



Prime Healthcare

**Prime South GME
Consortium –
Southern Regional Medical
Center 2024-2025
Resident Manual**

Welcome to Prime South!

Prime Healthcare is dedicated to pursuing the highest quality of patient care in graduate medical education. We recognize one of our major responsibilities is the provision of organized educational programs. This responsibility includes guidance and supervision of the House Staff while facilitating the professional and personal development of residents and fellows and ensuring safe and appropriate care for patients. Prime South GME Consortium commits itself to providing adequate funding of Graduate Medical Education to ensure support of its faculty, trainees, ancillary staff, facilities, and educational resources to achieve this. As a resident or fellow, you are now part of the larger graduate medical education (GME) network in the United States.

Prime South GME Consortium is currently home to GME programs in more than eight hospital/medical centers in Kansas, Missouri, Texas, and Georgia. Welcome to your program and to the broader Prime Healthcare organization. You have started the most impactful period of your medical training. This is a time when you will be inspired, challenged, and given the tools to care for and improve human life. And, by joining the Prime South GME Consortium family, you have opened the door not only to an exceptional GME experience but also to fulfilling career opportunities across our robust network of top-performing hospital/medical centers, practices, urgent care centers and research centers and California University of Science and Medicine.

As is the case with most U.S. residency and fellowship programs, GME is where new trainee doctors begin to treat real patients in a real-world environment. What makes Prime South GME Consortium programs unique is emphasis on the individual resident/fellow's performance. We work to develop competencies that a physician will need once he or she enters practice, such as core measures and patient satisfaction. We give continuous feedback to our residents/fellows so they will understand where they excel, as well as where they can improve. We tailor our curricular offerings and use our wealth of expertise and resources to provide you with personalized, innovative, and evidence-based training. This offers you the advantage of quickly becoming a leader in the healthcare industry early in your career.

Throughout your educational experience, there will be an intentional emphasis on communication between the physician and the patient. You will also spend a great deal of time talking about the business side of healthcare. Since Prime Healthcare leads in both areas, we are uniquely prepared to help you become the best physician you can be.

I want to thank you for choosing Prime South GME Consortium (Hospital/Medical centers). Welcome to the highest-quality, most patient-centered team, where one path leads to thousands of opportunities.

Sincerely,

Ravi Kallur, PhD | Regional Vice President Graduate Medical Education | Prime South GME Consortium

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The Roman numerals at the end of the subject matter headings above relate to the [ACGME Institutional Requirements](#) section headings.

I. List of Common Terms

Accreditation Council for Graduate Medical Education (www.acgme.org)

The Accreditation Council for Graduate Medical Education (ACGME) is an independent entity that sets standards for U.S. graduate medical education (residency and fellowship) programs and the institutions that sponsor them and renders accreditation decisions based on compliance with those standards. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards (Institutional and Program Requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. Accreditation is overseen by a Review Committee (RRC) made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty residency and fellowship programs.

Clinical Competency Committee

The clinical competency committee (CCC) is a required body comprising three or more members of the active teaching faculty who are advisory to the program director (PD) and review the progress of all residents/fellows in the program.

Competencies

Competencies are specific knowledge, skills, behaviors, and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

Complement

A complement is the maximum number of residents or fellows approved by a Review Committee per year and/or per program based upon the availability of adequate resources.

Designated Institutional Official

The designated institutional official (DIO) is the individual in a Sponsoring Institution who has the authority and responsibility for all ACGME-accredited programs of the institution.

Graduate Medical Education Committee

The graduate medical education committee (GMEC) has responsibilities that include oversight of institutional and program accreditation, quality of the learning and working environment, quality of the educational experiences, programs' annual evaluation and improvement activities, processes related to reduction/closure of programs and provision of patient safety reports.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

Hospital/ Medical Center

The hospital/medical center is the acute care facility to which a particular resident or fellow is assigned for their program.

Program Director

The program director (PD) is the individual designated with authority and accountability for the operation of a residency/fellowship program.

Program Coordinator

The program coordinator (PC) is the lead administrative person who assists the PD in accreditation efforts, educational programming, and support of residents/fellows.

Program Evaluation Committee

The program evaluation committee (PEC) is the group of faculty, residents and other program leaders appointed by the PD to conduct the Annual Program Evaluation and program review as needed.

Postgraduate Year

Postgraduate year (PGY) is the denotation of a postgraduate resident/fellow's progress in his or her residency and/or fellowship training; used to stratify responsibility in most programs. The PGY does not necessarily correspond to the resident/fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric cardiology fellowship program is a pediatric cardiology 1 level and a PGY-4.

Remediation

Residents/fellows may undergo remediation, which allows for correction of deficiencies that require intervention. Remediation is a method to assist each learner in reaching his/her fullest potential by addressing areas of deficiency toward graduation requirements. A remediation plan may be issued to address and correct the resident/fellow's performance deficiencies that may cause disruption to a resident/fellow's progression or continuation within the program. Remediation is not a form of punishment, but a method used to help the resident or fellow improve.

Review Committee or Residency Review Committee

The Review Committee (RC), or Residency Review Committee (RRC), is a group comprised of volunteers physicians and other professionals that sets accreditation standards (requirements), provides peer evaluation of Sponsoring Institutions (SIs) or programs to assess the degree to which these comply with the applicable published accreditation requirements and confers an accreditation status on each Sponsoring Institution (SI) or program with regard to substantial compliance with those requirements. There are three types of Review Committees: Specialty Review Committee, Transitional Year Review Committee, and Institutional Review Committee (IRC).

Sponsoring Institution (SI)

The Sponsoring Institution is either an individual medical center/ hospital/medical center or group of such centers / hospital/medical centers that is identified by the ACGME as the responsible organization that ensures all residency programs accredited by ACGME have the required resources, have policies and procedures in place and are following the same in support of all involved in training residents (patients, faculty, staff, others in the medical center / hospital/medical center), follow the accreditation standards (requirements), assess the degree to which the programs comply with the applicable published accreditation requirements.

II. Salary and Benefits (IV.B.3)

ACGME

"IV.B.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. (Core)"

A. Salary

Resident/fellow salaries are determined on an annual basis by the SI and approved by the GMEC.

B. Stipend Payments

1. On-Call Meal Stipend

For hospital/medical centers that do not make food readily available to meet ACGME requirements regarding on-call meals, an on-call meal stipend will be offered. This stipend is provided to cover the meal expenses which the resident or fellow may incur while on call. Like salaries, the on-call meal stipend payments are subject to applicable taxes.

2. Orientation Stipend

Residents/fellows who are new to the hospital/medical center's training programs will receive a stipend to cover the time spent completing on-site and online orientation activities. The stipend will be prorated if resident/fellow does not attend the full orientation. Transferring residents from another Prime South Healthcare facility are not eligible for the stipend but are still required to attend orientation for each respective program. The stipend amount is subject to applicable taxes and withholdings.

C. Expenses Covered by the Hospital / Medical Center

1. Equipment

The hospital/medical center will determine, and make available as needed, electronic and mobile devices for use consistent with the program's scope and needs. The assigned equipment is the property of the hospital/medical center, and the resident/fellow agrees to use it in accordance with the Care and Use of Equipment and Supplies section along with the Internet Utilization and Internet/Intranet/Facility Portals sections of the Employee Handbook. The resident/fellow agrees to only use hospital / medical center issued electronic devices to accomplish responsibilities under their resident agreement. Just like with other equipment the resident/fellow uses in the facility, the device is Prime owned property and should not be tampered with. Prior to the program's completion, if requested, the resident/fellow will return the equipment to the hospital/medical center in the condition in which it was provided to him/her with reasonable wear and tear. If the equipment is either not returned to the hospital/medical center for any reason, or returned with damage beyond reasonable wear and tear, then the resident/fellow may be asked to pay the hospital/medical center the fair market value of the equipment, as determined by the hospital/medical center.

