CONEMAUGH HEALTH SYSTEM

CONEMAUGH VALLEY MEMORIAL HOSPITAL

(dba MEMORIAL MEDICAL CENTER)

Graduate Medical Education

2011
RESIDENT
HANDBOOK

Resident Guide

Departments & Contact Numbers
License & Visa Requirements
GME Policies & Procedures

OFFICE OF GRADUATE MEDICAL EDUCATION

2011 RESIDENT HANDBOOK
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INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

As part of its mission to promote health, ease suffering, heal, and teach, Conemaugh Valley Memorial Hospital recognizes the need for and the benefits from participating programs in graduate medical education. It is our firm belief that providing programs in graduate medical education furthers our mission by aiding in the provision of quality healthcare, by responding to the healthcare needs of our community, and by assuring the future source of healthcare professionals for our community.

Conemaugh Valley Memorial Hospital, its Board of Trustees, its Chief Executive Officer, its medical staff, its teaching faculty, and DIO are committed to excellence in the care of our patients and in the provision of graduate medical education. We further believe that graduate medical education programs properly structured, monitored, and evaluated can and do lead to improved quality of care, patient safety, improved relationships between healthcare providers and patients, as well as the families of our patients, and may lead to greater awareness on the part of the citizens of our community as to their responsibilities for their own health.

Additionally, the presence of quality educational programs has the distinct advantage of providing a mechanism for the recruitment and retention of high quality professionals in the medical care arena interested in furthering and improving healthcare delivery and disease prevention. Graduate medical education programs provide a firm basis and play an integral part in the ability of Conemaugh Valley Memorial Hospital to meet and further its mission, vision, values, and philosophy.

Conemaugh Valley Memorial Hospital commits itself to the provision of organized graduate medical education programs in which residents develop personal, clinical, and professional competence under careful guidance and supervision. Programs will assure the safe and appropriate care of patients and the progression of resident responsibility consistent with each physician's clinical experience, knowledge, and skill.

Conemaugh Valley Memorial Hospital commits itself to the provision of a scholarly environment. Faculty will engage in scholarly activity including research and will make opportunities to participate in and learn from the scholarship of the medical community available to residents.

Conemaugh Valley Memorial Hospital commits itself to providing a Graduate Medical Education Committee and competent teaching faculty for its graduate medical education programs. Members of the teaching faculty will be appointed by the program director of each program and will be selected for their professional abilities and commitment to teaching, medical education, patient care, health promotion, and the scientific and humanistic basis of medicine.

Conemaugh Valley Memorial Hospital is committed to providing the necessary educational, financial, and human resources to support Graduate Medical Education.

The graduate medical education programs will emphasize coordinated delivery of care across the continuum of medical care. They will emphasize disease prevention, patient safety, and health promotion in community settings and will, as appropriate, take advantage of opportunities to work with other community and educational facilities in carrying out their educational responsibilities.

Conemaugh Valley Memorial Hospital will also ensure that all of its graduate medical education programs comply with or exceed all Institutional and Special Requirements promulgated by the Accreditation Council for Graduate Medical Education and the American Osteopathic Association.

CONEMAUGH VALLEY MEMORIAL HOSPITAL (CVMH)

RESIDENT SALARY & BENEFITS SUMMARY 2011-12

SALARY & BENEFITS	PGY1	PGY2	PGY3	PGY4	PGY5
Salary	$47,400	$51,000	$53,000	$53,500	$54,000
Relocation Package	5,000				
Educational Allowance	500	2,000	2,000	2,000	2,000
Total Package	**$52,900**	**$53,000**	**$55,000**	**$55,500**	**$56,000**

BENEFIT	WHO PAYS	ELIGIBILITY	WHAT YOU RECEIVE
Time Off With Pay	Hospital	Immediately	A bank of days is established at the beginning of the contract year. This is allocated for vacation and sick time as specified by your department.
Relocation	Hospital	July 1 pending completion of Human Resources documentation	A one-time $5,000 relocation stipend is paid to new PGY1 residents. This is a ONE-TIME benefit. In addition, up to three days lodging in a motel is available to ease relocation. Program Staff will coordinate this arrangement. This is a ONE-TIME benefit.
Professional Dues	Hospital	Immediately	Reimbursement up to $100/year for dues and/or subscriptions at the discretion of the Program Director.
Educational Allowance	Hospital	PGY2 – PGY5	$2,000 grant is budgeted for use as specified by your department. May be used to pay for USMLE 3 or Boards at the discretion of the Program Director.
Educational Allowance	Hospital	PGY1 / Preliminary 1	$500 allowance
Health Insurance	Hospital & You	Immediately	Medical/surgical and major medical insurance for resident and family. "No Deductible" Plan: has a co-pay of approximately 15%: Hospital 85%; or "Deductible" Plan. Hospital pays 100% of employee, but there is a small premium share for adding dependants.
Dental Care	Hospital & You	Immediately	Coverage to assist resident and family with the cost of dental services. Plan A or Plan B option as with healthcare.
Eye Care	You	Immediately	Coverage to assist resident and family with the cost of eye care.
Life Insurance	Hospital	1st of month after employment	Insurance in an amount equal to annual salary. Optional additional life insurance is also available payable by the resident in the amount of 100, 200, or 300% of salary.
Hospital Discount/ Pharmacy Discount	Hospital & You	Immediately	Discount on hospital services and pharmaceuticals purchased at the Pharmacy for residents and immediate family.
Employee Health Services	Hospital	Immediately	Physical exam, immunizations, chest x-ray, first aid, and minor medications.
Worker's Comp	Hospital	Immediately	Income protection for on-the-job accidents.
Disability Insurance	Hospital	1st of month after employment	Hospital Paid -- Short Term - 60% of salary; Long Term – 50% of salary. Resident may purchase higher options.
Payroll Savings	You	Immediately	Payroll deductions for regular savings to bank, U.S. Savings Bonds, and/or Credit Union.
Credit Union	You	Immediately	Membership in Credit Union; low interest loans.
Employee Assistance Program (EAP)	You	Immediately	Professional counseling, information, and referral service.
Tax Sheltered Annuity	You	Immediately	Long-term savings for which you are exempt from paying federal taxes until withdrawal or receipt in annuity form.

SUPPORT SERVICES

CASE MANAGEMENT / SOCIAL SERVICES
Phone: 534-9121 or 534-9108
Days: Monday – Friday
Hours: 8:00 a.m. – 4:30 p.m.
After Hours and Weekends: On Call for Urgent Matters
(Contact the Assistant Director Of Nursing to reach the On-Call Staff Member)

CORPORATE COMPLIANCE
Officer: Diane Pringle
Phone: 534-1321
The CVMH Compliance Office may be contacted with questions or concerns about ethical, legal, or other issues.

CORPORATE COMPLIANCE HOT LINE: 1-866-519-4767
Violation of ethics, law, or quality issues may be called in to the CVMH Corporate Compliance Hot Line.

EMPLOYEE ASSISTANCE PROGRAM (EAP)
Location: Behavioral Medicine - MMC Main Campus
Phone: 534-1095
Days: Monday – Friday
Hours: 8:30 a.m. – 4:30 p.m. or by appointment
The is a free service that provides a voluntary and confidential source of assistance for alcohol and substance abuse, stress management, legal problems, financial trouble, and loss/death/grieving. It also assists with parenting issues, depression, anger management, and addictions/dependencies.

EMPLOYEE HEALTH
Location: Good Samaritan, Ground Floor
Phone: 534-1043
Days: Monday – Friday
Hours: 8 a.m. – 4 p.m.
Pre-employment physicals, TB tests, and treatment for on-the-job injuries

ON-THE-JOB INJURIES
Daytime Hours:
Location: Employee Health Office
Good Samaritan, Ground Floor
Phone: 534-043
Days: Monday – Friday:
Hours: 8 a.m. – 4 p.m.
Evening Hours:
Location: Emergency Department
Phone: 534-9100
Hours: After 4 p.m. weekdays, and anytime on the weekends
Report immediately to Emergency Department for treatment of on-the-job injuries

FOOD AND NUTRITION SERVICES
Location: Crossroads Café - Clinical Pavilion Link 3rd Floor
Phone: 534-5773
Days: 7 days/week
Hours: 6:30 a.m. – 11:00 p.m.
Closed to restock from 10:00–10:30 a.m. & 3:00–3:30 p.m. daily

HEALTH SCIENCES LIBRARY
Location: Building F, 2nd Floor
Phone: 534-9111
Days: Monday – Friday
Hours: 6:45 a.m. – 4:00 p.m.
After hours: Access available 24/7 via use of Conemaugh ID Badge

HUMAN RESOURCES
Location: Building G, 3rd Floor
Phone: 534-9114
Days: Monday – Friday
Hours: 8 a.m. – 4 p.m.
An extensive benefits program has been developed for residents and their dependents. It includes health insurance, life and accidental death insurance, and disability coverage. Some plans are optional and require separate enrollment. Other benefits include vacation time, sick leave, medical or personal leaves of absence, funeral leave, convenient on-site parking, generous meal allowance, and malpractice coverage. Residents must enroll for benefits within 30 days of their start date.

MAIL SERVICES
Location: Good Samaritan Building, 2nd Floor, Room 2107
Phone: 534-1303
Days: Staffed Monday – Friday
Hours: 6:30 a.m. – 4:00 p.m.

PATIENT RELATIONS & PERFORMANCE IMPROVEMENT
Location: Building G, 2nd Floor, Room 208
Phone: 534-9261
Days: Monday - Friday
Hours: 8 a.m. – 4 p.m.
Responds to patient complaints and concerns

RESEARCH DEPARTMENT (CLINICAL)
Location: Building E, 5th Floor, Suite 518
Phone: 534-3197 or 534-3610

RESEARCH ADMINISTRATION (NON-CLINICAL)
Location: Good Samaritan Building, Ground Floor
Phone: 534-1135
Days: Staffed Monday – Friday
Hours: 8 a.m. – 4 p.m. or by Appointment
Promotes research compliance while advancing the academic mission of the organization. Provides comprehensive resources and education to support the research efforts of the medical staff, residents, employees, students, research sponsors, and grantors.

RISK MANAGEMENT
Phone: 534-9535
Hours: 8:00 a.m. – 4:30 p.m.
Promotes safety and loss prevention, investigates occurrences and injuries to patients, associates and visitors. Minimizes financial loss and exposure, implements corrective action and provides resource information.

SECURITY
Location: Good Samaritan, Emergency Room & E Building Parking Garage
Phone: 534-9730
Hours: 24/7
Escort service to parking lot during late hours.

