as the presentation of case reports, clinical series, or research projects at local,

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regional, or national professional and scientific society conferences. Attending such a conference without one of these activities will not be eligible.

Faculty Education and Development: Faculty may apply for SAFED stipend to support faculty education and development. SAFED stipends can only be used to develop faculty in their role as core faculty. Examples include training in curriculum development, Housestaff education, research skills, or GME program management.

Note: Does not include visiting/invited lecturer.

Adequate documentation: Required documentation for Scholarly presentations includes an acceptance letter from the conference/organization indicating that scholarly work has been accepted for oral or poster presentation. The name of the proposed presenter, name of the organization, the dates, and location must be specified on the letter. A copy of the accepted abstract must accompany the submission request.

Release of Funds Procedure:

Department expense for SAFED activities will be provided in accordance to SLUHN Travel Policy. Reimbursement procedure is as follows:

- Complete reimbursement form
- Collect all receipts before submitting.
- Submit check request to the Medical Education Coordinator to review and prepare check request for the DIO to sign.

Travel reimbursement must conform to the SLUHN travel policy. Should the travel expenses be less than the stipend amount, the stipend will cover only approved expenses appearing on the "Employee Reimbursement Form." Housestaff and faculty do not "keep the change".

SAFED stipend amounts and other restrictions:

- Housestaff will receive a maximum of \$2,000 per occurrence. Faculty will be entitled to \$2,000 per occurrence for scholarly activity presentation.
- A SAFED stipend can be applied to only one presentation of a scholarly project no matter how many times the project is presented.
- Individuals can be approved for max two awards in an academic year for substantially different projects.
- Faculty member may qualify for the same conference so long as they are listed as a name on the presentation.
- Senior Housestaff already contracted to SLPG practice beginning in July of the current year as a core faculty member will be eligible for SAFED reimbursement for faculty development activities provided they meet the RRC definition of core faculty.
- Housestaff can request their SAFED Travel Stipend be put towards the funding of an at-home board review course, if the following requirements are met:
  - The Housestaff must physically be present in a SLUHN practice office during the course.
  - The Housestaff must submit a "completion certificate" at the end of the course when submitting for reimbursement.

Scholarly Activity and Faculty Education/Development (SAFED) Travel Stipend Request Process:

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Requesting Department designee will submit the original and one copy of the completed Seminar Attendance Request Form with attached approved documentation for review/approval of the PD, then the DIO. Approved documentation is as follows:

- Copy of Abstract
- Scholarly presentations: an acceptance letter from the conference/organization indicating that scholarly work has been accepted for oral or poster presentation. The name of the proposed presenter, name of the organization, the dates, and location must be specified on the letter. A copy of the accepted abstract must accompany the submission request.
- Faculty development: a copy of the conference brochure is required.

The DIO will review Request Form/documentation, approve/deny Request Form, and return form to Requesting Department designee. Upon completion of approved activity, Requesting Department designee will process receipts through Department. Designee will forward to the designated GME representative in writing the amount requested and the actual amount spent. Program Coordinators are responsible for keeping copies of all travel requests for the academic year. It is the responsibility of the faculty/Housestaff to provide all appropriate travel reimbursement in conformity with SLUHN Travel Policy. Only approved travel expenses with appropriate receipts will be reimbursed through SAFED Fund.

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### **Y. Delineation of Privileges of Housestaff**

Once approved, the PD (or other designated person) must submit an updated list of procedures that each Housestaff is approved to perform independently and with direct supervision. Updated privileges must be updated by the appropriate coordinator in New Innovations by the clinical competency committee review and approval.

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### **Z. Away Rotation Requests**

This policy provides a definition of an authorized elective for SLUHN GME Housestaff. Authorization includes a signed Affiliation/Preceptor Agreement between the elective site and SLUHN. This Policy identifies the elements of an official SLUHN GME rotation. The standard required rotations of the program are all authorized rotations. During an authorized rotation/elective, the Program Letter of Agreement (PLA) will extend medical legal assistance and protection to the Housestaff. SLUHN GME does not allow Housestaff to operate without this protection.

#### **Curricular Objectives:**

1. Housestaff along with their advisor and PD are expected to develop individual curricular objectives for new electives.
2. Only one elective in a GME program can be an Out-of-Town Elective. If the Out-of-Town elective is done locally the Housestaff will have continuity clinics scheduled
3. Out-of-Town Electives are not allowed in the final block of third year.