2. Licensure

The hospital/medical center shall pay for or reimburse the resident/fellow for the medical

educational limited license. In cases where a full medical license is required by the medical board, the hospital/medical center shall pay for this license as well. The resident/fellow shall initiate procedures to obtain such license as soon as she/he is qualified to do so. Please note that it is incumbent on the resident/fellow to understand the requirements of the medical board in the state where their residency/fellowship training will take place. States have differing requirements as it relates to medical educational limited licenses and when a full medical license is required. Failure to secure the needed license in a timely manner may result in suspension or termination. Failure to obtain such a license will also result in termination of the appointment as Resident/Fellow.

3. Required Certification

The hospital/medical center shall provide the certification courses and any related materials required by the hospital/medical center and/or the program, including, but not limited to, Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), pursuant to the program manual.

4. In-Service Examinations

The hospital/medical center shall pay for in-training examinations in the applicable specialty.

5. Uniforms

At the start of PGY-1, the hospital/medical center shall provide either two laboratory coats per resident/fellow (July 1 to June 30) or provide a reasonable substitution satisfying the facility requirements and program specialty. For subsequent years, the hospital/medical center shall provide uniforms as specified in the program budget.

D. Benefits

The hospital/medical center provides a comprehensive list of personal benefits package options. The most current plan, enrollment and renewal information may be found on the hospital/medical center human resources benefits site.

Benefits include, but are not limited to, the following:

- Medical, dental and vision insurance
- Short-term disability
- Long-term disability
- Life insurance
- Flexible spending accounts
- Core Plus voluntary benefits
- PRIME Healthcare 401(k) plan
- The hospital/medical center will provide worker's compensation insurance that's consistent with the hospital/medical center's benefits program.

III. Eligibility and Selection of Residents and Fellows (IV.B.1)

ACGME

“IV.B.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. (Core)”

- A. Applicants with one of the following qualifications are eligible for consideration for appointment to accredited residency programs:
 1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME);
 2. Graduates of colleges of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA);
 3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - a. Have received a current valid certificate from the Educational Commission for Foreign Graduates (ECFMG);
 - b. Have a full and unrestricted license to practice medicine in the state where the program is located;
 - c. Graduates of medical schools outside the United States who have completed a Fifth Pathway program¹ provided by an LCME-accredited medical school.
 4. Applicants must be recent graduates from medical school to be considered. Special exceptions may be considered for:
 - a. Candidates with an M.D. or D.O. with a M.P.H./M.S./Ph.D. and extensive prior research experience after completion of an LCME- or a COCA-accredited medical or osteopathic medical school in the U.S. or Canada.
 - b. Candidates who have served a prolonged period as a general medical officer in the U.S. military.
 - c. Candidates who have successfully completed an ACGME- or AOA-accredited residency/fellowship program in the U.S. or Canada.
 5. All requisite prior training must be **successfully** completed prior to beginning any residency or fellowship program.
 6. Applicants must have passed United States Medical Licensing Examination (USMLE) Step 1 and Step 2 CK or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) Level 1 and both components of Level 2.
- B. Programs will select candidates to interview only from among the pool of eligible applicants, evaluating each applicant based on their preparedness, ability, aptitude and academic background (to include clerkship grades, standardized test scores, communication skills and humanistic qualities, such as motivation, honesty and integrity).
- C. All residency programs are required to use the Electronic Residency Application Service (ERAS) to receive and accept applications to the program. All residency programs will also participate in the National Resident Matching Program (NRMP).

- D. For residents or fellows attempting to transfer, the residency/fellowship program must first seek permission from the Prime South GME Consortium Regional Vice President to consider the transfer. If permission is granted, then the receiving program must receive verification of each applicant's level of competency in the required clinical field using ACGME or Can MEDS Milestones assessments from the prior training program.
- E. Applicants invited to interview for a resident/fellow position are informed, in writing or by electronic means, of the terms, conditions and benefits of their appointment to the ACGME-accredited program, as well as all institutional and program policies regarding eligibility and selection for appointment, either in effect at the time of the interview or that will be in effect at the time of their eventual appointment. This includes financial support; vacations; parental leave, sick leave and other leaves of absence; and professional liability, health, disability and other insurance accessible to residents/fellows and their eligible dependents. All terms, conditions and benefits of the potential appointment are described in the GME resident/fellow contract.
- F. In compliance with applicable federal and state law, the hospital/medical center does not discriminate against individuals with regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.

Visa Policy for Graduates of International Medical Schools

- A. An International Medical School Graduate (IMG) is defined as a graduate of a medical school located outside of the United States.
- B. J-1 visas related paperwork is issued by ECFMG. For more information visit <http://www.ecfm.org>. We do not sponsor graduates of international medical schools on H-1B visas.

National Resident Matching Program (NRMP) Main Match

- A. We participate in the NRMP for all postgraduate year residency (PGY) I, II and most all fellowship positions. The purpose of the NRMP is to match medical students and other applicant physicians with hospitals to obtain internships, residencies, and fellowships. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of most desired applicants. On a uniform date (mid-March) all the applicants and hospitals are informed of the result of the match. To learn more visit [Match Calendars | NRMP](#).

Recommendation of Appointment

- A. Recommendations of appointment for continuing House Staff are due in the GME office no later than March 1 of each year. All recommendations of appointments are subject to review and final approval by the DIO of Graduate Medical Education.
- B. House Staff contracts are issued electronically with a copy of this House Staff Policies and Procedures (P & P) document. House Staff P & P are part of the House Officer's contract. All House Staff are required to read the House Staff P & P and electronically sign their contract. Contracts are issued for each academic year and are limited to one (1) year duration at a time. All House Staff must complete all required online training modules and provide proof of completion. To promote compliance, all House Staff need to be tested for tuberculosis (TB) between March 1st and June 30, annually.
- C. Policies & Procedures contains a number of references to required on-line courses, Medical license, deadlines, and other mandatory requirements. Failure to comply with these requirements and deadlines may mean the inability to commence or continue training, or termination.

Level of Appointment

- A. A Resident/Fellows' appointment is determined in accordance with the level recognized by the specialty board in the residency training program.

IV. Resident/Fellow Pre-Employment Requirements and Responsibilities

A. Pre-Employment Requirements

1. Documentation of eligibility for employment, including work and training visa status, if applicable.
2. Documentation of resident/fellow receipt of all immunizations or signed declinations required under hospital/medical center policy.
3. Successful passing of laboratory screening tests for abuse of controlled substances.
4. Criminal background check
5. Occupational health screening
6. Obtaining and maintaining a valid, unrestricted medical license for medical trainees of a similar training level as required in the state of employment.
7. Attendance at and successful completion of any pre-employment training courses or orientation assignments required by the hospital/medical center or the program.
8. Proof of graduation by delivering to the program a diploma or official transcript from an accredited medical, osteopathic, or podiatric school in accordance with the eligibility requirements set out in this manual, which are also incorporated into the GME resident/fellow agreement by reference; and
9. The resident/fellow must not currently be excluded, debarred or otherwise ineligible to participate in any federal health plans, must not have been convicted of a criminal offense related to the provision of health care items or services and must not be, to the best of his/her knowledge, under investigation or otherwise aware of any circumstances which may result in the resident/fellow being excluded from participation in the federal health programs.

B. Employment Requirements

1. The resident/fellow shall fulfill all professional and educational duties, obligations and assignments provided by the hospital/medical center through the PD.
2. The resident/fellow shall maintain in good standing, either such training license or such full license always during the residency/fellowship employment period.
 - a. Residents/fellows in Texas must maintain eligibility for licensure pursuant to the license exemption and register with the board. Failure to maintain eligibility for a medical license in Texas will result in suspension without pay or termination of the resident/fellow agreement at the discretion of the PD and DIO.
 - b. The resident/fellow must provide documentation of licensure to the

hospital/medical center prior to employment and upon request thereafter and must immediately notify the hospital/medical center if any license, permit, or certification is restricted, revoked, suspended or not renewed. Failure to maintain current medical licensure will result in either suspension without pay until the license is renewed or termination of the resident/fellow's agreement with the hospital/medical center at the discretion of the PD.