PROFESSIONAL REQUIREMENTS

TRAINING LICENSE
Each resident must obtain a valid Pennsylvania Training License prior to beginning training. Unlicensed residents may not provide patient care.

STEP THREE EXAMS
CVMH requires residents to pass USMLE OR COMLEX 3 by December 31st of their second year of residency.

VISAS
Residents who hold J-1 or H1B visas must keep them current. Failure to do so will result in suspension from the residency.

POLICIES AND PROCEDURES
All employees of CVMH are expected to follow pertinent hospital policies and procedures.

DUTY HOURS
All residency programs at CVMH adhere to the ACGME / AOA Duty Hours Requirements (GME Policy 06 – Duty Hours)

GENERAL COMPETENCIES

ACGME/AOA GENERAL COMPETENCIES
The residency programs must require its residents to develop competency in the areas listed below. Residency programs are responsible for developing the required specific knowledge, skills, and attitudes that are expected of a new practitioner.

OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE
(Specific to osteopathic residents) Residents are expected to demonstrate and apply knowledge in Osteopathic Manipulative Treatment (OMT) as appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to the practice habits in osteopathic philosophy and manipulative medicine.

PATIENT CARE
- Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Residents must: [as further specified by appropriate Review Committee].

MEDICAL KNOWLEDGE
- Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- Residents must: [as further specified by appropriate Review Committee].

PRACTICE-BASED LEARNING AND IMPROVEMENT
- Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- Residents are expected to develop skills and habits to be able to meet the following goals:
  - identify strengths, deficiencies, and limits in one's knowledge and expertise;
  - set learning and improvement goals;
  - identify and perform appropriate learning activities;
  - systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement;
  - incorporate formative evaluation feedback into daily practice;
  - locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
  - use information technology to optimize learning; and,
  - participate in the education of patients, families, students, residents, and other health professionals.
- Residents must: [as further specified by appropriate Review Committee].

INTERPERSONAL AND COMMUNICATION SKILLS
- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- Residents are expected to:
  - communicate effectively with patients, families, and the public, as appropriate, across a broad range of socio-economic and cultural backgrounds;
  - communicate effectively with physicians, other health professionals, and health-related agencies;
  - work effectively as a member or leader of a healthcare team or other professional group;
  - act in a consultative role to other physicians and health professionals; and,
  - maintain comprehensive, timely, and legible medical records, if applicable.
- Residents must: [as further specified by appropriate Review Committee].

PROFESSIONALISM
- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- Residents are expected to demonstrate:
  - compassion, integrity, and respect for others;
  - responsiveness to patient needs that supersedes self-interest;

- respect for patient privacy and autonomy;
- accountability to patients, society, and the profession; and
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- Residents must: [as further specified by appropriate Review Committee].

SYSTEMS-BASED PRACTICE

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.
- Residents are expected to:
  - work effectively in various healthcare delivery settings and systems relevant to their clinical specialty;
  - coordinate patient care within the healthcare system relevant to their clinical specialty;
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
  - advocate for quality patient care and optimal patient care systems;
  - work in inter-professional teams to enhance patient safety and improve patient care quality; and,
  - participate in identifying system errors and implementing potential systems solutions.
- Residents must: [as further specified by appropriate Review Committee].

GRADUATE MEDICAL EDUCATION (GME) POLICIES

NUMBER	TITLE
GME 01	**Eligibility & Selection**
GME 02	**Supervision**
GME 03	**Evaluation**
GME 04	**Review of Faculty & Residency Programs**
GME 05	**Promotion**
GME 06	**Duty Hours**
GME 07	**Internal Reviews & Protocol**
GME 08	**Program Reduction / Closure**
GME 09	**Non-Renewal of Contract**
GME 10	**Dismissal**
GME 11	**Appeal of Adverse Action**
GME 12	**Grievance**
GME 13	**Non-Harassment**
GME 14	**Family / Medical / Personal Leave**
GME 15	**Making up Leave Time**
GME 16	**Professional Leave**
GME 17	**Off-Site Rotations**
GME 18	**Probation / Dismissal for Academic Deficiency**
GME 19	**Impairment and Substance Abuse**
GME 20	**Access to GME Policies**
GME 21	**Moonlighting**
GME 22	**Communication with the ACGME**
GME 23	**Requesting Duty Hours Exceptions**
GME 24	**Verification of Procedure Documentation & Competencies**
GME 25	**Communication with the Medical Staff and the Board of Directors**
GME 26	**Disaster**
GME 27	**Fatigue**
GME 28	**Vendors / Gifts & Gratuities**
GME 29	**Role & Responsibilities of the DIO Designee**
GME 30	**Accommodating Residents with Disabilities - EOE**
GME 31	**Educational Allowance**

GME POLICY 01
ELIGIBILITY AND SELECTION

I. Purpose

To establish guidelines for selecting applicants admitted to CVMH residency programs.

II. Applies To

All CVMH GME residency programs.

III. Policy

GME programs will utilize the recommended standards/criteria for selection of candidates for their residency programs. Candidates must be graduates of Liaison Committee on Medical Education (LCME) or AOA-accredited medical schools, eligible for a Pennsylvania medical training license, and meet program and institutional requirements. Any resident transferring from another program may not be selected without formal communication from the transferring resident's program director. Graduates of international medical schools must be eligible for a Pennsylvania medical training license and meet program and institutional requirements.

IV. Definitions

Not applicable

V. Procedure

A. Resident Selection

1. Programs should select residents from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, and communication skills.
2. Programs will not discriminate with regard to race, age, religion, color, national origin, disability, or veteran status.
3. Programs will participate in the National Residency Matching Program (NRMP) or the AOA Intern/Resident Registration Program (IRRP).
4. Outstanding candidates for first year positions, who under the rules of the NRMP may receive offers and sign contracts prior to the match, may be offered such positions. AOA Resident recruitment will be conducted following the policies and procedures of the AOA IRRP, and all AOA appointments will be made through this program. The institution will not attempt to impose local requirements to supersede IRRP.
5. Although the process of screening and interviewing applicants may be shared with members of the faculty, the final responsibility for resident selection rests with the program directors.

B. Resident Eligibility

Applicants with one of the following qualifications are eligible for appointment to the residency programs;

1. Graduates of medical schools in the US and Canada accredited by the LCME,
2. Graduates of a college of medicine accredited by the AOA,
3. Graduates of medical schools outside the US and Canada who meet one of the following qualifications
   - **a.** have received a valid Educational Commission for Foreign Medical Graduates (ECFMG) Certificate, or
   - **b.** possess an unrestricted license to practice medicine in a US licensing jurisdiction (e.g. Puerto Rico),
4. Graduates of medical schools outside the US who have completed a Fifth Pathway program at an LCME-accredited medical school.

C. GMEC Oversight

The program directors review, with the Executive Committee of the GME Committee (GMEC), any applicants who fall into the following categories;

1. completed one or more years in a residency program,
2. do not fully meet the program's applicant requirements,
3. other exceptions (such as off-cycle residents or those unsuccessful at another program).

VI. Attachments

Not applicable

GMEC Review: 5/2009; GMEC Revision: 5/2009

GME POLICY 02
SUPERVISION

I. Purpose

To establish guidelines and requirements for resident supervision at CVMH.

II. Applies To

All CVMH GME residency programs.

III. Policy

Residency programs will utilize standards and criteria for supervision of residents as put forth by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA).

IV. Definitions

Not applicable

V. Procedure

A. Ultimate responsibility for the care of a patient rests with the attending physician and must involve both inpatient and outpatient experiences.

B. Supervision of residents must be accomplished through an explicit written description of supervisory lines of responsibility for the care of patients and communicated to all members of program staff.

C. The program director, faculty, or an appropriate designee should delegate patient care responsibilities.

D. Attending physicians should delegate responsibilities to residents in a way that will allow them to assume progressive responsibility according to their level of training, experience, and demonstrated clinical competence.

E. Inpatient and ambulatory assignments must be developed commensurate with residents' abilities and with appropriate supervision.
F. Residents must be provided with prompt and reliable systems for communication and interaction with supervisory physicians.
G. All clinical procedures should have the prior approval of the attending physician.
H. Patient care rendered by a resident may not be contrary to the management approved by the attending physician unless it is directed by the appropriate department chairman in accordance with medical staff by-laws.
I. Residents must write all orders for patients under their care with appropriate attending physician supervision.
J. Senior residents, with documented competencies, supervise assigned junior residents; and junior residents, with documented competencies, supervise assigned students.
K. Attending physician supervision must be available at all times for residents.
L. Nursing personnel will contact the senior resident or attending physician on call with any questions about the level of supervision required for a resident to perform a specific procedure.

VI. Attachments
Not applicable

GMEC Review: 5/2009

GME POLICY 03
EVALUATION

I. Purpose
To assure that the performance and progress of residents are monitored on a regular basis and they receive timely and appropriate feedback from faculty and their program directors.

II. Applies To
All CVMH GME residency programs.

III. Policy
Residents should be evaluated after every outside rotation. The results of evaluations and other assessment tools will be compiled and cumulative evaluations will be reviewed with the resident by their program directors semi-annually and more frequently, as required.

IV. Definition
Not applicable

V. Procedure
A. For each outside rotation, the performance of residents should be evaluated in writing by the responsible faculty of that rotation.
B. Areas to be evaluated will include, but are not limited to, knowledge, skills, professional attitude, ethical behavior, and overall performance.
C. Additional evaluations of a resident's performance may be obtained, if necessary, from a senior resident, a junior resident, a medical student, allied health personnel, and patients.
D. Summaries of a resident's performance should be compiled on an ongoing basis and discussed at least twice year.
E. Cumulative reports with feedback from all evaluations will be communicated to the resident in a timely manner and at least twice a year by the program director or his/her designee in a private meeting.
F. Record of evaluations, summaries, results of any examinations, and/or other appropriate written performance assessments, will be kept in a permanent file by the program director until the resident leaves the program. After residents leave the program, permanent records will be kept as proscribed by medical education accrediting organizations.
G. Residents will have appropriate access to their evaluation files.

VI. Attachments
Not applicable

GMEC Review: 4/09; GMEC Revision: 6/07

GME POLICY 04
REVIEW OF FACULTY AND RESIDENCY PROGRAMS

I. Purpose
To assure that residents anonymously provide written feedback regarding faculty performance and the quality of their residency programs on an annual basis.

II. Applies To
All CVMH GME residency programs.

III. Policy
GME residency programs will ensure that residents can anonymously evaluate faculty performance and the quality of their training programs, in writing, on an annual basis.

IV. Definition
Not applicable

V. Procedure

A. Residents will have the opportunity to anonymously evaluate the faculty, program director, and their residency programs, in writing, at least once a year.