#### **Method:**

At least five months prior to a non-international and six months prior to an international elective rotation, the Housestaff must submit a completed New Rotation – Away Elective request form. This form must include curricular goals and objectives, supervisor/preceptor name and contact information, dates of elective and block calendar (demonstrating daily proposed schedule).

#### **Supervisor/Preceptor:**

Although more than one supervisor for a given rotation is permissible, there should be one primary preceptor responsible for the quality of the experience for the Housestaff as well as the evaluation of the Housestaff's performance during the rotation. This supervisor is responsible to ensure that education and not service is the main thrust of the rotational experience. Specifics of the supervisory position, with an emphasis upon education, are also discussed in the details of the Affiliation/PLA.

#### **Agreements:**

The PLA is the instrument so that the liability insurance will cover the Housestaff operating within the parameters of an authorized rotation and specifies who is responsible for supervision. The PLA provides details on faculty, supervision, evaluation, and educational content, length of assignment and policy and procedures for each required assignment that occurs outside of the sponsoring institution. The SLUHN GME requires advance notice of 90-120 days to approve PLA. Request not submitted within this time frame risk of being declined by GME due to insufficient time for approval process.

#### **Evaluation Mechanism:**

Housestaff must receive a written rotation evaluation from the elective rotation supervisor at the completion of the elective in order to be given credit for the rotation. Failure to get credit for an elective rotation can result in non-promotion of the Housestaff and/ or a delay in graduation.

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Housestaff of SLUHN will not be scheduled for or given credit towards the completion of the program for any elective which does not meet the criteria below. In addition, Housestaff who request away-elective have to be in good standing and not in “Housestaff in difficulty” category. The PD is responsible for authorizing electives. Elements of an authorized rotation are as follows and must all be documented on the New Rotation – Away Elective Request Form:

1. Goals and Objectives;
2. Method of implementation for the elective;
3. A specifically identified supervisor;
4. A valid and active PLA between SLUHN GME and either the preceptor as an individual or the institution at which the elective will occur;
5. An evaluation mechanism.
6. Start and stop dates and completed elective calendar approved by the rotation supervisor.

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### **AA. Housestaff Diplomas**

During the typical spring graduation cycle, all diplomas from each department with graduating Housestaff will be held by the department until they are accurately completed. Each diploma's accuracy will be verified by the PD and the Housestaff. Each diploma will be signed by the PD. The GME Office is responsible for coordinating the diploma ordering process. The diplomas of Housestaff graduating off cycle will be sent to the Program's office with an accompanying cover letter explaining the circumstances that justify an off-cycle graduation.

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### **BB. Transfers**

At times programs have open positions from either attrition or expansion or in special circumstances that create new positions and need to recruit Housestaff. Programs may choose to accept Housestaff from other training programs at (SLUHN) or from other programs. Programs must follow NRMP policy that states, “The binding commitment shall be deemed to have been honored if the applicant remains in the training program through the first 45 days after the start date of the relevant appointment contract.”. Housestaff transferring into a GME program at SLUHN from another program must meet the requirements outlined in the institution’s Eligibility, Selection, Recruitment, and Appointment of Housestaff policy. Housestaff transferring from an SLUHN GME program must meet the appropriate parts of the procedure outlined below:

Before accepting Housestaff transferring from another program, the PD must obtain:

1. A written or electronic letter or recommendation from the Housestaff’s current PD,
2. Written or electronic verification of previous educational experiences,
3. Summative ACGME competency-based performance evaluation of the transferring Housestaff,

The following checklist prior to making an offer:

1. Determine the amount of credit that can be applied from prior program to the current one
2. Determine if any issues will require additional action and take that into consideration for setting a start date
3. Provide firm dates as to completion of onboarding forms and submission of license documents such as:
  - 3.1. Need IT access to Network (IT Access Request form to get access to email, Workday, etc)
  - 3.2. Collect PA State license, Housestaff Contract, CV, ECFMG certificate (if applicable), medical school degree for credentialing
  - 3.3. Collect information on Personal Profile Sheet (Coordinator collect and completes to upload into Workday)
  - 3.4. Housestaff receives Workday login info to complete all HR paperwork
  - 3.5. HR sends letter to Housestaff to complete background checks
  - 3.6. Coordinators schedule them for immunizations, physical, and HR orientation
  - 3.7. Coordinator assigned onboarding e-learning training
  - 3.8. Coordinators schedules Epic and dictation training
  - 3.9. Schedule an individual orientation with HR to orient and review benefits