- c. The hospital/medical center will pay the fee for the initial training license and renewal training license as applicable. If full physician licenses are not required for the training program, but the resident/fellow chooses to hold a full license, the resident/fellow is responsible for the application, fee and license maintenance.
3. The resident/fellow shall also obtain and maintain a National Provider Identifier (NPI) number.
4. Resident/fellow shall enroll in the Medicare program PECOS (Provider Enrollment, Chain and Ownership System) for the sole purpose of ordering and certifying items or services for Medicare beneficiaries.
5. The resident/fellow shall abide by all rules and regulations as set forth by the ACGME and this GME Resident & Fellow Manual.
6. The resident/fellow acknowledges that the hospital/medical center/medical center has certain obligations in connection with applicable laws, regulations and accreditation standards, including, but not limited to, state law/regulations; Occupational Safety and Health Administration (OSHA) regulations, Office of Inspector General (OIG); Medicare and Medicaid eligibility and reimbursement requirements, the standards of The Joint Commission; the ACGME; and all applicable labor and civil rights laws. The resident/fellow further acknowledges that the hospital/medical center, from time to time, may adopt policies, procedures and/or documentation requirements in connection with the implementation of such laws, regulations, and accreditation standards.
7. The resident/fellow agrees to cooperate fully with the hospital/medical center/medical center in its compliance with all applicable laws, regulations, and accreditation standards, as may be enacted or amended from time to time, and with all implementing policies, procedures and/or documentation requirements now in existence, or as may be adopted or amended by the hospital/medical center/medical center from time to time.
8. The resident/fellow shall behave in a professional manner consistent with the hospital/medical center's standards (outlined in the Employee Handbook) and acknowledges that it is the express policy of the hospital/medical center to prohibit discrimination with regards to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.
9. Educational assignments and rotations will be carried out by the resident/fellow and in accordance with the goals and objectives of each program and the specialty-specific milestones. The resident/fellow will be responsible for operating in accordance with the GME Resident & Fellow Manual as the resident/fellow engages in patient safety, quality improvement, transitions of care, supervision, work hours and professionalism as defined by the ACGME.

10. For information regarding requests for and consent to release of information and release of liability, reference the GME Resident/Fellow Employment Agreement Attachment 1.

V. The Learning and Working Environment

A. Clinical and Educational Work Hours

1. With respect to working hours both on-site and off-site, all House Staff must comply with the rules of the department to which they are assigned and any applicable ACGME, State or Federal Regulations setting limitations on work hours. All House Staff are required to accurately record their work hours on the residency management system and will be disciplined if they fail to do so.

Work Hours

1. Work hours are defined as time spent by House Staff enrolled in an ACGME program performing all clinical and academic activities required by the House Staff's training program: patient care activities (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, research and research-related training in an ACGME rotation, and scheduled activities, such as conferences and other didactics. Work hours do not include reading and preparation time spent off site.
2. House Staff are to be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
3. Clinical and educational work hours must be limited to no more than eighty (80) hours per week, averaged over a four-week (4) period, inclusive of all in-house clinical and educational activities, clinical work done from home, research and research-related training experiences, and all moonlighting.
4. House Staff must have eight (8) hours off between scheduled clinical work and education periods. There may be circumstances when House Staff choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in seven requirements.
5. House Staff must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
6. House Staff must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
7. Clinical and educational work periods for House Staff must not exceed 24 hours of continuous clinical assignments.
8. Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or House Staff education.
9. Additional patient care responsibilities must not be assigned to a House Staff during this time.
10. In rare circumstances, House Staff, on their own initiative may elect to remain or

return to the clinical site in the following circumstances (to continue to provide care to a single severely ill or unstable patient, humanistic attention to the needs of a patient or family; or to attend unique educational events.)

11. These additional hours of care or education will be counted toward the 80-hour weekly limit.
12. Moonlighting - Moonlighting must not interfere with the ability of the House Staff to achieve the goals and objectives of the educational program and must not interfere with the House Staff's fitness for work nor compromise patient safety. All Moonlighting and any non-clinical outside work must be approved in writing and in advance by the Program Director and the GME office. House Staff acknowledges that moonlighting and other outside work or volunteering are subject to work hour requirements and are not covered by hospital's professional liability or other insurance.

Time spent by House Staff in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

House Staff can report non-compliance with work hours to GME office, PD, DIO.

All House Staff must accurately report their work hours on a weekly basis using the Residency Management System.

Accurate reporting is considered part of the ACGME "professionalism" competency.

Professional Activities During Off Time

Professional activities in House Staff's off-time hours should be arranged so as not to interfere with the House Staff obligations and their ability to benefit from the Graduate Medical Education Program.

B. Patient Safety, Quality Improvement, Supervision and Accountability

1. Each resident/fellow will be educated on patient safety goals, tools, and techniques, and trained on how to report patient safety concerns. Each resident/fellow will also complete a quality improvement project that includes participation in inter-professional quality improvement activities.

C. Professionalism

1. Professionalism and learning objectives are accomplished through supervised patient care responsibilities, clinical teaching, and didactics.
2. Emphasis is placed on a learning environment free of excessive reliance on residents/fellows to fulfill non-physician obligations and ensure manageable patient care responsibilities.
3. Each resident/fellow must assure personal fitness before, during and after clinical assignments as a responsibility of patient- and family-centered care.
4. Recognition of impairment from illness, fatigue and substance abuse in oneself, peers or other members of the health care team is a personal responsibility.
5. Professionalism involves accurate reporting of clinical and educational work hours, patient outcomes and clinical experience data.
6. Programs must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse or coercion of students, residents/fellows, faculty, and staff.
7. In addition to the above, residents/fellows should make themselves aware of

hospital/medical center-specific code of conduct, dress code, personal appearance guidelines, standards for professional behavior and confidential reporting policies as outlined in the Employee Handbook and adhere to these expectations.

D. Resident & Faculty Well-Being

Southern Regional Medical Center is committed to the overall wellbeing of the residents and faculty. Southern Regional Medical Center will take the following initiatives to prioritize wellness amongst residents and faculty:

1. So that residents, fellows and faculty are better prepared to manage their own well-being, each program will organize educational sessions on well-being to bring attention to burnout, depression and substance abuse and the related symptoms.
2. To protect the resident/fellow work environment, each program will focus on ensuring a meaningful physician experience, which includes protection of time with patients, minimization of non-physician obligations and promotion of progressive autonomy.
3. In addition to the above, all PRIME Healthcare employees have access to EAP program.
4. 24 hours a day, seven days a week. Call toll-free at 877-595-5284 and access self-screening tools at <http://www.guidanceresources.com/>. All communication between Resident/Fellow EAP resources and personnel are strictly private and confidential, and all records pertaining to participation are kept by an outside vendor. EAP Support participation does not adversely affect job security or advancement opportunities.
5. Residents/fellows have the opportunity, after consulting with their PD, to attend medical, mental health and dental care appointments during work hours. It is also understood that there are circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, illness and family emergencies, without fear of negative consequences. The resident/fellow must still communicate with their PD as far in advance of their shift as possible if they will not be able to report to work.

E. Fatigue Mitigation

Adequate sleep facilities are provided to residents/fellows as needed and transportation for residents/fellows too fatigued to return home will be provided, along with transportation back to work. Education on fatigue and the signs of fatigue will be provided for awareness and proper management.

During orientation, each resident/fellow will complete or attend a course. This training occurs annually, at the beginning of each academic year, and is made available to all residents/fellows and faculty.

F. Clinical Responsibilities, Teamwork and Transitions of Care

1. Clinical Responsibilities
Clinical responsibilities for each resident/fellow are defined in the curriculum goals and objectives and are specific to each PGY level and specialty as it relates to personal ability, patient safety, severity and complexity of the patient illness/condition and available support services.
2. Teamwork
Residents/fellows must care for patients in an environment that maximizes

communication and opportunity to work as a member of effective inter-professional teams that are appropriate for specialty-specific delivery of care.