B. Resident evaluation is ensured anonymity.

C. The program directors provide the faculty with resident feedback during the annual evaluation of faculty performance.

D. Resident evaluations of faculty are a part of the faculty's performance assessment.

E. Appropriate action is taken on faculty or program issues identified by residents during the evaluation process.

F. The residents will receive feedback on resolution of issues identified by their anonymous feedback.

VI. Attachment

Not applicable

GMEC Review: 5/2009; GMEC Revision: 8/2006

GME POLICY 05
PROMOTION

I. Purpose

To establish guidelines for the promotion of residents in the CVMH residency program.

II. Applies To

All CVMH GME residency programs.

III. Policy

GME residency programs will use recommended standards/criteria for promotion of residents.

IV. Definition

Not Applicable

V. Procedure

A. The final responsibility for the decision to promote residents rests with the program directors.

B. The program directors will make the decision to promote residents using performance criteria including:

1. written evaluations of rotations,
2. proficiency exam scores,
3. input from faculty, and
4. input from other appropriate sources.

C. The program directors will consider guidelines set by:

1. the appropriate educational accrediting organizations,
2. specialty board guidelines,
3. institutional resources,
4. relative merit of individuals compared to other residents, and
5. program guidelines in making the decision.

D. If a resident may be or has been judged ineligible for promotion, he/she may be offered options that include:

1. promotion with probation and a remedial plan that includes an outline of the perceived deficiencies,
2. a remediation plan with specific goals and objectives,
3. a timeline for reaching performance objectives,
4. specified outcomes with regard to removing the probation status, and
5. additional time at the current PGY level in order to achieve the required level of proficiency for promotion. This would include a remedial plan (such as specified above).

E. The Executive Committee of the GMEC will be notified ASAP if a resident requires additional training at the current PGY level in order to achieve the required level of proficiency for promotion. The program director must present appropriate documentation to the Executive Committee for review and discussion at least two months prior to any further action.

F. The Executive Committee of the GMEC will be notified ASAP if a resident has not fulfilled remediation requirements and may be dismissed. The program director must present appropriate documentation to the Executive Committee for review and discussion at least two months prior to any further action.

G. The program director must notify the Executive Committee of the GMEC ASAP if he/she has a resident whose contract may not be renewed. The program director must present appropriate documentation to the Executive Committee for review and discussion at least two months prior to any further action.

H. The resident who is promoted following successful completion of a probationary plan will continue to have his/her performance monitored by for quality purposes. The program director will report to the Executive Committee of the GMEC ASAP at the end of the probationary period with an update on the progress of the resident and whether he/she will be promoted.

VI. Attachment

Not applicable

GMEC Review: 5/2009; GMEC Revision: 2/2001

GME POLICY 06

DUTY HOURS

I. Purpose

The purpose of this policy is to ensure that all residency programs at Conemaugh Valley Memorial Hospital meet the accrediting organizations' requirements for resident duty hours and will support the physical and emotional well being of all residents while fostering an educational environment that promotes patient care. Duty hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients, including a process for residents to follow if their patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of either the resident or of patient care during or following on-call periods.

II. Applies To

All CVMH GME residency programs.

III. Policy

All GME programs will use standard criteria to coordinate resident duty hours and on-call schedules as mandated by the requirements of the educational accrediting organizations. All residents will use the duty hours component of the GME web-based software program New Innovations to monitor resident duty hours. A process must be developed to address situations where resident fatigue may affect their ability to provide safe and effective patient care.

IV. Definitions

A. Duty Hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

B. In-house Call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

C. At-home (pager) Call is defined as call taken from outside the assigned institution.

V. Procedure

A. Oversight

The Program Director is responsible for establishing and implementing formal written policies and procedures governing resident duty hours in compliance with the requirements of educational accrediting bodies. Requirements for resident's on-call or duty hours should reflect an educational rational and patient need (including continuity of care).

1. All residency programs have established written policies and procedures regarding resident duty hours and working environments consistent with the Institutional and Program Requirements.
2. Resident duty hours and on-call periods are in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules focus the needs of the patient, continuity of care, and the educational needs of the resident.
3. All programs ensure that the residents are provided with appropriate back-up support when patient care responsibilities are especially difficult or prolonged.
4. All programs monitor duty hours and call schedules, and adjustments are made as necessary to address excessive service demands and/or resident fatigue.
5. Faculty and resident
6. Work that is extraneous to the resident educational programs is minimized.

B. Monitoring

All programs will establish a method for obtaining data on compliance with the requirements of the educational accrediting bodies. Each resident is responsible for providing accurate and timely data to the Program Director or his/her designee and will provide the ACGME or the AOA with this information, if requested.

C. Duty Hour Requirements

1. The duty hours are limited to 80 hours per week as averaged over a 4-week period. This includes all in-house call activities.
2. The residency program ensures the resident has 1 day in 7 free from all educational and clinical responsibilities (averaged over a 4-week period), inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. A 10-hour time period is provided between all daily duty periods and after in-house call.
4. Continuous on-site duty, including in-house call does not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in General Surgery Program Requirements.

D. Call Activity

1. In-house call is not more than every 3rd night, averaged over a four-week period.
2. While the frequency of at-home call is not subject to every 3rd night limitations, it is not so frequent as to preclude rest and reasonable personal time.
3. Residents taking at-home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
4. When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.

5. The Program Director and faculty monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

E. Resident Fatigue

If patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of the resident or of patient care during or following on-call periods. Stress and long hours can cause extreme fatigue and there may be times when a resident may require added consideration.

1. The Residents should discuss the problem with the supervising attending or with their Chief Resident
2. The Chief Resident will make appropriate arrangements to address the immediate problem of fatigue and ensure safe patient care.

F. Moonlighting

1. Moonlighting that occurs within the residency program and/or sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limits on duty hours.
2. Resident moonlighting must be approved, in writing, by the Program Director in advance of such activity. Some programs prohibit residents from engaging in moonlighting and will be placed in the residents files.
3. Residents are not required to moonlight.

G. Duty Hour Exception

The GMEC will consider requests for duty hours exceptions from eligible programs. The Program Director must submit required documentation to the GMEC for consideration by the accreditation organization, as follows:

1. Patient Safety: Information must be submitted that describes how the program will monitor, evaluate, and ensure patient safety with extended resident hours.
2. Educational Rationale: The request must be based on sound educational rationale which should be described in relation to the program's state goals and objectives for the particular assignments, rotations and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. Moonlighting Policy: The program (and institution) must have moonlighting policies for the periods in question.
4. Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
5. Faculty Monitoring: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.
6. If the GMEC approves the exception request, it will forward it to the RRC. (Including appropriate program documentation and the accreditation status of the program and the institution).

VI. Attachment

Not Applicable

GME POLICY GME 07
INTERNAL REVIEWS & PROTOCOL

I. Purpose

To ensure the educational quality of all residency programs and their compliance with institutional policies and the requirements of the ACGME/AOA accrediting agencies.

II. Applies To

All CVMH GME residency programs.

III. Policy

The GME Department will coordinate internal reviews of all residency programs at the midpoint of their accreditation cycle intervals.

IV. Definition

Not applicable

V. Procedure

A. The GME Department will coordinate the internal review process for all residency programs. The internal reviews will take place at the midpoint of their accreditation cycles.

B. An Ad Hoc Internal Review committee to include, at a minimum, one physician who will serve as Chair, one resident and a GME Administrator will be formed to conduct each review. The physician and resident will be from a specialty other than that being reviewed.

C. The review will assess the overall educational quality of the program and their compliance with the program and institutional requirements of the ACGME or the AOA. It will follow the written protocol as approved by the GMEC. The review will also assess the compliance of the program in addressing the general competencies as required by the ACGME or AOA.

D. The review will evaluate the institutional resources available to the program.

E. The report of the internal review will be presented and discussed at GMEC.

F. The Program Director of the specific residency program will present feedback on the issues identified by the IR Committee

G. After the report is discussed and approved by the GMEC, the program will report back to the committee on their progress in addressing identified issues/recommendations by the internal review committee.

H. A progress report to the GMEC will be scheduled sometime between three to nine months after the approved report, depending on the number and gravity of the identified issues.

VI. Attachments

Approved Internal Review Process

INTERNAL REVIEW
GRADUATE MEDICAL EDUCATION COMMITTEE PROTOCOL
ATTACHMENT GME POLICY 07

Timeline: Internal Reviews of Residency Programs must be scheduled at the midpoint of their accreditation cycles

Committee: An Ad Hoc Committee is formed to conduct the internal review. The committee is comprised, at a minimum, of one physician, one resident (from programs other than that being reviewed) and one GME administrator.

Purpose: The mandate of the IR Committee is to review the residency program to ensure:

- it is meeting all ACGME or AOA Program and Institutional Requirements
- the program has addressed all identified concerns from the most recent ACGME or AOA site visit
- the program has addressed all identified concerns from the most recent internal reviews.
- the program is in compliance with the current general competencies requirements

Review Documents:

- Last two accreditation letters and correspondence with ACGME or AOA, as appropriate
- Most recent internal review report with identified issues
- Most recent annual report (includes information from annual program review)
- Feedback from recent surveys including annual anonymous resident evaluations and the ACGME resident survey
- GME07 Policy – Internal Review of Residency Programs & Protocol Attachment
- Feedback on internal review questionnaires from Program Director, Faculty & Residents
- ACGME or AOA Program and Institutional Requirements (as appropriate)
- ACGME or AOA Competencies (as appropriate)

Process:

- Ad Hoc Internal Review Committee is formed
- IR Committee meets to review and discuss the Internal Review Policy and process
- Internal Review Binders (with the above documentation) are distributed and reviewed with committee members
- Questionnaires are sent to Program Director, Faculty and Residents of the program being reviewed
- Questionnaires are anonymously completed, returned to GME and results compiled and distributed to IR committee members
- IR Committee members receive three separate reports with questionnaire feedback – a) Program Director b)Faculty and c)Residents
- Three separate meetings are coordinated – one with the Program Director, one with residents representing all program PGY levels and faculty.
- The IR Committee bases discussion on feedback and issues identified on program questionnaires - from program compliance with ACGME or AOA program and institutional requirements, competencies, progress on correcting deficiencies, strengths & weaknesses of program, program director, curriculum, patient safety initiatives, etc.