Housestaff transferring out of a SLUHN GME program must do the following: Notify their PD in a timely manner, complete all program specific requirements and all specific exit requirements, Meet with the PD to review and sign the final verification of training PD’s that have Housestaff transferring from their programs must provide a verification of the Housestaff’s status in the program and complete a summative performance evaluation for the Housestaff and the next PD in a timely manner.

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### **CC. Wellness Policy**

WELLNESS WORKGROUP: Renata Carneiro, Ph.D, Jill Stoltzfus, Ph.D, Bonnie Coyle, MD, MPH, Laura Koons, PharmD, Cam Lam, MD, Michelle Roeder, MBA, Michelle Felix, MSW.

DISTRIBUTION: GMEC, Coordinators, HR, Community Health, Housestaff Organization

#### **PURPOSE:**

This policy describes initiatives that assess, promote, and maintain wellness in SLUHN University Health Network Graduate Medical Education programs. This is to be accomplished through the teaching of skills to promote resiliency, enhance physician well-being and combat burnout. A GMEC Wellness Sub-committee recommends guidelines and identifies internal and external resources, assessments, evidence-based strategies and other relevant measures to programs to improve physician wellness.

#### **BACKGROUND:**

*“Physicians need to be trained in a way that considers their well-being over the course of a lifelong career.” ACGME Symposium on Physician Well-Being (2015)*

An important aspect of graduate medical education is helping individuals develop strategies to improve and sustain their well-being so that they can both successfully complete their training and establish patterns that will aid them in their practice. Physician burnout is characterized by emotional exhaustion, depersonalization, and decreased sense of personal achievement and can lead to medical errors, impair professionalism, negatively affect patient care, and decrease patient satisfaction. On the contrary, studies show that physician wellness is associated with fewer medical errors, enhanced satisfaction and positive environment in the workplace.<sup>1</sup> Major factors associated with Housestaff well-being are autonomy, building of competence, strong social relatedness, adequate sleep and time away from work.<sup>2</sup> Currently, there is no specific recommendation for programs to implement to enhance Housestaff well-being from the most recent systematic review.<sup>2</sup> However, since rates of burnout are increasing and more prevalent among physicians in training,<sup>3</sup> we have created initiatives to improve well-being by assessing risk for burnout and instituting strategies to enhance overall wellness.

#### **RECOMMENDED MECHANISMS TO MONITOR AND IMPROVE WELLNESS:**

##### **1. Wellness faculty:**

The PD will appoint a minimum of one faculty member to serve as the wellness faculty. The wellness faculty will help the PD to develop and coordinate the wellness resources and strategies in the program.

##### **2. Assessment of Housestaff physician well-being:**

Housestaff will be assessed with the Work and Well-being Survey and Abbreviated Maslach Burnout Inventory at the beginning of residency and every 6 months thereafter (October/November and May), as recommended by GMEC Wellness Subcommittee. These surveys are individually anonymous but will be grouped and analyzed by PGY year in order for

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the wellness faculty and PD to monitor and improve on wellness initiatives as the Housestaff progress through training. PDs and Wellness faculty will receive program reports.

### 3. Promoting and maintaining physician well-being:

First and foremost, it is strongly recommended for individuals to maintain appropriate self-care with adequate sleep (7-8 hours daily average), nutritious diet, and regular exercise. Housestaff and faculty are encouraged to meet with colleagues, team leaders, PD and the DIO (J.P. Orlando, Ed.D) to address concerns about fatigue, burnout, depression, stress, and their own well-being. Individuals are encouraged to utilize available resources (see Wellness Resource Handbook) available to promote physician well-being. The Wellness Resource Handbook can be located at the shared drive. Follow the pathway: my files>Bethlehem>Physician Wellness>Resources. Programs should require Housestaff to attend wellness curriculum as outlined by wellness faculty, PD, and DIO (J.P. Orlando, Ed.D). These include but are not limited to:

- 3.1. GME program retreats or meetings in the Fall and/or Spring of each academic year
- 3.2. Wellness presentations at orientation and ACGME-AOA core competency symposia to address aspects of physician well-being
- 3.3. Monthly wellness lunch meeting with wellness faculty per Academic day curriculum
- 3.4. Orientation workshops and other program strategies (see Wellness Resource Handbook).
- 3.5. Promote SLUHN WellNOW in your program. <http://wellnow.sluhn.org/>

### 4. Responding to and supporting physician wellness issues:

**SLUHN has several resources to support wellness issues including:**

**Silver Cloud:** a CBT approach to help Housestaff to manage anxiety, depression and stress. Housestaff can use Silver Cloud as an online resource. This is an anonymous service. <https://us.silvercloudhealth.com/>

**ComPsych:** Housestaff can use this resource to receive therapeutic services. They are entitled of five free sessions a year. This service is available 24 hours and 7 days a week. Call: 800-311-4327/TDD: 800-697-0353.

**SLUHN Behavioral health:** offers many services including psychiatry and outpatient psychotherapy. Call: 484-526-2400 for an appointment.

*Please note, Housestaff can email the DIO (J.P. Orlando, Ed.D) anonymously to "medicaleducation@sluhn.org" with any complaints concerns or suggestions. In addition, on a semi-annual basis, the (DIO (J.P. Orlando, Ed.D) meets with the Housestaff in each program so that individuals can express and address concerns in a protected manner.*

### **External Resources:**

**Penn Professionalism Practice** - <http://www.med.upenn.edu/professionalism/foster.shtml>  
**Pennsylvania Physicians' Health Program** - <http://www.fsphp.org/state-php/pennsylvania>

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If an individual is in immediate need of help (non-crisis), offer the resources above. Individuals should be offered the resources above regularly to destigmatize mental health. In case Housestaff are suggested to utilize such services due to mild impairment, PD should document the issue and provide the individual with the appropriate resources. Furthermore, PD should inform DIO (J.P. Orlando, Ed.D) and Dr. Renata Carneiro of the issue.

Examples of non-crisis are below:

- Adverse events
- Life cycle transitions
- In need of additional support
- Self-harm behaviors (that are not suicidal attempts, i.e. cutting)

In case of moderate to severe impairment, please contact the EAP for an evaluation. Please notify the DIO (J.P. Orlando, Ed.D) and Dr. Carneiro of the issue. Examples of severe impairment:

- Inability to perform assignments, work as expected for the individual's level.
- Demonstrating unprofessional behaviors even after being made aware of such behaviors.

In the event of a crisis, Housestaff should go to the Emergency Department, and **DIO (J.P. Orlando, Ed.D) should be contacted**. If necessary, the appropriate PD should also pull Housestaff off service and call EAP at 1-800-311-4327. The PD should also document the issue and the action plan.

Crisis Situations

- Actively Suicidal (thoughts and action plan)
- Homicidal (thoughts and action plan)
- Psychotic Behaviors
- Substance Abuse
  - Refer to Policy #82 "Fitness for Duty" for appropriate steps if applicable.