3. Transitions of Care

- a. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure.
- b. Programs, in partnership with their Sponsoring Institutions, must provide and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- c. Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process and monitor that process.
- d. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents/fellows currently responsible for each patient's care.
- e. Each program must monitor the continuity of patient care, consistent with the program's policies and procedures.
- f. A transition of care ("hand-off") is defined as:
 - Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure or diagnostic area
 - Inpatient admission from the emergency department
 - Transfer of a patient to or from a critical care unit
 - Transfer of a patient from the intensive care unit to an inpatient unit when a different physician will be caring for that patient
 - Transfer of care to other Prime Healthcare professionals within procedure or diagnostic areas
 - Discharge, including discharge to home or another facility such as skilled nursing care
 - Change in provider or service, including resident/fellow sign-out, inpatient consultation sign-out, and rotation changes for residents/fellows

G. Disclosure Pursuant to Prime Healthcare South Graduate Medical Education's Obligations to Support Legitimate Educational Interests

Each teaching hospital/medical center's goal is to continually improve the clinical and educational environment in which residents train. The hospital/medical centers and officials of the PRIME Healthcare and GME office may use residents' education records and personally identifiable information, including but not limited to clinical outcomes data, in-training exam performance, formative and summative evaluation results, curriculum outcomes, etc., to support this goal. The only persons or offices with legitimate educational interests in reviewing resident education records and personally identifiable information include, but are not limited to, those employed by the hospital/medical center or Prime South GME Consortium in an administrative, supervisory, academic or research, or support staff positions, contractors, consultants and other outside service providers with whom the organization has contracted, who may utilize the educational record in order to fulfill his or her professional responsibilities.

H. Data Security

The security of computing devices that may handle restricted or prohibited data, including protected health information (PHI), is of utmost importance. State and Federal laws require

device management, including encryption, to protect patient data. It is the House Staff's responsibility to ensure that all their devices are fully compliant with data security policies.

As a trainee, the GME office expects that House Officers will interact with Protected Health Information (PHI), this is considered restricted data by Prime Healthcare policy; therefore, any device House Staff use to access Hospital systems (email, calendar, clinical medical records, etc.) could come into contact with restricted or prohibited data. All those devices must therefore be fully encrypted in order to comply with Hospital policies. (If House Staff have a personal device that is never used to access any of the above systems, and is not used on the Prime Healthcare network, then it is not required to be compliant with data security standards.).

VI. Supervision Policy (IV.J)

ACGME

“IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)”

A. Supervision and Accountability

1. All residents/fellows providing care to patients will be supervised by an available attending physician. As residents/fellows demonstrate competence in their ability to care for patients, it is important to foster their progression to higher levels of autonomy by providing them with clinical roles with greater independence and the opportunity to supervise less experienced residents/fellows. While first year residents/fellows initially require direct supervision, more senior residents/fellows often can operate with more autonomy under indirect supervision or continued faculty oversight, as defined below. Residents/fellows may always call their attending physicians on any areas of uncertainty. Attending physicians will treat trainees with respect and patience. Planned communication to discuss patient progress and management plan changes is encouraged.

a. Supervision Levels

The following supervision levels are defined by current ACGME common program requirements and the institutional supervision guidelines. According to the ACGME, each patient must have an identifiable and credentialed attending physician who is responsible and accountable for the patient's care.

i. **Direct supervision:**

- The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction.
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

ii. **Indirect supervision:**

- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and to provide appropriate direct supervision.

iii. **Oversight:**

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

b. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident/fellow must be assigned by the PD and faculty members.

- The PD must evaluate each resident/fellow's abilities based on specific criteria, guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows, based on the needs of the patient and the skills of each resident/fellow.
- Senior residents/fellows should serve in a supervisory role to junior

residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.

- c. Programs must set guidelines for circumstances and events in which residents/fellows must communicate with the supervising faculty member(s).
 - i. Each resident/fellow must know the limits of their scope of authority and the circumstances under which the resident/fellow is permitted to act with conditional independence.
2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility.

VII. Leave Policy (IV.H)

ACGME

“IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. (Core)”

A. Paid Time Off – PTO (Vacation, Sick or Holiday)

Each resident/fellow receives **annual paid leave of 3 weeks** (a week is defined as five working days, Monday through Friday) to cover time off for vacation, sick, holiday or other time away from work. This collective amount of time off is called paid time off or Paid Time Off (PTO).

State laws differ as it relates to vacation and sick leave.

Regardless of the state or locality of employment for a resident/fellow, there is a process each individual must go through to request and be granted Paid Time Off. The Program Coordinator for that program, in consultation with the Human Resources (HR) leader at the facility, will provide the resident/fellow with state or local specific information.

Note:

- Residents/fellows should plan their Paid Time Off in a timely manner with their Program Coordinator and subject approval from the Program Director to allow for adequate coverage adjustments.
- Each program will define how far in advance a Paid Time Off request must occur.
- Paid Time Off requests for specific dates must be submitted in writing or through the Residency Data Management System
- Residents/fellows should take into consideration the need to save time off for holidays and sick leave when scheduling vacation days.
- Residents/fellows should be aware that each specialty has varying requirements as it relates to:
 - The number of required clinical months of training for their particular specialty,
 - The impact leave has on a resident/fellow’s eligibility to participate in examinations by the relevant certifying board(s).
- The number of actual Paid Time Off days allocated to residents/fellows in different programs within the same facility may differ due to specialty requirements.
- Depending on the specialty, there may be program-specific restrictions as to which rotation a resident/fellow can schedule Paid Time Off.
- Except as required by state or local law, Paid Time Off does not carry over to the next academic year and residents/fellows will not be paid out for unused time.
- Paid Time Off may not be contiguous from one academic year to the next unless approved by the Program Director.
- Maximum time off should be no more than seven contiguous days (including weekends) with rare exceptions. Exceptions to be approved by the Program Director.

B. Educational Leave

Three additional days MAY be granted by the Program Director for educational purposes specific to the resident/fellow's training track, to expand knowledge and skills or present scholarly activity. Educational leave may include, but not be limited to, conferences, society meetings, presentations, Fellowship interviews and USMLE/COMLEX test taking.

The resident/fellow must seek approval from their Program Director as far in advance as possible and prior to committing to any requested educational leave. Each program may set guidelines on notification timelines.

Residents/fellows should not make travel arrangements or payment for educational leave until the PD approves such leave.

All scheduling matters regarding leaves and rotations must be documented through the hospital/medical center residency/fellowship management suite.

As noted above, residents, fellows and programs must be mindful of board eligibility requirements and how they are impacted by resident/fellow leaves and PTO. Refer to specialty-specific guidelines found on the specialty board website.

C. Resident Paid Leave

Resident/fellow employees may be paid **up to six (6) weeks as required by ACGME in its new guidelines** during the duration of the resident/fellow's defined residency program. Resident/Fellow Paid Leave may be used as a continuous leave of absence or an intermittent leave of absence. Unused Resident/Fellow Paid Leave is not paid out upon termination of employment.

For full details, consult your Program Coordinator and HR for Time Away from Work process.

D. Paid Family Leave

Resident/fellow employees may be entitled to leave of absence under the Family and Medical Leave Act ("FMLA"). The full policy may be reviewed with HR.

*Please note:

- i. Except as required by state law, PTO does not carry over to the next academic year and residents will not be paid for unused time.
- ii. PTO requests for specific dates must be **submitted in writing and as far in advance as required by the program.**
- iii. PTO may not be contiguous from one academic year to the next unless approved by the PD.
- iv. Maximum time off should be no more than seven contiguous days with rare exceptions. Exceptions to be approved by the PD.
- v. While the general guidance is that a resident/fellow must use PTO for hospital/medical center- approved holidays, PDs may exercise their discretion based on individual circumstances.
- vi. No additional time is granted for fellowship interviewing. A week is defined as five working days, Monday through Friday. Please note it is up to each individual program to set weekend call schedules prior to and following a resident requested PTO.

E. Other Time Away from Work

An unanticipated absence related to bereavement, military service, jury duty and other circumstances, may occur. Please refer to the leave policies for your hospital/medical center as different states have varying requirements related to leave. When such an absence occurs, the resident/fellow is expected to notify the PD and PC immediately; how notification should occur is up to each program. The program will arrange coverage for the resident/fellow. All leaves of absence must be documented in the residency/fellowship data management tool. Eligibility for parental leave or other hospital/medical center-provided leaves, such as leave permitted under the Family Medical Leave Act (FMLA) or other statutorily required leaves, shall be offered and controlled by the hospital/medical center's HR policies.