IR Committee Report:

- All committee members submit their notes and comments on feedback received at interview meetings
- Report is drafted and committee members review for further input & editing
- Program Director receives a draft of the report and responds to questions or provides additional information as requested

GMEC Review:

- The Internal Review report is presented to the GMEC by the Chair of the IR Committee
- The Program Director responds to identified issues in report and answers questions posed by members of the GMEC
- The GMEC sets a date for the Program Director to provide a progress report on identified issues. Those that have been addressed are noted as completed.
- The Program Director will include resolution of accreditation and internal review issues in their next annual program report (each June or July).
- Critical or time sensitive issues may require a progress report to the GMEC at an earlier date, as specified.

GME POLICY 08
PROGRAM REDUCTION / CLOSURE

I. Purpose
To establish guidelines for placing residents in another program in the event of the closure or reduction in their current residency program.

II. Applies To
All CVMH GME residency programs.

III. Policy
GME programs will use recommended standards/criteria for displaced residents.

IV. Definition
Not Applicable

V. Procedure
If the decision is made to reduce the size of or to close a residency program, the institution, the program director, and the Office of GME should;

A. inform the affected residents at the earliest possible time,
B. make every effort to develop mechanisms to allow current residents to complete the program,
C. make every effort to assist the residents affected by a reduction in size or closure of a program and to identify a program where they can continue their training.

VI. Attachments
Not Applicable

GMEC Review: 5/2009

GME POLICY 09
NON-RENEWAL OF CONTRACT

I. Purpose
To provide the resident with appropriate notice of non-renewal of contract.

II. Applies To
All CVMH GME residency programs.

III. Policy
All GME programs will use standard criteria to provide the resident with written notice of the intent not to renew the resident's contract.

IV. Definition
Not applicable

V. Procedure

A. It is the responsibility of the institution to ensure that the program provides the resident with a written notice of intent not to renew the resident's contract.
B. It is required that the resident receive written notice of non-renewal of the his/her contract no later than four months prior to the end of the resident's current contract.
C. If the primary reason(s) for non-renewal of a contract occur(s) within the four months of the end of the resident contract, it is the responsibility of the institution to provide the resident as much advance written notice of non-renewal as the circumstances will allow prior to the end of the resident's contract.
D. The resident must be allowed to implement GME Policy 12 - Grievance when the resident receives written notice of the intent not to renew the resident's contract.

VI. Attachments
Not Applicable

GMEC Review: 8/03, 8/04, 10/05, 12/06; GMEC Approval: 8/03

GME POLICY 10
DISMISSAL

I. Purpose
To establish standardized criteria for dismissal of residents.

II. Applies To
All CVMH GME residency programs.

III. Policy
GME programs will use established criteria for dismissal of residents. If the cause for suspension or dismissal is a legal issue, the applicable statute supersedes GME policy. If the cause for suspension or dismissal is a human resources policy, the applicable statute supersedes GME policy.

IV. Definition
Not Applicable

V. Procedure

Resident may be dismissed by the program director for conduct that is unacceptable for a resident. Such conduct includes, but is not limited to, the following:

A. Failure to comply with the terms of the resident's contract, including failure to maintain a valid medical license and failure to pass USMLE Step 3 or COMLEX 3 prior to December 31st of the second year of residency.

B. Personal misconduct;

1. unethical conduct.

2. conviction of a felony,

3. substandard performance that has not responded to comprehensive departmental remediation efforts.

C. If the issue is health or psychologically related, it may handled through Employee Health and in consultation with human resources (for GMEC review).

D. A resident who is dismissed must be notified in writing and must be provided with a written copy of the GME Policy 11 - Appeal of Adverse Action at the time of dismissal.

E. A resident dismissed for just cause has the right to invoke the appeal process.

V. Attachment

Refer to GME Policy 11 - Appeal of Adverse Action.

GMEC Revision: 2/2010

GME POLICY 11
APPEAL OF ADVERSE ACTION

I. Purpose

To offer an appeal and review process to a resident whose professional conduct or academic performance has resulted in an adverse action described below.

II. Applies To

All CVMH GME residency programs.

III. Policy

A. To ensure that all GME programs offer a standard appeal process as approved by GMEC for the following adverse actions;

1. residents who have been suspended or dismissed from the residency program during the contract year,

2. resident whose contract is not renewed,

3. resident did not graduate from the residency program upon completion of the program, or

4. resident not recommended for board certification for training completed.

B. If the cause for suspension or dismissal is a legal issue, the applicable statute supersedes GME policy. If the cause for suspension or dismissal is a human resources policy, the applicable policy supersedes this GME policy.

C. During the appeal process, the resident will be considered to be on suspension and salary/benefits will be continued until the date of the final disposition of the appeal (usually 30 days).

D. During the appeal process, the resident may not access non-public areas of the hospital unless he/she does so by appointment. Only the DIO/Medical Director of GME or their designee may grant requests for access. While accessing non-public areas of the hospital, the resident will be accompanied by the DIO or her/his designee during necessary appointments.

IV. Definition

Not Applicable

V. Procedure

A. A resident who is the subject of an adverse decision (as identified above) has the opportunity to use this appeal process, and will be treated without prejudice or recrimination for having done so.

B. At the time a resident is notified of an adverse action decision, the program director will also advise him/her of the right to an unbiased appeal by invoking the GME Policy 11 – Appeal of Adverse Action. The written notice of the adverse action decision will include a copy of this policy and the specific charges against the resident which resulted in the adverse action. At this time the resident will be required to turn his/her hospital ID badge to the program director or his/her designee.

C. To activate the appeal process, the resident must make a written request within five (5) working days of the issuance of the adverse action decision. The written request is made to the DIO and/or medical director of GME. A human resources representative will be regularly informed of the status of the appeal. Failure of the resident to request the appeal process within five (5) working days constitutes a waiver of the right to an appeal and review.

D. An appeal will be scheduled within ten (10) working days of the receipt of the resident's request. In the period between the request for an appeal and the actual appeal, the resident is allowed to examine pertinent records in order to prepare a response. The DIO, with input from a human resources representative, will assist the resident and program director in making pertinent records available.

E. Appeal Panel Procedure

1. An appeal panel is established to meet and review information, question individuals, and consider all information that resulted in the adverse action. The panel consists of five members, three faculty physicians and two residents.

Three members of the panel are chosen by the DIO and/or medical director of GME, one by the resident, and one by the program director. The resident makes his/her choice known first, followed by the program director. The DIO and/or medical director of GME select the remaining panel members. The panel members may include one program director from a residency other than that of the grievant. Panel members cannot have been involved directly with the incident(s) that resulted in adverse action. The panel elects a chair to conduct the appeal and to present the panel's decision to the resident and program director. The DIO serves as staff to the panel to coordinate the appeal and provide guidance on the process.

2. The resident and program director are given an opportunity to appear before the panel to answer questions, respond to the information, question key individuals, and to present witnesses and pertinent documentation. Both may be present during the fact-finding portion of the appeal and will have the opportunity of presenting written submissions in support of their respective positions. The panel reserves the right to determine whether the information presented on behalf of the resident or program director is pertinent to the proceeding and whether the panel should consider it.
3. The resident is permitted to be accompanied by his/her faculty advisor or another physician of his/her choice to advise him/her and counsel him/her during the appeal, provided that the physician is a resident or member of the medical staff of CVMH. Neither the resident nor the program director is entitled to have legal counsel present during the appeal.
4. The decision of the panel is based solely on information presented at the appeal. Neither the resident, the physician who accompanied him/her to the appeal, nor the program director is present during the panel deliberations. The panel is authorized to uphold, reject, or modify the adverse action decision. The decision is made by majority vote of the panel through secret ballot.
5. The panel has ten (10) working days to conduct and conclude the appeal and report its decision to the DIO and/or medical director of GME who will forward the report to the resident and program director via certified mail or in person and communicate the status to the human resources representative.
6. A record of the appeal testimony is produced and retained, and a copy is available to the resident.
7. In the event the panel returns a decision that is unfavorable to the resident or to the program director, either has the right to request the second step of the appeal process (which is a review).

F. Review Panel Procedure

1. A request for a review must be made by the resident or program director to a human resources representative within five (5) working days after receiving notice of the unfavorable decision by the panel. Failure to request a review within that time period is considered a waiver of the right to a review and an acceptance by the resident or program director of the decision of the appeal panel.
2. A review is scheduled within ten (10) working days of the receipt of the resident or program director's request.
3. The review panel consists of three members who may be faculty members or residents at CVMH; one selected by the resident, one selected by the program director, and one by the DIO and/or medical director of GME. The resident makes his/her choice known first, followed by the program director, and then the DIO and/or medical director of GME. The panel members may include one program director. Panel members cannot have been involved directly with the incident(s) that resulted in adverse action and cannot have been involved in the first appeal hearing.
4. The panel selects a chair from among themselves to conduct the review and to present the decision to the resident and program director. The DIO serves as staff to the panel to coordinate the review and provide guidance on the process.
5. The review panel is established to examine the record of the appeal panel hearing, written information submitted and produced at the appeal hearing, as well as to consider any written statements by the resident or program director which he/she may prepare in response to the appeal panel's decision. Neither the resident nor the program director is permitted to make any presentation to the review panel. Nor are they permitted to review each other's statement to the review panel. No new information may be introduced to the review panel.
6. The decision of the review panel is based solely on information considered at the appeal panel hearing and any written submissions by the resident or program director to the review panel. Neither the resident nor the program director is present during the deliberations. The decision to uphold, reject, or modify the adverse action is made by majority vote of the panel through secret ballot.
7. The review panel has five (5) working days to conduct and conclude the review, and has three (3) working days to report a decision to the DIO and/or medical director of GME who will forward the report to the resident and program director directly or via certificated mail, and communicate the status with a human resources representative.
8. In the event the review panel returns a decision that is unfavorable to the resident or program director, either has the right to request the final step of the appeal process, a review by the CMO for final determination.
9. A request for a review by the CMO must be made by the resident or program director to the DIO and/or medical director of GME within five (5) working days after receiving notice of the unfavorable decision by the review panel. Failure to request a review within that time period is considered a waiver of the right to a review and an acceptance by the resident or program director of the decision of the review panel.
10. All information from the initial appeal panel and the review panel will be forwarded to the CMO for his/her final review and determination. Neither the resident nor the program director can present new information to the CMO.

G. **Final Decision** Within (5) business days of receipt of the record, the final decision of the CMO will be forwarded to the DIO and/or medical director of GME who forwards the report to the resident and program director directly or via certified mail, return receipt requested.

H. **Time Limits** The limits identified in this policy may be reasonably extended by the panels, CMO, resident or program director, as needed. All requests for extensions are presented to the respective party for review and decision.

I. **Indemnification** Any person serving on either the appeal panel or review panel at the request or direction of the institution, are protected by the insurance coverage of the institution with respect to the liability arising out of such service.