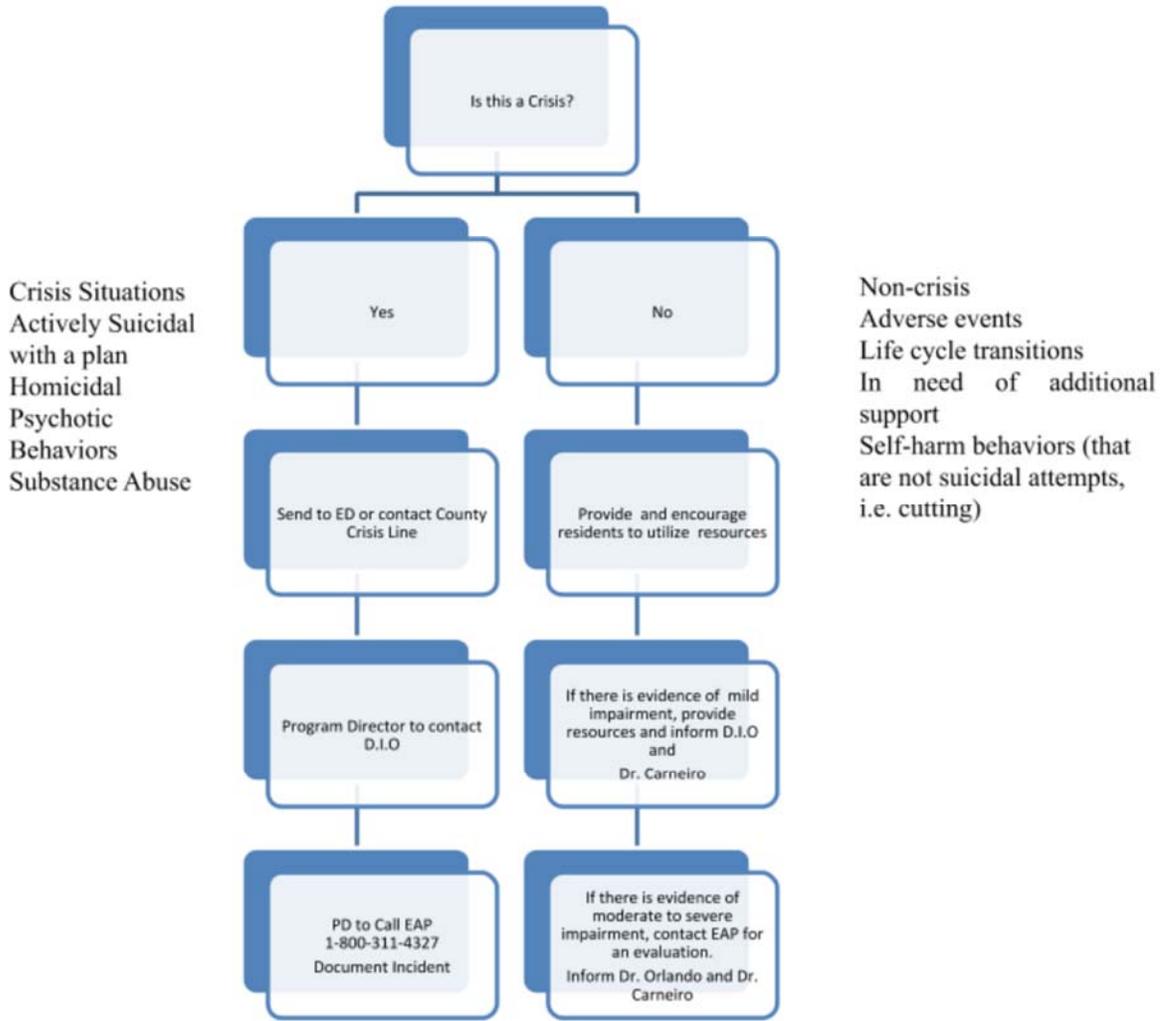
If an individual is in crisis, and does not want to go to the Emergency Department, please contact Lehigh County Crisis Intervention at 610-782-3127.

REFERENCES:

1. Ishak WW, Lederer S, et al. Burnout during residency training: a Literature Review. *J Grad Med Educ.* 2009;1(2):236-242.
2. Raj, KS. Well-being in residency: A systematic review. *J Grad Med Educ.* 2016;8(5):674-684.
3. Shanafelt, TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172:1377-1385.

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## 5. Crisis Management Workchart



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### **DD. Fatigue Education, Mitigation, Transitions of Care, and Communications Protocol**

#### Background

Housestaff and faculty must be unimpaired and fit for duty to engage in patient care. However, in the event fatigue occurs, the institution follows this protocol and procedure. Programs may have a supplemental protocol.

#### Definition of Fatigue:

1. Mental, emotional, and/or physical weariness/tiredness/sleepiness that results from labor or exertion that makes it difficult to concentrate and perform your best at work.
2. Tired, exhausted, or sick to the point that it impedes your ability to function and/or carry out one's professional duties. Specifically, if it begins to impair your ability to make critical decisions and provide high quality patient care.
3. Lack of concentration and poor performance in any patient care setting.