F. Parental Leave

Please refer to your hospital/medical center's leave policies as state requirements vary.

VIII. Moonlighting Policy (IV.H)

ACGME

“IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)”

The primary responsibility of all residents/fellows is to their own postgraduate medical education and to the patients charged to their care.

A. General Requirements of Moonlighting

1. PGY-1 residents are not permitted to moonlight.
2. All other residents/fellows who wish to moonlight must be in good standing in their training program.
3. Individual programs may prohibit their residents/fellows from moonlighting.
4. Internal moonlighting on a resident/fellow's specialty service is prohibited.
5. Residents/fellows who wish to engage in practicing medicine outside of their formal training program must complete the moonlighting approval request and documentation through the residency/fellowship management suite.
6. The resident/fellow must have the explicit written and prior approval of his/her PD and DIO before accepting any moonlighting opportunity. That approval must be in writing and must be made a part of the resident's evaluation file.
7. Moonlighting cannot be used to fulfill a training requirement of the current training program.
8. All residents/fellows who engage in moonlighting activities:
 - a. must be fully licensed to practice medicine;
 - b. must have state and federal (DEA) licenses to prescribe; and
 - c. must carry individual malpractice insurance coverage.
9. Licenses and insurance coverage provided by Prime South GME Consortium during the resident's/fellows' graduate medical education CANNOT be used for purposes of moonlighting.
10. Moonlighting may be conducted only within the established institutional principles of work hours. The PD is responsible for monitoring the effect of moonlighting on a resident/fellow's performance in the educational program. Hours devoted to moonlighting must be counted toward the work hours regulations.
11. Moonlighting is a privilege. Residents/fellows who choose to moonlight will be monitored by their PD, and the moonlighting privilege may be revoked by the PD if the PD feels that the moonlighting is adversely affecting the resident/fellow's patient care or education or is putting the resident/fellow at risk for work hours violation or excessive sleepiness/fatigue.
12. J-1 visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements. Residents/fellows are responsible for understanding, advising the GME office and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.
13. Violation of this policy may result in immediate suspension or termination.
14. No resident/fellow may be forced to moonlight.
15. The hospital/medical center does not provide professional liability coverage for duties

assumed outside of the hospital/medical center, and residents should obtain written verification of coverage and limits carried by the host institution or employer and present it to the PD and placed in New Innovations.

IX. Promotion Policy (IV.D.1.a)

ACGME

“IV.D.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident/fellow’s appointment. (Core)”

Purpose: A resident/fellow is expected to be promoted to the next level of residency/fellowship with anticipation of successful graduation. Specialty-specific milestones and ACGME core competencies must be met by each resident/fellow in order to be granted promotion and eventual graduation from residency/fellowship.

These policies are generally applicable to all House Staff training programs. However, since House Staff training programs vary from one department or division to another, some programs may wish to add additional policies of their own. Such policies must be approved by the Graduate Medical Education Review Committee and the DIO.

Recommendation of Residency Review Committee:

As part of the educational mission of our training programs, each House Staff’s professional qualifications must be periodically evaluated by his or her department. Residents/Fellows should be made aware of the results of these evaluations. The following policies are intended to assist the Resident/Fellow and the department or division in the evaluation process.

Evaluation Procedures:

Each department shall adopt procedures which provide for regular and timely evaluation and regular verbal and written notification of the evaluation to each trainee regarding performance. During the residency/fellowship, evaluation results should be personally presented to the House Staff no less than every six (6) months. A trainee whose performance is less than satisfactory should be notified of the conclusion promptly after such determination is made.

An evaluation file should be maintained for each trainee. Information in this file shall be accessible to the trainee. Supervisory faculty should use New Innovations to electronically submit evaluations of each House Staff after each rotation, but not less frequently than quarterly during the Post Graduate Year (PGY) I level or semiannually above the PGY I level. The Program Director should review each House Staff’s file on a routine basis. If a trainee disagrees with statements in an evaluation in the file, the trainee has a right to submit a written response which shall become a part of the file.

Trainees will participate in evaluation of the faculty and the training program.

Consequences of Satisfactory or Unsatisfactory Evaluation:

Upon receipt of satisfactory evaluations and compliance with all other terms of the House Staff P & P, each trainee should expect to continue to the level of training agreed upon when the trainee was recruited, unless given four (4) months’ notice (if possible) from the department that advancement to the next level of training is not to take place at the anticipated time. Reasons for lack of advancement must be given to the trainee both verbally and by written notification. While advance written notice is preferable, an unsatisfactory evaluation may result in a decision adversely affecting the trainee at any time and without advance notice, such as probation, non-advancement, non-renewal, or immediate termination. In such instance, the House Staff shall be informed of the reasons for that decision both verbally and by written notification by the Program Director. The Program Director of any service to which the House

Officer will rotate may be notified of the existence of any current probation or other performance-related issue of which the House Officer has been apprised.

Unless circumstances warrant immediate termination, House Officers will typically have an opportunity to remediate unsatisfactory performance. Corrective actions can include: (1) repeating one or more rotations; (2) participation in a special remedial program; (3) academic probation; (4) termination. With respect to academic probation, the program will determine the length of the probationary period, and what the trainee must accomplish to be removed from the probation. In general, the probationary period will not extend past the end of the current agreement year, unless the agreement ends within three (3) months, in which case the program has the option of extending the probationary period into the next agreement year, but the extension shall not exceed three (3) months. Any House Officer agreement that has been issued by a program for a subsequent training year will be considered invalid and withdrawn until the House Staff has fulfilled the probationary requirements imposed in the current training year and successfully been removed from probation. At the time the House Officer completes a period of probation, the program has the following options:

(1) allow the trainee to complete the remainder of the training year, (2) reappoint the House Officer for the next year, where applicable, (3) not reappoint for the next year, (4) immediately terminate the trainee's contract for the current training year.

If a House Staff disagrees with an evaluation or an adverse decision based on the evaluation, the trainee shall have a right to meet with the cognizant Program Director or committee making the decision, to hear the reasons for the decision, and to respond to them verbally or in writing. If after such meeting the House Staff wishes to appeal the adverse decision, the trainee may do so through the mechanism for resolution of disputes outlined below. **Trainees may not appeal a negative performance evaluation, beyond discussions with the cognizant Program Director or committee, unless the negative evaluation also results in some adverse action such as academic probation or the imposition of a remediation program which may be appealed to Level 2 only.**

Except in cases involving termination, the trainee may at the discretion of the Program Director in consultation with the DIO be permitted to continue in the training program pending such appeal. If the trainee is permitted to continue in the program, the trainee may be assigned to a non-patient care rotation, unpaid leave, or observation status.

The program will identify circumstances where a resident may experience a delay or alternate course in the promotion process. In instances where a resident/fellow agreement will not be renewed, or when a resident/fellow will not be promoted to the next level of training, the program must provide the resident/fellow with as much written notice as possible.

Disciplinary and Adverse Actions

- A. **Disciplinary actions** are typically utilized for serious acts requiring immediate action, such as suspension or dismissal. The residency/fellowship programs are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the GME Resident & Fellow Manual Section XII. Due Process policy. All disciplinary actions will become a permanent part of the resident/fellow's training record.
- B. **Adverse actions** may result when continued remediation actions have been unsuccessful. These actions may include suspension, denial of certificate of completion or non-renewal of agreement or dismissal. Adverse actions will become a permanent part of the

resident/fellow's training record. All significant adverse actions are subject to the GME Resident & Fellow Manual Section XII. Due Process policy.