J. **Panel Attendance** All members of both panels must be in attendance for meetings to be conducted.

K. During the appeal process the resident will be considered to be on suspension. Salary and benefits will be continued until the date of the final disposition of the appeal or for a maximum of 30 days from the initial notification of the resident of the adverse action decision, whichever is shorter.

VI. Attachments

Not Applicable

GMEC Review/Revision: 8/2003, 2/2005, 10/2005, 1/2007, 11/2007, 11/2008; GMEC Approval: 8/2003, 11/2008

GME POLICY 12
GRIEVANCE

I. Purpose

To provide a forum for residents to grieve a claim they dispute.

II. Applies To

All CVMH GME residency programs.

III. Policy

A claim or dispute by a resident against CVMH concerning the interpretation of the resident contract, rules, regulations, or written policies.

IV. Definition

GME Policy 12 – Grievance may be invoked for serious claims other than suspension, dismissal, or non-recommendation for board certification for training completed.

V. Procedure

A. The resident will discuss the grievance with the department chairman within five business days after the occurrence of the event or action giving rise to it. The department chairman will answer the grievance within five business days.

B. If the grievance is not resolved at Step 1, the resident may appeal and submit the grievance, in writing, to the DIO and/or medical director of GME within seven days. The DIO and/or medical director of GME will schedule a meeting with the resident within five days. A decision will be communicated to the resident within five days after the meeting.

C. If the grievance is not resolved at Step 2, the resident may appeal the decision, in writing, to a grievance committee within ten days of the meeting with the DIO and/or medical director of GME. The grievance committee will have five members. The composition of the grievance committee includes one representative faculty, program director, or resident from a program other than that of the resident involved selected by the grievant; one representative faculty, program director or resident from a program other than that involved selected by the resident; two representatives (faculty, program director, or resident from a program other than that of the resident involved), and one administrator designated by the DIO and/or medical director of GME.

D. The resident and program director (or grievant) will be asked to meet with the grievance committee within seven business days. The grievance committee will issue its decision, in writing, within seven business days following the meeting. The committee may contact (or request meet for clarification purposes with) the resident or program director during its deliberations. The decision of the grievance committee will be final and binding.

VI. Attachments

Not applicable

GMEC Approval: 9/1999; GMEC Revision: 8/2003, 8/2004, 2/2005, 10/2005

GME POLICY 13
NON-HARASSMENT

I. Purpose

To prevent sexual harassment in the work place and provide recourse if it does occur.

II. Applies To

All CVMH GME residency programs.

III. Policy

All resident training programs will use standard criteria to prevent and provide recourse if sexual harassment in the work place does occur.

IV. Definition

Not Applicable

V. Procedure

A. The Office of GME has adopted the following definition and description of sexual harassment adapted from the "Sexual Harassment and Exploitation Between Medical Supervisors and Trainees" report of the American Medical Association Council on Judicial and Ethical Affairs:

"Sexual harassment may be defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic success, (2) submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such an individual, or (3) such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating hostile or offensive work or academic environment.
Examples of sexual harassment include: unwelcome sexual advances, favoritism based upon gender, sexist jokes or slurs, the exchange of rewards for sexual favors, and malicious gossip or rumors. Sexual harassment also encompasses the use of sexist teaching materials, denied opportunities or poor evaluations because of gender, and punitive measures based upon the refusal of sexual advances."

B. Faculty Responsibility
It is the responsibility of everyone in academic administration to abide by this policy and the Human Resources Policy – Non-Harassment.

C. Reporting
A resident or student who believes he/she has been the subject of sexual harassment is to follow the reporting mechanism found in the Human Resources Policy – Non-Harassment and/or GME Policy 12 – Grievance.

D. Corrective Measures
Corrective measures will follow the process outlined in the Human Resources Policy – Non-Harassment.

E. Educational Measures
The Office of GME will educate residents/faculty by;
1. referencing the above-mentioned policy in the residents' contracts,
2. distributing the policy to all residents,
3. referencing the policy during residents' orientation,
4. providing conferences on sexual harassment as needed.

VI. Attachment
Not Applicable

GMEC Review: 8/2003, 9/2003. 8/2004, 10/2005, 12/06; GMEC Approval: 8/2003

GME POLICY 14
FAMILY / MEDICAL / PERSONAL LEAVE

I. Purpose
To clarify family, medical or personal leave for residents.

II. Applies To
All CVMH GME residency programs.

III. Policy
Residents must follow set procedure when requesting family, medical, or personal leave from their programs.

IV. Definition
Not applicable

V. Procedure

A. Notification of Program Director
1. Residents are responsible for notifying their program director of a pending request for leave of absence in order to allow time for the consideration of program needs.
2. Residents are responsible for completing any leave of absence forms required by human resources and routing the completed form to the program director to review and sign.
3. Residents are responsible for scheduling appointments with the human resources benefits staff to arrange for benefits coverage during the leave.

B. Leave Definitions
1. A leave of absence from the residency program may be designated as family, medical, or personal. Family/Medical Leave applies when the absence is due to;
a. parental leave following the birth or adoption of a child,
b. caring for an ill or disabled parent, spouse, or child, or
c. resident illness.
2. Personal leave is defined as absence for reasons other than medical and is subject to the approval of the program director.

C. Duration of Leave

Family or medical leave is allowed for a period of up to 12 weeks in accordance with the FMLS guidelines. Medical absence for pregnancy-related confinement begins on the day specified by the resident's physician. Parental leave may begin on or after the date of birth or adoption of a child.

VI. Attachments

Refer to Human Resources Policy – Leave of Absence (FMLA) on CVMH's intranet.

GMEC Approval: 4/1989; GMEC Review: 3/1998, 8/2003, 8/2004, 10/2005, 12/2006; GMEC Revision: 4/1998, 3/2001, 5/2002

GME POLICY 15
MAKING UP LEAVE TIME

I. Purpose

To clarify requirements for a resident making up time missed due to leave of absence.

II. Applies To

All CVMH GME residency programs.

III. Policy

Residents must adhere to RRC and/or specialty board requirements and make up missed time in order to meet residency program or board certification requirements.

IV. Definition

Not applicable

V. Procedure

A. Residents may have to make up time missed from training in order to be eligible for full credit toward their boards. Any absence beyond a total of the specific RRC's allotted time (including vacation and other paid time off) in any given year will require an extension in his/her contract in order for the resident to receive credit for the year. Extensions for making up time are routinely up to 12 weeks. Longer periods would be determined on a case-by-case basis by the program director.

B. Residents are informed and acknowledge that additional training after a leave of absence may be needed for successful completion of program requirements and/or board certification requirements. The amount of sick leave, leave of absence, or disability time that will prolong the training time for the resident will be determined by the program director and the requirements of the pertinent RRC and/or certifying board. The program will provide residents with information about how the time lost while on leave of absence could affect meeting criteria for completion of the residency program and its impact on their eligibility for their specialty board certification exams.

C. During such an extension, residents will be paid salary and other benefits will continue during the predetermined make-up time period.

D. Upon returning from leave, resident will assume usual night-call responsibilities. Night call missed during the leave may not accumulate. The program director will address any work issues during the make-up period.

E. If a resident on leave does not return to work on the agreed date, the program director may send a registered letter advising the resident of his/her status. Any resident failing to respond within three days of receipt of such a letter is considered to have abandoned his/her residency program, and any prior commitment for reinstatement is rescinded.

VI. Attachments

Not Applicable

GMEC Review: 10/2003. 10/2004, 10/2005, 12/2006, 10/2008; GMEC Approval: 10/2003

GME POLICY 16
PROFESSIONAL LEAVE

I. Purpose

To clarify guidelines for educational activities outside the program.

II. Applies To

All CVMH GME residency programs.

III. Policy

Residency programs will utilize standards and criteria to clarify professional leave requirements and responsibilities.

IV. Definitions

Professional leave refers to out-of-hospital conferences, not to exceed one month.

V. Procedure

A. Residents may attend educational activities outside their programs with permission from their program directors.

B. Educational activities should be consistent with the goals and objectives of the residency programs.

C. Residents may request paid time off, as appropriate for professional leave.

D. All requests are subject to the needs of the residency programs.

VI. Attachments

Not Applicable

GMEC Review: 10/2003, 10/2004, 10/2005, 12/2006; GMEC Approval: 10/2003

GME POLICY 17

OFF-SITE ROTATIONS

I. Purpose

To establish guidelines and requirements to ensure residents off-site rotations comply with educational accrediting organizations requirements and receive appropriate oversight and benefits from their home institution during the rotation.

II. Applies To

All CVMH GME residency programs.

III. Policy

Residency programs will utilize standards and criteria to ensure resident off-site rotations comply with the policies of applicable educational accrediting organizations as well as the GME Policy 17 – Off-Site Rotations.

IV. Definitions

Not applicable

V. Procedure

Residents will present off-site requests to the program director prior to making final arrangements for the rotation. Program director will receive adequate notice for the request with time for him/her to review and either approve or deny the request as deemed appropriate. Off-site rotation requests will include the following information:

A. Supervising faculty
B. Curriculum of rotation
C. Goals and objectives of rotation
D. Off-site institution's assurance of compliance with GME policies
E. Duty hours will be tracked by home institution during rotation
F. Assurance the resident's resident performance during off-site rotation will be evaluated
G. Assurance the resident will have opportunity to provide anonymous feedback on rotation

VI. Attachments

Not applicable

GME POLICY 18
PROBATION / DISMISSAL FOR ACADEMIC DEFICIENCY

I. Purpose

To establish guidelines for resident probation/dismissal.

II. Applies To

All CVMH GME residency programs.

III. Policy

To ensure that all GME residency programs adhere to this GMEC-approved policy as stated below:

A. Insufficient fund of medical knowledge.
B. An inability to use medical knowledge effectively in patient care.
C. Lack of appropriate technical skills.
D. Lack of humanism or professionalism.
E. Any other deficiency that affects academic performance.

IV. Definition

Not Applicable

V. Procedure

A. If a resident's performance of duties is below acceptable standards, he/she will be informed in a private meeting with his/her program director or designee.
B. After the resident is informed, he/she will be given written notice of probation status including an explanation of the deficiencies and proposed length of probation.
C. The probationary period will begin with the date of the notice.
D. Written suggestions for a plan of corrective action to improve the resident's performance will be given to the resident.
E. During the probationary period, efforts will be made to advise, mentor, and otherwise assist the resident in correcting deficiencies with the acknowledged goal of keeping him/her in the program.
F. It is the resident's responsibility to correct the deficiencies.
G. If the resident's performance continues to be deficient, the program director or designee will give him/her written notice of the deficiencies.
H. After the resident receives such notice, he/she may respond, in writing or informally in person, and provide an explanation for such deficiencies.
I. After the resident has responded (or failed to respond) within one week, the program director or designee may take any of the following actions;
  1. remove the resident from probationary status,
  2. extend the probationary period, or
  3. recommend dismissal of the resident from the training program.
J. The program director or designee will inform the medical director of GME and the DIO of the decision. If the decision is a recommendation of dismissal, the resident will have 72 hours to elect one of two alternatives;

1. resign, effective at a mutually acceptable date, consistent with this process, or
2. request an initiation of the GME Policy 12 - Grievance.