#### Education:

Minimally, Housestaff and faculty are educated on recognition of sleep deprivation, fatigue management and strategies for fatigue mitigation at Medical Education Grand Rounds Symposium. This education is offered annually, typically in July. Programs also offer education during their conference. Additionally, trainees are required to complete the LIFE (Learning to Address Impairment and Fatigue to Enhance Patient Safety) Curriculum module on Fatigue and Impairment to address the following ACGME Educational Requirements: Fatigue, Stress and Depression, Substance Abuse, Disruptive Behavior, Burnout, Boundary Violations, Impairment, and Instructive Feedback

#### Signs of Fatigue:

Housestaff and program faculty are instructed and expected to recognize signs of fatigue and not try to minimize it by false self-assurance regarding their ability to handle work during sleep deprivation. Specific warning signs for sleepiness and fatigue include:

- Sedentary nodding off (e.g. during conferences) or driving
- Micro-sleeps (5-10 seconds) that cause lapses in attention
- Difficulty focusing on tasks
- Repeatedly checking your work unnecessarily
- Irritability
- Decreased affective range, flattened affect
- Difficulty with problem-solving
- Reduced ability to multi-task
- Increase in forgetting tasks/duties

#### Mitigation of Fatigue

Appropriate techniques for mitigation of fatigue should be employed as part of a fatigue management strategy including strategic napping, judicious use of caffeine, and availability of relief by back-up call systems with transition of care to other providers. All trainees are instructed to intervene when fatigued by using the following:

- Sleep. Make yourself sleep post call.
- Nap. A 15-20 minute nap in the afternoon or during a night shift. Sleep prophylactically before and after night shifts.

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- Use caffeine carefully; do not assume caffeine can be substituted for sleep.
- Make your sleeping space conducive to sleep. Reduce light, noise, air temperature.

### Transitioning Care When Fatigued:

- Housestaff who are unable to engage in patient care due to fatigue or impairment for whatever reason(s) must transition responsibility for their patients to other health care providers.
- It is the responsibility of peers, supervising Housestaff, chief Housestaff, supervising attendings and faculty to monitor for Housestaff fatigue or impairment and ensure that necessary relief or mitigation is taken when necessary.
- As appropriate, facilities for rest/sleep and/or access to mechanisms for safe transportation home are available to Housestaff.
- If a Housestaff feels fatigued, he or she is instructed to notify their immediate supervisor, who may be a senior Housestaff or attending physician, as well as the chief Housestaff. Their options include sleeping at the hospital or getting a ride home, either through Uber/Lyft (which SLUHN will reimburse), or having the chief Housestaff drive them home. The chief Housestaff help to coordinate coverage, if needed. If there are any concerns, the Housestaff is instructed to contact the program coordinator and/or PD.
- Whenever a Housestaff needs to leave for personal care (sick day, fatigue) another Housestaff and/or attending is expected to help cover the patient care.
- In the event of an emergency, the Housestaff should contact the PD. PD arranges for PA or attending help so Housestaff can be excused from clinical work to rest.

### Communication

- The PD and coordinator will discuss fatigue with Housestaff and instruct them on this protocol.
- This protocol is also available in the GME protocol manual located on the intranet under the “LEARNING” tab.
- This protocol is also reviewed during orientation (July) and at faculty meetings so all stakeholders are aware.
- The protocol is reviewed directly with the incoming chief Housestaff at the start of the new academic year and then again with all the Housestaff at a monthly program meeting. This ensures all chief Housestaff are aware of the communication plan.
- This communication procedure will be included in each programs protocol manual which Housestaff will receive at the start of each academic year.

Failure to comply with Clinical and Educational Work Hour limitations can result in corrective or disciplinary actions. Any Housestaff who knowingly violates Clinical and Educational Work Hour rules or fatigue management policies can be subject to various corrective actions or disciplinary action that can include, but is not limited to, suspension, probation, demotion, nonrenewal or termination. In the event of disciplinary actions, the Housestaff will be entitled to due process and grievance proceedings as per GME protocol.

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### **EE. Payment for Boards in Dually Accredited Programs**

If residents elect to take both MD and DO specialty boards in the year that they graduate, the Network will pay for the cost of the higher cost examination. If residents decide to take only one examination which some of our residents in the past have decided based on their career plans, then they are responsible for payment unless they are employed by the St. Luke's physician group upon graduation. In that case, the Network will reimburse the residents the board fee upon employment starts. We reimburse them after they pass the exam and only for the first take. If they fail, they are responsible for subsequent takes.