C. Below are the various actions that may be taken:

a. Suspension

1. A resident/fellow may be suspended from all program activities and duties by his/her PD and DIO for GME.
2. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional; incompetent; erratic; potentially criminal; noncompliant with hospital/medical center policies, procedures and code of conduct, federal health program requirements, or conduct threatening to the well-being of patients, other residents/fellows, faculty, staff or the resident/fellow.
3. All suspensions must be reported to the DIO.
4. Suspension must not exceed 60 calendar days without additional review and may be coupled with or followed by other actions.
5. Suspension may be with or without pay.
6. Residents/fellows can be suspended for failure to comply with the medical records policy.

b. Non-Renewal of Agreement

1. A decision of intent to not renew a resident/fellow's contract should be communicated to the resident/fellow in writing by the PD as soon as practical but no later than prior to the end of the contract year.
2. A copy of the notification, signed by the PD and resident/fellow, must be sent to the DIO.

c. Denial of Certificate of Completion

1. A resident/fellow may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency/fellowship training. This may include the entire year or overall unsatisfactory performance for at least 50 percent of rotations during the final academic year.
2. In most situations, the resident/fellow should be notified of this pending action as soon as possible.
3. A copy of the notification, signed by the PD and resident/fellow, must be sent to the DIO of GME.
4. In certain situations, a resident/fellow denied a certificate of completion may be offered the option of repeating the academic year, but only at the discretion of the PD and DIO.

d. Dismissal

1. Residents/fellows may be dismissed from the program for a variety of serious acts.
2. The DIO or his/her designee must review all dismissals.
3. The resident/fellow does not need to be on suspension or remediation for this action to be taken.
4. Prior written notice will not be provided to the resident when it is determined that the seriousness of the act requires immediate dismissal. Serious acts may

include, but are not limited to, the following:

- a. Professional incompetence
- b. Serious neglect of duty or violation of hospital/medical center or program rules, regulations, policies or procedures
- c. Conviction of a felony or other serious crime as determined by the hospital/medical center
- d. Conduct that the hospital/medical center reasonably determines to be prejudicial to the best interest of the hospital/medical center or program
- e. Unapproved absence from the program
- f. Action or inaction reasonably determined by the hospital/medical center to involve moral turpitude or that is contrary to the interests of patient care or the hospital/medical center
- g. Failure to progress satisfactorily in the program's educational and clinical program
- h. Total disability as defined in the hospital/medical center's employment policies and procedures, or inability to perform duties required hereunder for a designated period of time per the hospital/medical center's employment policies and procedures
- i. Material failure to comply with any specific obligations or intent of this agreement, as determined by the hospital/medical center
- j. Failure to maintain a medical license
- k. Falsification of medical records

Immediate dismissal will also occur if the resident/fellow is listed as an excluded individual by any of the following:

1. Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities;" or
2. General Services Administration's "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"

X. Remediation

A. Residents/fellows may undergo remediation, which allows for correction of deficiencies that require intervention. A remediation plan will be issued to address and correct the resident/fellow's performance deficiencies that may cause disruption to a resident/fellow's progression or continuation within the program. Key points for a resident/fellow to understand are as follows:

1. Remediation is a method to assist each learner in reaching their fullest potential through addressing areas of deficiency towards graduation requirements.
2. It is the responsibility of the resident/fellow to understand and comply with the terms of the remediation plan is to be followed and completed by the resident/fellow.
3. It is the resident or fellow's failure to adhere to the plan in a timely manner and rectify said problems, which could result in termination.

XI. Grievance (IV.E)

ACGME

“IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)”

Purpose: Residents are encouraged to first raise and resolve issues via the GME chain of command. If the resident/fellow has an issue with his/her PD, the resident/fellow may contact the DIO and/or the chair of the GMEC. The GME philosophy is that residents/fellows are encouraged to discuss their concerns with the next level of management within the GME organization.

Additional mechanisms for communicating and resolving issues include the following:

- A. Grievances regarding academic or other disciplinary actions are processed according to the GME Resident and Fellow Manual Section XII. Due Process policy.
- B. Grievances related to the work environment or issues concerning the program or faculty that are not related to disciplinary or academic adverse actions can be addressed by discussing problems with a chief resident/fellow, PD, DIO, the GMEC or GME administration.

XII. Due Process (IV.D.1.b)

ACGME

“IV.D.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident/fellow’s agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training or when that resident/fellow will be dismissed. (Core)”

Due process or an appeal process is available to residents/fellows for the following disciplinary or adverse actions:

1. Suspension with pay
2. Suspension without pay
3. Non-renewal of agreement
4. Denial of certificate of completion
5. Dismissal

To initiate the due process, the resident/fellow must:

The procedures set forth below are designed to provide both House Officers and Hospital with an orderly means of resolving differences which may arise between them. It is the desire of Prime South GME Consortium that all disputes or other matters of concern to the House Staff be fully considered by medical professionals charged with the responsibility for achieving inter-professional resolution of disputes wherever possible.

Informal Discussions

The interests of SHC/LPCH and members of its House Staff are best served when problems are resolved as part of regular communications between the House Officer and the appropriate Department Chair or Division Chief. House Officers are also encouraged to utilize other resources available to aid them in addressing difficulties. The Department of GME and the Office of the Ombudsperson, Stanford University School of Medicine, may provide useful guidance.

If informal discussion is not successful in resolving disputes the following procedures may be followed to appeal adverse decisions other than negative evaluations. The procedures described are available to all House Officers.

House Staff Dispute Resolution Procedures

House Officer may use these procedures when it is believed an unfair or improper adverse action has occurred if the action complained of involves a claim of a violation of a Hospital or Department policy which has had a direct and adverse effect upon the House Officer.

A House Officer may use these procedures when it is believed an unfair or improper adverse action has occurred if the action complained of involves a claim of a violation of a Hospital or Department policy which has had a direct and adverse effect upon the House Officer.

Dispute Resolution Levels

1. Discussion with Program Director
2. House Officers who feel that they have been improperly subjected to an adverse action and who have been unable to resolve the problem through informal discussion shall submit the matter

in writing to the DIO for consideration within fifteen (15) days² of the occurrence of the action identifying the matter as a formal dispute. The DIO will respond in writing to the claim by the House Officer within fifteen (15) days or as soon thereafter as reasonably possible.

If the matter is not resolved within fifteen (15) days and involves a decision to terminate or, not to advance the House Officer, the DIO will notify the House Officer in writing that the matter has not been resolved and inform the House Officer of his or her right to request review pursuant to Level 3 below. If the DIO or designee determines that time beyond fifteen (15) days may be required, the House Officer shall be notified accordingly. In no event will there be an extension of time beyond thirty (30) additional days after receipt of the written statement of dispute from the House Officer.

3. In all other disputes that remain unresolved after fifteen (15) days, including decisions to place a House Officer on probation, the DIO or designee will issue a written determination regarding whether the adverse action by the program was consistent with Policies and Procedures applicable to the House Officer. The determination of the DIO or designee will be final in all such Level 2 disputes, except those involving termination or non-advancement which are subject to review by House Staff committee as described below.

4. Review by House Staff Review Committee

If the dispute involves termination or non-advancement, the House Officer may request review by a House Staff Review Committee (HRC). The request from the House Officer for a HRC review must be made in writing to the DIO within fifteen (15) days after issuance of the Level 2 notice from the DIO that no resolution has been reached.

In each instance the HRC will be appointed by the DIO and will consist of one member of the full-time faculty, one senior House Officer and one member of the Graduate Medical Education Committee who shall chair the committee. No member of the committee will have been involved in any earlier review of the dispute.

A review meeting will be set by the Chair of the HRC within forty-five (45) days of the receipt of the House Officer's request for review by HRC. At least fifteen (15) days prior to the meeting the House Officer and HRC will be provided with a written explanation supporting the department or division's decision to terminate or not advance the House Officer. The House Officer may submit a response to the written explanation to the HRC and program no later than five (5) days before the review meeting. The House Officer will have an opportunity at the review meeting to examine the evidence against him or her and to present evidence. A stenographic record of the review meeting will be made. No representative of legal team shall be present during such reviews and meetings.

The affected program will appoint a representative from the program leadership (APD, Core Faculty etc.) staff to present its information in support of its decision and to present evidence. The House Officer may be represented at the review by a physician from a different program.

The HRC review meeting will be closed to all others.