VI. Attachments

Not Applicable

GMEC Approval: 4/1989; GMEC Review: 3/1998, 8/2004, 10/2005, 12/2006; GMEC Revision: 4/1998, 3/2001, 5/2002, 9/2003

GME POLICY 19
IMPAIRMENT AND SUBSTANCE ABUSE

I. Purpose

To establish guidelines and requirements for resident supervision.

II. Applies To

All CVMH GME residency programs.

III. Policy

It is the policy of CVMH, Penn Highlands (PHHP), and Conemaugh Health Initiatives (CHI) that employees, volunteers, students of CVMH educational programs and affiliate schools, hereafter referred to as "students", contract personnel, physicians, and residents be physically and mentally fit. The effects of controlled substance and alcohol abuse (i.e., physical and psychological dependence and impaired behavior) adversely affect personal safety and performance, as well as become a threat to the safety of fellow employees, patients, and others. This policy serves to address these concerns and commitments. As an entity, CVMH, PHHP, and CHI; therefore:

A. Prohibit the unlawful manufacturing, possession, use, or distribution of illicit drugs and alcohol on its property. This policy serves notice to those involved in such activities that CVMH, PHHP, and CHI reserves the right to refer those involved for prosecution under the Controlled Substance, Drug, Device and Cosmetic Act (PA Act No. 64), or any comparable legislation. Legal sanctions may include probation, fines, or imprisonment.

B. Prohibit the use of illicit drugs by employees, students, volunteers, contract personnel, physicians, and residents at any time while on duty.

C. Prohibit alcohol consumption while being paid on-call status by those employees covered under Human Resources Policy - On-Call Payment for Non-Exempt Employees.

D. Prohibit the abuse of scheduled prescription medications, i.e., use in a non-prescribed fashion, or the use of a prescription medication in a manner consistent with substance abuse or chemical dependency.

Throughout this policy, the term "individual" refers to employees (including temporary agency workers), volunteers, students, patients, physicians, residents, and others. If a statement is specific to a single class on individuals, that class will be identified. The following principles and procedures are considered reasonable and necessary, and have been developed to take into consideration the mission and needs of CVMH and educational programs, as well as the needs of employees (including temporary agency workers), volunteers, students, patients, physicians, residents, and others.

Requirements

A. Education will be provided on:
1. the Drug-Free Workplace Policy, which is part of CVMH's Code of Conduct,
2. the dangers of abusing drugs and alcohol in the workplace,
3. the medical treatment and other resources available for persons who seek treatment and counseling.
4. the nature and benefits of drug and alcohol testing, including post-offer, pre-placement testing and for cause/reasonable suspicion, and
5. the action that CVMH will take when employees, volunteers, students, or contract personnel violate this policy.

B. Employed physicians of CVMH and CHI are covered by this policy as well as being governed by the Medical Staff Bylaws. Any violation of this policy will be reported to the Impaired Physicians Committee.

C. Education on the Drug-Free Workplace Policy, which is part of CVMH's Code of Conduct, will be provided at initial orientation by human resources, allied health schools, and residency program directors; and annually thereafter at required education to employees and students. The substance of this policy will be included in the employee handbook and orientation manual.

D. In addition to general employee and student education, supervisor training will occur at hospital-wide orientation and annually. This will include information on this policy, the effects of substance abuse in the workplace, how to observe and document reasonable suspicion, how to make reasonable suspicion determinations, and how to refer an individual suspected of having substance abuse problems for evaluation and treatment. Because of the organizations' need to maintain a safe work environment, all such referrals should be accomplished through employee health so that fitness for duty is addressed (see Sections 8-10). Supervisors must also be familiar with the Employee Assistance Program and how to manage re-entry of an employee who is receiving ongoing treatment or who has successfully completed a treatment regimen.

IV. Definitions

A. The following conduct is prohibited:
1. Reporting for work or remaining on duty after alcohol is consumed in any amount.

2. Consuming alcohol at any time during the normal workday. This includes, but is not limited to consumption on or off the premises of CVMH, as well as during mealtime and other break periods.
   Exception: This prohibition does not include the authorized and reasonable consumption of alcohol (if person has attained legal drinking age) at functions or activities sponsored by CVMH or a client. However, if a "reasonable suspicion" alcohol test is requested as a result of such drinking and if the alcohol test result is 0.04 or greater, the person will be considered to have consumed more than a reasonable amount and will be in violation of this policy.
3. Engaging in any illegal or unauthorized use of drugs at any time while on duty. This includes but is not limited to duty time on or off the premises of CVMH, as well as during mealtime and other break periods.
   Exceptions: This prohibition does not apply to use of medications under the following circumstances;
   a. the medication has been legally prescribed to the person taking the medication,
   b. it is being used in accordance with the prescription, and
   c. it has been advised that the medication's use will not adversely affect the health or safety of anyone in the workplace, including patients or visitors. Those who perform safety sensitive functions have an obligation to ask their doctors whether their use of the medication being prescribed will adversely affect the health or safety of themselves or others in the workplace, including patients or visitors. If the person performing safety sensitive functions is advised that his/her use of a medication will adversely affect anyone at work, that person has the responsibility to see whether another medication can be prescribed or, if not, to advise human resources that he/she is taking medication that may have an adverse effect, <u>without disclosing the medication's name or the reason for its use</u>, in order to determine whether an accommodation, if any, can be made while the person continues to take the medication.
   d. engaging in the unlawful or unauthorized manufacture, distribution, dispensation, solicitation, sale, purchase, transfer, or possession of drugs or alcohol while on CVMH paid time, on CVMH premises, in CVMH vehicles, or while otherwise engaged in activities for or on behalf of CVMH. This prohibition does not include the authorized distribution, dispensation, solicitation, sale, purchase, transfer, or possession of alcohol at CVMH sponsored functions or activities. In addition, an employee's illegal conduct involving drugs or alcohol during non-work times may also result in discipline, up to and including discharge.
   e. the refusal to submit to <u>any</u> drug or alcohol test that is required under this policy will result in immediate termination of employment or student or volunteer status. This includes tests that a person agrees to take in conjunction with rehabilitation.

V. Procedure

A. Pre-placement evaluations apply to all individuals covered by this policy.

B. Pre-placement evaluations consist of a physical examination and urine drug testing. If there is reason to suspect that the candidate is under the influence of alcohol, the employee health practitioner reserves the right to conduct a breath alcohol screen at the time of the pre-placement physical examination. Urine drug screening is generally conducted for the following substances: opiates, PCP, cocaine, amphetamines, and cannabinoids (marijuana). Additional substances may be screened as needed.

C. The offer of employment or student placement is conditional on taking the urine drug test and breath alcohol test, when required and receiving negative results.

D. Applicants who test positive on post-offer drug testing will have their conditional offer of employment or student placement withdrawn.

E. Applicants who test positive on post-offer alcohol breath testing will have the conditional offer of employment or student placement withdrawn.

F. Applicants who test positive for drug and/or alcohol use and who are licensed in the Commonwealth of Pennsylvania will be reported to the appropriate agency.

G. Refusal to comply with this testing, which will include urine drug test and breath alcohol, if necessary, will result in immediate withdrawal of the conditional offer of employment or student placement.

For Cause /Reasonable Suspicion Evaluation

A. For Cause/Reasonable Suspicion Evaluation applies to all individuals covered by this policy.

B. Supervisors can refer employees or students for a reasonable suspicion test that may include a drug and/or alcohol test, whenever they have reasonable suspicion that an individual has or may have used drugs or alcohol in violation of this policy. The supervisor must escort the individual, whenever possible, to employee health or the Emergency Department. Reasonable suspicion determinations will be based on specific, current observations that can be verbalized including but not limited to the individual's appearance, behavior, conduct, speech and/or body odors. These observations may also include indications of an individual's chronic use of, or the effects of withdrawal from, drugs or alcohol. The determination may be based on a single instance of conduct involving a serious potential risk of harm to the individual or others, or to CVMH's property or the property of others. Reasonable suspicion determination will be made by personnel who have received training on the signs and symptoms of alcohol misuse and drug use. The person making the determination must document reasonable suspicion determinations. Documentation should be completed on the Supervisory Referral Form (Appendix A). All reasonable suspicion tests must be administered as soon as possible following the determination. A person who is required to submit to a reasonable suspicion test will be suspended after

the completion of the drug and/or alcohol tests. Employees other than managers/supervisors, who observe behaviors consistent with those listed above, should immediately report this information to a supervisor so that this policy may be followed. Whenever an individual is required to submit to a reasonable suspicion test and receives a positive test result caused by the individual's legal and authorized use of a controlled substance, CVMH will require the individual to seek appropriate treatment to retain employment and submit to a fitness-for-duty evaluation upon successful completion of treatment. An individual who tests negative may also be required to submit to a fitness-for duty evaluation. The evaluation may include a review of the individual's medical records and/or a medical examination. The purpose of the evaluation is to determine whether the individual poses a significant risk of substantial harm to the health and safety of the individual or others in the workplace, including customers and visitors. Individuals will be required to provide the necessary authorizations for obtaining the medical records and conducting the examination. Depending upon the results of the evaluation, CVMH will consider whether the safety or health risk can be eliminated or sufficiently reduced by a reasonable accommodation, if applicable.

C. The refusal to submit to <u>any</u> drug or alcohol test that is required under this policy will result in the employee's immediate termination of employment. This includes tests that individuals agree to take in conjunction with rehabilitation.

D. Screening is generally conducted for the following substances: opiates, PCP, cocaine, amphetamines, and cannabinoids (marijuana). Additional substances may be screened when history or other circumstances indicate that other substances may be involved.

E. If a urine drug test or breath alcohol screen is performed as part of reasonable suspicion testing, the individual will be immediately removed from work. Employee health will assist the individual to secure transportation home. The individual's immediate supervisor will be notified that the individual will not be returning to the assignment. The individual will be notified of the test result within a reasonable time after the test result becomes available and will be advised as to next steps to be taken.

F. Refusal to comply with this testing, which will include urine drug test and breath alcohol, if necessary, will result in immediate termination of employment.