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### **FF. Reimbursement of Mileage for Work Day Activities policy for Housestaff**

Reimbursement of mileage only occurs with approved network-related activities while on duty and/or related to the individual's job responsibilities.

Automobile mileage reimbursement is paid per the standard cents per mile rate for business miles driven as determined annually by St. Luke's University Health Network.

Housestaff can only submit for mileage reimbursement for travel that is **greater than** sixteen (16) miles. For example, if you must go to Bethlehem for a rotation after a lecture at Anderson, you cannot count those miles, as the distance between the two destinations is less than 16 miles. On the other hand, if you must go Miner's for a rotation after a lecture at Anderson you can count that travel, as the total distance is greater than 16 miles.

Please Note:

1. You cannot claim mileage from your home to your first Network location or vice versa from your last Network location to your home.
2. If your travel exceeds 16 miles you can be reimbursed for the entirety of the trip.
3. Traveling to multiple destinations under the 16 mile cut off will not stack together even if driven on the same day.
4. This policy does not include scholarly activity attendance at local, regional, and national conferences.

To submit your mileage:

1. Use the SLUHN form
2. Complete all columns (Date, Starting Location, Ending Location, Purpose of Travel and Miles Traveled)
3. Mileage reimbursement must include a brief description of the purpose of travel (*i.e. Shift coverage, EPIC training, department meeting*); please note that "work" is not a sufficient description. The names of the to/from location and address must also be clearly stated.
4. Submit your form to your Program Coordinator at the end of each block (within one week of block end).

## **Graduate Medical Education (#72)**

### **GG. Protocols defining common circumstances requiring faculty involvement**

**Escalation of Care:** Any urgent patient situation should be discussed immediately with the supervising attending. This includes:

1. In case of patient death.
2. Any time there is unexpected deterioration in patient's medical condition.
3. When a patient needs invasive operative procedures.
4. Instances where patient's code status is in question and faculty intervention is needed.
5. A patient is transferred to or from a more acute care setting (floor to ICU and vice versa).
6. A patient's condition changes requiring Code Team activation.
7. Any other clinical concern whereby the intern or the resident feels uncertain of the appropriate clinical plan.

**Timeliness of Attending Notification:** It is expected that the resident will notify the attending as soon as possible after an incident has occurred. Notification of the attending should not delay the provision of appropriate and urgent care to the patient. If, despite the best efforts, the resident cannot reach the assigned attending, then they should notify the program director, medical director of the service or the chair of the department for guidance.

#### **Bedside Procedures and Level of Training:**

**PGY 1 Resident:** Direct supervision by upper level resident, fellow, or faculty for all invasive procedures until proficiency demonstrated in established quantity, this number can vary by training program.

**PGY 2 and Higher Resident:** Direct supervision by upper level resident, fellow, or faculty for all invasive procedures until proficiency demonstrated in established quantity, this number can vary by training program.

## **Graduate Medical Education (#72)**

### **HH. Program Closure or Reduction**

If SLUHN plans to reduce the of a GME program or close a GME program, the DIO will inform the GMEC and affected residents/fellows as soon as possible about the intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close. SLUHN will allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education.

## **Graduate Medical Education (#72)**

### **GG. Program Closure or Reduction**

Non-competition: St Luke's maintains a policy which states that neither the St Luke's nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

## **Graduate Medical Education (#72)**

### **Policy Responsibility**

Allentown	Graduate Medical Education Committee	Preparer
Bethlehem	Graduate Medical Education Committee	Lead Preparer
Quakertown	Graduate Medical Education Committee	Preparer
Miners	Graduate Medical Education Committee	Preparer
Anderson	Graduate Medical Education Committee	Preparer
Warren	Graduate Medical Education Committee	Preparer

### **Disclaimer Statement:**

This policy and procedure is intended to provide a description of a course of action to comply with legal requirements and/or operational standards. There may be specific circumstances not contemplated by this policy and procedure that may make compliance either unclear or inappropriate. For advice in these circumstances, consult with your Chain of Command, Administrator on Call, Clinical Risk Management, Legal Services, Accreditation and Standards, or Compliance Officer, as appropriate.

### **Approval**

Graduate Medical Education Committee every two years.