At the review meeting it will be incumbent on the program to initially come forward with evidence to support its decision concerning the House Officer. Thereafter the burden will shift to the House Officer to come forward with evidence to establish the decision was improper. The HRC will evaluate the evidence presented. The decision of the program will be upheld unless the HRC finds by preponderance of evidence that the action of the program was arbitrary or capricious.

The HRC shall reach a decision based upon the record produced at the review meeting within thirty (30) days of the final committee session. The written decision will be forwarded to the DIO, the affected House Officer, and the appropriate Program Director. Such decision will be final.

Note: Due process is not applicable for remediation matters.

XIII. Physician Impairment (IV.I.2)

ACGME

“IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)”

1. Each hospital/medical center recognizes that alcohol abuse, substance abuse and addiction arise from treatable illnesses. Early intervention and support may improve the success of rehabilitation. To support residents/fellows, each hospital/medical center:
 - a. Encourages residents/fellows to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
 - b. Encourages residents/fellows to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug and/or alcohol problems and identify appropriate sources of help.
 - c. Offers all employed residents/fellows and their family assistance with drug and/or alcohol problems through EAP.
 - d. Allows residents/fellows the ability to request leave, in accordance with applicable leave of absence policies, while seeking treatment for drug and/or alcohol problems.
2. Treatment for alcoholism and/or substance use disorders may be covered by a personal benefit plan. However, the ultimate financial responsibility for treatment belongs to the individual.
3. Please refer to your hospital/medical center’s human resources policies to learn more about the Substance Use in the Workplace Policy.

XIV. USMLE Step 3 and COMLEX Level 3 Requirements

- A. Residents/fellows **must take and pass** the United States Medical Licensing Examination Step 3 or the Comprehensive Osteopathic Medical Licensing Examination Level 3 prior to the scheduled start of the PGY-2 year to be eligible for promotion to the PGY-2 level in GME programs. While residents/fellows must adhere to this requirement, each program can set a more stringent timeline and requirement regarding the successful completion of this exam.
- B. Residents/fellows transferring from another program must document a passing score on USMLE Step 3 or COMLEX-USA Level 3 within starting date of their resident/fellow contract or the start of their PGY-2 year whichever is later.
- C. Procedure
 1. Residents/fellows shall submit documentation of a passing score on the USMLE Step 3 or COMLEX-USA Level 3 or provide a copy of their full medical license to the GME office **prior** to the start date of their PGY-2 contract.
 2. Residents/fellows are strongly encouraged to read and become familiar with the eligibility requirements, policies, and procedures of the USMLE or the COMLEX- USA.
 3. Residents/fellows are strongly encouraged to take and pass the Step 3/Level 3 license examination well in advance of the start of their PGY-2. The recommended timing of the exam is during the PGY-1.
 4. Residents/fellows who have not passed the required licensing examinations prior to the start of their PGY-2 will remain at the PGY12 level for both compensation and academic/clinical responsibilities.
 5. The maximum number of retakes for USMLE Step 3 or COMLEX-USA Level 3 shall be defined by USMLE and COMLEX-USA requirements. Candidates failing the maximum number of retakes of either examination are no longer eligible to complete the examination and are therefore not eligible to obtain a medical license in the United States. Candidates who fail the USMLE Step 3 or COMLEX-USA Level 3 after the maximum number of retakes will be terminated from the residency/fellowship program in accordance with the terms of the resident/fellow agreement.

XV. Closures and Reductions (IV.O)

ACGME

“IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: (Core)”

In the event of a reduction in program size or program closure, the hospital/medical center will make reasonable efforts to ensure residents/fellows currently enrolled in the residency/fellowship program can complete their training, either in their current program or through assistance in finding opportunities to enroll in another accredited GME program.

A. Procedure

1. The chief executive officer (CEO), on behalf of the board, which serves as the institutional sponsor governing authority, will inform the DIO and the GMEC as soon as possible of any anticipated changes in the residency/fellowship program, including closure of the Sponsoring Institution or the residency/fellowship program, or decreasing the size of the residency/fellowship program.
2. The DIO and the GMEC together have oversight of program accreditation changes and will inform each residency/fellowship PD of changes in program size or closure of a program. Each residency/fellowship program is responsible for notifying all affected residents/fellows as soon as possible in the event of any anticipated closures or reductions.
3. If any residency/fellowship program must close, the Sponsoring Institution will allow residents/fellows already in the residency/fellowship program to complete their education or will assist the residents/fellows in enrolling in another ACGME-accredited program in which they can continue their education and training. Affected residents/fellows will have preferential placement in another PRIME Healthcare GME program whenever possible.
4. If alterations are made to residency/fellowship program size, only the number of future positions to be offered should be affected.

XVI. Harassment Policy (IV.I.3)

ACGME

“IV.I.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. (Core)”

- A. The hospital/medical center is committed to providing residents/fellows the opportunity to pursue excellence in their academic and professional endeavors. This can occur only when each member of our community is assured an atmosphere of mutual respect, in which they are judged solely on criteria related to academic or job performance. The hospital/medical center and the GMEC are committed to providing such an environment, free from all forms of unlawful harassment, including harassment based on race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information, protected veteran status or status in any group protected by federal, state, and local law. People engaged in such behavior will be subject to corrective action, up to and including termination. No reprisals against House Staff reporting suspected harassment or discrimination in good faith will be tolerated.

The Employee Handbook includes the organization's position & more detailed information on Harassment, Discrimination and Retaliation.

XVII. Non-Compete Policy (IV.M)

ACGME

“IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)”

Neither the Sponsoring Institution nor any of the Sponsoring Institution’s ACGME-accredited training programs may require residents/fellows to sign a non-competition guarantee or restrictive covenant.

XVIII. Substantial Disruption in Patient Care or Educational Requirements (IV.N)

ACGME

“IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. (Core)”

This policy explains assistance for continuation of resident/fellow assignments in the event that a disaster occurs.

1. The ACGME defines a disaster as an event or set of events causing significant alteration to the residency/fellowship learning experience.
2. An extreme emergent situation is a local event (such as a hospital/medical center-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined above.
3. A disaster would include all the following:
 - a. Natural disaster such as an earthquake, forest fire, blizzard, etc.
 - b. Act of terrorism either physical or biological
4. Provisions for resident safety and necessary evacuation follow.
5. The DIO along with the PDs are responsible for ensuring that all procedures are followed.

PROCEDURE

1. Communication is paramount in a disaster.
 - a. DIO and PD information must be maintained in duplicative manner (cell phones, home phones, email, and pagers) to ensure appropriate communication. Programs must have their own communication systems.
 - b. The DIO and PDs will establish a central point of operations from which to manage the disaster response.
2. PDs must be able to account for all members of their programs to the DIO.
 - a. All residents/fellows will complete a form both at orientation and annually that will list contact numbers and potential places for evacuation.
 - b. All faculty and staff must always maintain up-to-date personal contact information.
 - c. When possible, residents/fellows will notify their PDs or GME Administration as to where they will be evacuating (if necessary) if time allows.
3. Assessment of gaps in training must be made immediately by the DIO and other GME leadership.
 - a. Should training be interrupted for more than one month, arrangements

- with other programs will be made.
 - b. Support from the ACGME and the Association of American Medical Colleges (AAMC) will be sought to help in making arrangements for resident deployment into other programs.
 - c. Arrangements with state medical boards will also be addressed.
 - d. Maintenance of communication will be addressed to help residents maintain connection with their program and peers.
 - e. The DIO will ensure that financial and administrative support of all programs and residents will continue for the duration of the emergency. Most residents are paid by electronic direct deposit; it is not anticipated that any interruption will occur.
 - f. The DIO will notify the ACGME within 30 days of all structural changes that have been instituted because of the disaster. The report will also include anticipated durations for any changes as well as anticipated effects on residents, fellows, and their training.
4. Patients must be provided for in the event of a disaster.
- a. Each department will have a protocol outlining resident responsibilities should a disaster occur. Program faculty, staff and residents/fellows are expected to attend to personal and family safety and then render humanitarian assistance where needed.
 - b. Additional resident teams may be needed to stay at the hospital/medical center to ensure patient care is maintained. Work hours and fatigue will be monitored in such situations.
 - c. Residents will follow departmental protocols to ensure that adequate provisions are made for patients before evacuating. Emergency teams will be required to stay and care for patients.
5. In the event of an extreme emergent situation, the following should be followed:
- a. At the Local (Institutional) Level:
 - The PD's first point of contact for answers to questions regarding a local extreme emergent situation must be their DIO.
 - The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific program requirements. The DIO will provide information to the ED-IRC regarding extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
 - Given the complexity of some events, the ED-IRC may request that the DIO submit a written description of the disruptions at the facility and details regarding activities the hospital/medical center has undertaken in response. Additional updates to this information may be requested based on the duration of the event.
 - The DIO will receive electronic confirmation of this communication with the ED- IRC which will include copies to all EDs of Residency Review Committees (RRCs).
 - Upon receipt of this confirmation by the DIO, PDs may contact their

respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment.