G. If urine drug or breath alcohol testing is positive, the individual will be removed from job duties pending evaluation and treatment of the substance abuse problem. Employee health practitioner will recommend a course of treatment. Employees who are referred to a treatment program may take a medical leave of absence in accordance with Human Resources Policy - Leave of Absence (FMLA).

H. Individuals who test positive for drug and/or alcohol use and who are licensed in the Commonwealth of Pennsylvania will be reported to the appropriate agency.

I. Treatment will be determined based on the recommendations of a substance abuse specialist.

J. All individuals with a positive, adulterated and/or substituted test result for substance abuse may request that the original specimen be retested:

K. The individual must submit the request to employee health in writing within 72 hours of notification of a positive urine test.

1. The employee health practitioner retains the right to select the second-opinion certified lab.
2. The cost to retest the original specimen is the responsibility of the employee and must be paid at the time that the request is made.
3. The individual will remain off work pending receipt of test results.

L. All individuals who refuse to submit to evaluation and/or treatment will be terminated.

M. Return to employment, volunteer activities, or schooling after removal for a violation of this policy will be contingent upon a decision made by the human resources director and appropriate department manager for employees or by the allied health school and the residency program directors for students. Employee health and the Employee Assistance Program will provide consultation, as needed. To protect confidentiality, only necessary information will be provided and will be for the purpose of determining the employee's return to work status. Employed physicians will be returned to practice under the requirements of medical staff bylaws.

N. Many programs have attendance policies that would make termination of schooling necessary.

O. If licensed in the Commonwealth of Pennsylvania and if permitted to return, reinstatement may be contingent on specific conditions:

1. Active participation in a prescribed treatment program. Employee health will be responsible for monitoring compliance with treatment.
2. Periodic follow-up drug or alcohol testing, if licensed in the Commonwealth Pennsylvania and subject to impaired professional requirements. The medical director of employee health will supervise this testing,
3. Reports of satisfactory treatment completion. Prior to resumption of usual job activities, the individual will undergo a fitness for duty evaluation in employee health and disclose to the examining physician any medical records that are deemed pertinent to the rehabilitation process. Follow-up will continue in employee health until prescribed treatment and periodic testing has been completed.
4. Endorsement of the Condition of Reinstatement Form (Appendix B).

P. Failure to cooperate with and/or successfully complete the prescribed treatment plan will result in termination of employment or schooling. This includes a positive test result for required follow-up testing.

Q. Individuals who violate this policy on a second occasion will be suspended pending discharge.

R. Human Resources Policy - Grievance, will be applied for appeal. Appeal by employed physicians and residents will be managed in accordance with medical staff bylaws and GME policies.

S. This policy is not to be interpreted as constituting a waiver of CVMH's normal rights and responsibilities to take disciplinary action or measures in the instance of unsatisfactory work performance and/or misconduct. Use of alcohol and/or controlled substances will not be considered as an excuse or justification for that which would otherwise call for corrective action.

T. Referrals for treatment will be treated confidentially. Any medical information required for fitness for duty evaluations in employee health will be maintained in confidential medical records and will not be released to the employer. However, selected information may need to be reported to the employee's supervisor. This information will be limited to leave of absence and any restrictions on the individual's ability to perform his/her job with or without reasonable accommodations. Employees must notify, in writing, the Director of Human Resources within five (5) days of any conviction involving drugs and/or alcohol. Students must report such a conviction to their program director.

Self Identification

Employees who voluntarily admit to a substance abuse problem and want to seek treatment are encouraged to do so. Employees may discuss these issues with employee health and will be offered a course of treatment. These employees also will be eligible for a medical leave of absence in accordance with Human Resources Policy - Leave of Absence (FMLA) in order to obtain assistance for substance abuse. These employees will be subject to the terms and conditions of this policy including but not limited to treatment, reinstatement of employment, and follow-up testing.

Refusal To Submit To A Test

A. An individual who engages in any of the following conduct will be considered to have refused to submit to a test;

1. refusing or failing to appear for any substance abuse test within a specified time, as determined by CVMH, after being directed to do so by CVMH,
2. failing to remain at the testing site until the testing process is complete,
3. failing to provide a urine specimen, or breath specimen for testing,
4. failing to attempt to provide a urine or breath specimen for testing,
5. failing to provide a sufficient amount of urine or breath when directed, without an adequate medical explanation,
6. failing or declining to take additional drug or alcohol tests that CVMH or collector has directed to be taken,
7. failing to undergo a medical examination or evaluation, as directed by the employee health practitioner as part of the verification process, or as directed by CVMH as part of the "shy bladder" procedures, or the insufficient breath procedures,
8. adulterating or substituting a urine sample, or attempting to adulterate or substitute a urine sample;
9. in the case of a directly observed or monitored collection in a drug test, failing to permit the observation or monitoring of the provision of a urine specimen,
10. failing to cooperate with any part of the testing process such as by delaying the collection, testing, or verification process or otherwise engaging in conduct that clearly obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

Responsibility

The director of human resources is responsible for implementation of this policy and development of the appropriate educational sessions for managers and employees in collaboration with employee health. The director of allied health programs is responsible for educating students. Residency program directors are responsible for educating residents. The volunteer service manager is responsible for educating volunteers. Employee health maintains responsibility for appropriate communication with human resources and for organizing policy review at a minimum of every three years. All managers, supervisors, and directors are responsible for implementing this policy in their areas.

VI. Attachments

Not Applicable

GMEC Revision: 10/2004, 10/2005, 12/2006

GME POLICY 20
ACCESS TO GME POLICIES

I. Purpose

To establish guidelines and requirements for ensuring resident access to GME policies.

II. Applies To

All CVMH GME residency programs.

III. Policy

Residency programs will ensure residents are provided with access to policies.

IV. Definitions

Not applicable

V. Procedure

Residents will be provided access to GME policies in the following ways:

A. On the GME portion of the Conemaugh website;
B. On the Conemaugh intranet in the Sharepoint Section entitled Graduate Medical Education;
C. Presented and discussed at resident orientations;
D. Included in Resident Handbook. (On the intranet in the Sharepoint Section entitled Graduate Medical Education;
E. Copies of policies will available for residents at the GME Office or program coordinators' offices upon request.

VI. Attachments

Not applicable

GME POLICY 21
MOONLIGHTING

I. Purpose

To provide guidelines and requirements for residents who wish to engage in employment outside their residency programs.

II. Applies To

All CVMH GME residency programs.

III. Policy

Residents with unrestricted licensure from the state of Pennsylvania may only engage in moonlighting activities by obtaining written permission, in advance, from their program directors and if it is not restricted by ACGME or AOA Program Requirements. The program director is responsible for monitoring the ongoing performance of those residents engaging in moonlighting by means of observation, evaluations and feedback from faculty and other residents.

IV. Procedure

A. Only residents with unrestricted licensure from the state of Pennsylvania may engage in moonlighting activities by obtaining written permission, in advance, from their program directors.
B. Residents are not required to engage in moonlighting.
C. AOA Interns may not engage in moonlighting activities
D. The performance of these residents will be monitored by the program director.
E. If it is established that a resident is engaged in employment outside their training programs without the written permission of their program director he/she will be subject to disciplinary action up to and including dismissal. (In such a case resident will be given a copy of GME Policy 12 - Grievance.)
F. Residents' performance will be monitored for the effect of moonlighting and adverse effects will lead to withdrawal of permission. Residents may have their moonlighting privileges revoked at the discretion of their program directors.
G. Residents who are in the U.S. on J-1 or H-1 visas are not allowed to engage in moonlighting activities.

V. Attachments

Not applicable

GME POLICY 22
COMMUNICATION WITH THE ACGME

I. Purpose

To clarify the process for communication with the ACGME.

II. Applies

To all CVMH residency programs.

III. Policy

All communications to the ACGME by program directors or program coordinators must be reviewed and approved by the GMEC and the DIO prior to submission to ACGME.

IV. Definition

A. Submissions include but are not limited to;
1. all applications for ACGME accreditation of new programs and subspecialties,
2. changes in resident complement,
3. additions and deletions of participating institutions used in a program,
4. appointment of new program directors,
5. progress reports requested by any review committee,
6. responses to proposed adverse actions,
7. requests for increases or any change in duty hours;
8. requests for "inactive status" or to reactivate a program,
9. voluntary withdrawals of ACGME-accredited programs, and
10. requests for an appeal of adverse actions; and, written appeal presentations to the GMEC.

V. Procedure

All submissions must be presented to the GMEC and the DIO in a timely way, prior to submission to ACGME.

VI. Attachments

Not applicable

GMEC Approval: 11/2003; GMEC Review: 11/2003, 8/2004, 10/2005, 12/2006

GME POLICY 23
REQUESTING DUTY HOURS EXCEPTIONS

I. Purpose

To outline the process for CVMH residencies to request an exception of up to 10% of the 80 hours duty limit.

II. Applies To

All eligible residency programs at CVMH.

III. Policy

Programs may request an exception up of to 10% of the 80-hour duty limit for a sound educational rationale. Prior to initiation of a program's request to the RRC, the GMEC must review and endorse the request. If approved by the GMEC a letter of endorsement from the DIO or Chair of the GMEC will be submitted to the RRC.

IV. Definition

Not applicable

V. Procedure

To receive GMEC endorsement, the program must be accredited in good standing, i.e. without warning/proposed or confirmed adverse action. The program must offer a strong case for the exception based on educational rationale and submit required documentation to the GMEC as follows:

A. Patient Safety: Information will be submitted that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended work hours.
B. Educational Rationale: The request must be based on a sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments and rotations and level of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception to the rule.
C. Moonlighting Policy: Copies of the institutional and program moonlight policies must be submitted.
D. Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
E. Faculty Monitoring: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.
F. Current Accreditation Status: For both the program and the sponsoring institution should be provided in the formal request. Evidence of improvement related to citations from last Program Review.

The GMEC will review the submitted request and will inform the program of its decision within a week of receiving the documentation.

VI. Attachment

Not Applicable

GME POLICY 24
VERIFICATION OF PROCEDURE DOCUMENTATION & COMPETENCIES

I. Purpose

To establish guidelines for resident procedures competency confirmation and use of GME internet-based resident procedure log software at CVMH.

II. Applies To

All CVMH GME residency programs. Nursing personnel will follow guidelines as documented in this policy.

III. Policy

Recommended standards / criteria for verification of competency and use of resident procedure log software.