- PDs are expected to follow their hospital/medical center's disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RRCs regarding any specialty-specific issues.
 - DIOs are expected to notify the ED-IRC when the institutional extreme emergent situation has been resolved.
- b. Within the ACGME Office:
- The ED-IRC will alert EDs-RRCs when a program reports an extreme emergent situation. These communications will be included as interim correspondence in institutional and program files.
 - PDs from affected programs may communicate directly regarding specialty-specific concerns once local extreme emergent situations have been confirmed through the ED-IRC.
 - After communication between a PD and an ED-RRC, the ED-RRC will notify the ED-IRC if there is a perception of substantive institutional accreditation issues occurring within the program during the event.
 - The ED-IRC will notify all ED-RRCs when institutional extreme emergent situations have been resolved.

XIX. Accommodations for Disability Policy (IV.I.4)

ACGME

“IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)”

Please refer to PRIME Healthcare policies pertaining to ADA Accessible Facilities and ADA Model Policies.

XX. Discrimination Policy (IV.I.5)

ACGME

“IV.I.5. Discrimination: The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)”

Please refer to the Employee Handbook for information pertaining to the organization’s position and information about discrimination.

XXI. Vendor Policy (IV.L)

ACGME

“IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents and each of its ACGME-accredited programs. (Core)”

Scope:

In keeping with the requirements of the ACGME, this Vendor Policy covers all residents and fellows participating in ACGME and CPME accredited postgraduate medical education programs sponsored by the hospital/medical center. References in this policy to “residents” also apply to “fellows” unless specifically stated otherwise.

The hospital/medical center expects residents and fellows, program directors, program coordinators and faculty to be familiar with and abide by the hospital/medical center Code of Conduct and policies and procedures which address Vendor interaction with Company colleagues and facilities, including but not limited to:

- Business Courtesies to Potential Referral Sources Policy;
- Entertainment Policy;
- Business Associate-Sponsored Meetings, Training and Honoraria Policy;
- Gifts Policy;
- Vendor Relations;
- Professional Educational Funding from Vendors Policy;
- Research Grant Funding from Vendors Policy; and
- The below GME Vendor Policy.

Policy:

This policy addresses resident behavior and relationships with vendors in educational contexts, which may include clinical training sites. The purpose of the policy is to ensure that graduate medical education activities at the Hospital/medical center and affiliated training sites are not compromised through vendor influence, either collectively or through interactions with individual residents.

The following descriptions of allowable and prohibited practices is not intended to be exhaustive, and any other interactions between residents and vendor representatives that have the appearance of compromising impartiality in clinical or academic practices are likewise discouraged.

A. Vendor Training of Residents and Fellows

1. Vendors may appropriately orient, train and advise residents and fellows on the proper use or calibration of a product that has already been acquired by the Hospital/medical center or other clinical training site.
2. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products.
3. Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent.

4. Vendors must be identified as such so that they are not mistaken for clinicians.

B. Program Monitoring of Resident-Vendor Representative Interactions

1. Program leadership should be aware of and discuss with residents any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident in a position of obligation to or influence by the vendor should be explicitly discouraged.
2. Program Directors must communicate this policy to their trainees as part of the program orientation and reinforce it through inclusion in program handbooks and other information sites for resident reference.

C. Guidelines

1. Residents may not accept gifts of any kind from a vendor.
2. Residents may not accept free samples from a vendor.
3. The acceptance by a resident of pharmaceutical samples for delivery to patients is not allowed. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents.
4. Promotional and marketing materials may not be directly distributed to residents by vendor.
5. Vendors may not provide food and beverages.
6. GME personnel are not permitted to directly accept gifts or incentives which can include books, instruments, equipment, or teaching aids from vendors.
7. The Hospital/medical center does not permit funds from the industry to be provided in any manner and specifically does not allow lunches or meals to be provided by vendors.
8. Company employees may not contribute in-kind services for a vendor's event.

D. Vendor Approval

1. Please send any requests for vendor-funding events to the GME Division Vice President.
2. The Facility/Division ECO must approve acceptance of vendor funds for any facility or division event.
3. The division or company department must determine the need for education, choose the speakers and attendees and determine the schedule and location.
4. If it is necessary to provide the vendor education at a dinner or noon conference, the GME program would need to provide for costs of the meals.

E. Definitions

1. Educational Events

- a. Refers to those events for which the attendees may receive certification towards their professional educational requirements, as well as any other activities that are provided for professional educational purposes and are sponsored by a facility, division, or company department.

2. Vendor

- a. Any salesperson, representative, consultant, or other employee of a company under contract with the Hospital/medical center or a company seeking to do business with the Hospital/medical center or clinical

partners. Examples of vendors include, but are not limited to, skilled nursing facilities, pharmaceutical/medical device companies and financial advisors.

3. Vendor Gifts

- a. "Gifts" refer to items of value given without explicit expectation of something in return.
- b. Gifts include cash or cash equivalents, outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, entertainment or recreational opportunities, promotional items, business courtesies such as food and beverages and "ghost-writing" of scholarly works on behalf of the resident. Hospital/medical center residents may not accept gifts, regardless of value, for themselves or on behalf of the Hospital/medical center, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer.

INSTITUTIONAL POLICIES

1. Billing Compliance. Within the first 30 days of beginning residency training at Prime South GME Consortium, each resident shall undergo Billing Compliance training, and then annually thereafter.
2. Medical Records. Dictation, timely completion of charts, signing patient orders and compliance with the rules and regulations of the Medical Records Departments of hospitals are considered integral to graduate medical education and professional development. Each resident shall complete all medical records in a timely manner and shall be responsible for familiarizing himself/herself with hospital medical records policies. Failure to complete medical records as prescribed by applicable hospital bylaws, rules and regulations, clinic rules and regulations, and/or departmental policy will result in corrective action, which may include, but is not limited to, disciplinary action at the department/campus level. A resident will not be permitted to advance to the next PGY level, and will be subject to dismissal, if any medical records are outstanding at the end of the training year. A Certificate of Completion or Verification of Training letter shall not be issued by the Program Director until all medical records are completed.
3. Disaster Plans. Disaster plans of clinics and respective hospitals vary. Each Resident should receive an assignment to a disaster station and must be familiar with his/her applicable role and responsibilities relative to the situation.
4. Sexual Misconduct. Sexual harassment is a violation of state and federal law. The Prime South GME Consortium prohibits sexual harassment. Each resident will be provided access to Sexual Misconduct policies (and shall be responsible for understanding its contents and complying with this policy and it is also available in the Department of Human Resources, the campus GME office, System EEO office. In addition, each resident is responsible for attending and participating in any training programs required by Prime South GME Consortium.
5. Violence and Workplace Threats. Violence and workplace threats are addressed in Prime Healthcare policy, which prohibits violent, threatening or intimidating conduct by Prime Healthcare personnel, including residents. A copy of this policy is provided and reviewed at orientation and is available in the Department of Human Resources, and each campus GME office.

6. Immunizations. Each resident is responsible for understanding and complying with the Prime Healthcare Immunization Policy, which is distributed at orientation and is available in each campus GME Office.
7. Physician Impairment. Each resident is responsible for knowing the contents of and complying with the evaluation and Treatment of Impaired Physicians or House Staff, which is distributed at orientation and is available in the GME Office.