IV. Definition

Not Applicable

V. Procedure

A. Resident procedures as specified by each program will be documented on GME New Innovations - Procedures Logger
B. Procedure competency verification information will be entered by residents / program coordinators, as specified.
C. Resident procedures competency information will not be official until the supervising faculty / program director provides on line or hard copy (for coordinator input) verification.
D. Nursing staff will receive comprehensive education on use of Procedure Logger information.
E. Nursing staff will have "view only" access to information on resident competency on procedures.
F. Information may be accessed by resident name or procedure name for competency verification.
G. If resident is not documented as able to perform the required procedure without an attending present, nursing personnel will follow the GME Policy 02 - Supervision provided for personnel at nursing stations.

VI. Attachment
Not Applicable

GMEC Review: 10/2004, 10/2005, 12/2006

GME POLICY 25
COMMUNICATION WITH THE MEDICAL STAFF AND THE BOARD OF DIRECTORS

I. Purpose
To formalize requirements for communication between GME and the Medical Staff and the Board of Directors.

II. Applies To
All CVMH GME residency programs and the GMEC.

III. Policy
Ongoing communication with the organized medical staff and board of directors about GME residency programs and activities is required by GME oversight organizations.

IV. Definitions
Not applicable

V. Procedure

A. Annual reports are presented to the organized medical staff and the board of directors by the medical director and DIO of GME. Reports should include the accreditation status of the residency programs, the mechanisms for resident supervision, a discussion of the administrative oversight activities of the GMEC, and other information pertinent to the resident trainees and the state of the GME programs.

B. Minutes from the monthly GMEC meetings are forwarded to the medical staff office for distribution at medical staff meetings. Documentation includes;

1. Issues identified during accreditation site visits,
2. progress reports from program directors on identified concerns and how they have been or are being resolved,
3. regular internal reviews of the residency programs by ad hoc committees of GMEC outlining strengths and weaknesses of the programs and identifying issues of concern,
4. regular progress reports from program directors outlining their progress in resolving issues identified in internal reviews, and
5. comprehensive annual reports by all program directors (required by the GMEC).

C. Pertinent GME information is posted on the GME website www.conemaugh.org

VI. Attachments
Not applicable

GMEC Approval: 1/2007

GME POLICY 26
DISASTER

I. Purpose
To outline the process for CVMH residency programs in the event of an impending disaster that would impacting its residencies and to protect the well being, safety, and educational experience of residents enrolled in CVMH residency programs. If the DIO is not available, the medical director of medical education will act in his/her place.

II. Applies To
All CVMH GME residency programs.

III. Policy
Following declaration of a disaster, the GMEC working with the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible.

IV. Definition
Not applicable

V. Procedure

A. Once the DIO and the GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer (with the maximum length of time designated by the GMEC) of the residents to ACGME approved programs at other sponsoring institutions until such time as CVMH is able to provide an adequate educational experience for each of its residents. Program directors will provide an estimate of the amount of time that relocation to another program will be necessary to residents who transfer to other programs as a result of a disaster. If that initial estimate must be extended, the residents will be notified by their program directors by written or electronic means with an updated estimate.

B. If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a period (as designated by the GMEC following the disaster) permanent transfers will be arranged.

C. The DIO will be the primary institutional contact with the Director of the Institutional Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) and the appropriate official of the American

Osteopathic Association (AOA) regarding disaster plan implementation and the needs within the sponsoring institution. The program directors should contact the appropriate executive directors of the residency review committees with information and/or requests for information.

D. In the event of a disaster, the ACGME will provide contact information on its website (www.acgme.org) for use by disaster-affected institution and programs.

E. In the event of a disaster affecting other sponsoring institutions of GME programs, the program leadership at CVMH will work collaboratively with the DIO who will coordinate the means to accept transfer trainees, in good standing, from other institutions. This will include creating the process for contacting the ACGME and AOA and requesting the increases in complements that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME or AOA will not be eligible to participate in accepting transfer residents.

F. Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster (including scanning pertinent data). This should include a plan for storing data in a separate geographical location away from the sponsoring institution. This will be done in conjunction with CVMH's management information systems department.

G. Resident data is also stored on servers with organizations such as FREIDA, NRMP, ACGME Web ADS and New Innovations. This data, although not as comprehensive as data with the hospital/programs, would be available unless their servers are also impacted by a disaster.

VI. Attachments

Not Applicable

GME POLICY 27
FATIGUE

I. Purpose

To develop a process to ensure the welfare of any resident who may suffer from sleep deprivation.

II. Applies to

All residency programs at CVMH.

III. Policy

Since CVMH is a teaching hospital that hosts seventy-four interns and residents and is concerned about their well being, a process has been established ensure their safety if sleep deprivation occurs.

No resident should feel that he or she is in a situation that endangers patient care or in which work-related fatigue endangers the resident's well being. CVMH recognizes that stress and lengthy hours can cause extreme fatigue and there may be time when Housestaff may require added consideration. The following procedure may be followed if patient care responsibilities are very difficult and prolonged or it unexpected needs create fatigue sufficient to jeopardize safety of the resident or patient care during or following on-call periods.

The Resident should discuss the problem with the supervising attending or with his/her Chief Resident.

IV. Definition

Not applicable

V. Procedure

A. The Chief Resident should be notified either by the Resident or Attending Physician.
B. In the event that the work-related fatigue or stress is due to patient volumes, patients may be reassigned to other teams
C. Back-up Residents may be called in by the Chief Resident with permission of the Program Director.
D. The hospital provides sleeping accommodations in the event that a Resident believes that he/she is not safe to drive home at the end of an assigned shift.

VI. Attachment

Not applicable

GME POLICY 28
VENDORS / GIFTS & GRATUITIES

I. Purpose

To establish guidelines for interactions with industry representatives for residents.

II. Applies To

All CVMH GME residency programs.

III. Policy

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, research equipment and on-site training of newly purchased devices. Although many aspects of these interactions are positive and important for promoting the educational, clinical, and research missions of the hospital, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of

CVMH residency programs. Any interaction with industry and its vendors should be conducted so as to avoid conflicts of interest.

IV. Procedure

A. Physicians and residents should not accept of gifts of any substantial value from industry vendors.
B. Textbooks, modest meals, and other gifts are appropriate only if they serve an educational function.
C. Residents may not accept gifts or compensation for listening to a sales talk by an industry representative.
D. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription.
E. Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company.
F. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.
G. Vendor support of educational conferences involving resident physicians may be used only if the funds are provided directly to the institution, not directly to the resident; and the program director should determine if the funded conference or program has educational merit.
H. All residents will receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry vendors.
I. Industry vendors are not permitted in any patient care areas unless they follow Organizational Policy – Supplier Relations.

IV. Definitions

Not Applicable

V. Attachments

Refer to Organizational Policy – Supplier Relations & Code of Conduct

GME POLICY 29
ROLE & RESPONSIBILITIES OF THE DIO DESIGNEE
(in the of absence of DIO)

I. Purpose

To develop a process to ensure the required activities of the DIO will continue in his/her absence.

II. Applies To

CVMH (the Sponsoring Institution) and all CVMH GME residency programs.

III. Policy

A designate must be appointed to assume responsibilities and have a defined role in case of the DIO's absence. In addition, the name of this designee will be communicated to all GME program directors, faculty and administrative personnel as well as the CMO through announcements at the GMEC and follow-up e-mails.

IV. Definition

Not Applicable

V. Procedure

The designee will be knowledgeable about the role and responsibilities of the DIO which include, but are not limited to the following:

A. Overseeing an organized administrative system, led by the DIO in collaboration with the GMEC, to oversee all ACGME & AOA accredited programs at CVMH;
B. The authority (DIO and GMEC) to and responsibility for the oversight and administration of CVMH's programs and responsibility for assuring compliance with ACGME & AOA program specific and institutional requirements;
C. Reviews and co-signs all program information forms and any documents or correspondence submitted to the ACGME & AOA by program directors;
D. Ensure that an annual report is presented to the medical staff and the governing body of CVMH. This report will review the activities of the GMEC as proscribed by the Institutional Review Accreditation Guidelines B.4.b.

VI. Attachment

Not Applicable

GMEC Review and Approval: 2/2009

GME POLICY 30
ACCOMMODATING RESIDENTS WITH DISABILITIES - EOE

I. Purpose

To ensure that the CVMH GME residency programs provide equal opportunity in employment of residents.

II. Applies To

All CVMH GME residency programs.

III. Policy

In accordance with federal regulations, CVMH is committed to providing reasonable accommodations through its policies, procedures, and benefits to help qualified employees with disabilities perform their essential job functions and making its facilities and services physically accessible to people with disabilities. Reasonable accommodations will be made for residents in compliance with Human Resources Policy – Equal Employment Opportunity.

IV. Definition
Not Applicable

IV. Procedure
Not Applicable

VI. Attachments
Refer to Human Resources Policy – Equal Employment Opportunity

GME POLICY 31
EDUCATIONAL ALLOWANCE

I. Purpose
To establish guidelines for use of residents' educational allowance.

II. Applies To
All CVMH GME residency programs.

III. Policy
Residents are permitted to use their educational allowance for the purchase of books, computers, or other electronic devices related to their employment, conferences, reimbursement for expenses related to off-site rotations, medical equipment required for the performance of their duties, licensing examinations including USMLE and boards, and other educational expenses as approved by their program directors.

IV. Definition
Not Applicable

V. Procedures

A. Residents may decide to use the educational allowance to purchase a computer or other electronic device. These purchases must be pre-approved by the program directors.

B. Every effort should be made to purchase the items at the lowest price. The Management Information Systems (MIS) Department should be contacted for all purchases to determine whether they can obtain better pricing based on buying power.

C. The amount of the educational allowance spent by each individual is tracked and will not exceed the amount specified by the residency programs or contract obligation.

D. Computers and other high dollar electronic device purchases should not be made year after year and are to be approved by the program directors.

E. Other uses of the educational allowance require the approval of the program directors.

Oversight

A. The educational allowance is tracked on a yearly basis and cannot be carried over to another year.

B. Any funds that have not been spent on seminars (and related travel expenses), books, online courses or webinars, recertification or other education-related expenses may be used to purchase computer equipment or other electronic devices at the discretion of the program directors.

C. The purchase of any computer equipment or other electronic device must be pre-approved by the program director of the individual's respective residency program.

D. Due to IRS Regulations pertaining to the purchase of "listed property" (i.e., phones, computers, PDAs), any CME funds used in the purchase of these items will be added as income to the employee's W-2 because these items will be considered an asset of the individual.

E. The educational allowance may also be used for licensing examinations, expenses related to off-site rotations, books, software, medical equipment (stethoscopes, etc.), conferences, and other approved educational expenses.

F. There will be no salary reimbursement for unused educational allowance funds.

VI. Attachments
Not Applicable