

Title: Graduate Medical Education (#72)
Scope: Administrative Policy and Procedure
Manual: Administrative
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Purpose:

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

Definitions:

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

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

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

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

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St Luke's University Health Network GRADUATE MEDICAL EDUCATION STATEMENT OF COMMITMENT

The Board of Trustees of St. Luke's Hospital – Anderson Campus (SLRA) and The Board of Trustees of St Luke's Hospital – Bethlehem Campus (SLB) each sponsor accredited residency and fellowship programs and are part of St Luke's University Health Network. **Both sponsoring institutions are committed to graduate medical education (GME) by ensuring the provisions of the necessary administrative, education, financial, and human, and clinical resources.** Both sponsoring institutions' written statements of commitment are reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the governing body. St. Luke's University Health Network (SLUHN) has been providing undergraduate and graduate medical education for over 100 years. SLUHN also sponsors a four-year regional medical school program with Lewis Katz Temple University School of Medicine (TUSOM) and has been a clinical branch campus for TUSOM for the last 25 years. Our GME mission is to respond to our community health needs assessment reports by producing quality physicians who remain in our communities and provide continuity of medical care across our region.

I. MISSION

The purpose of Graduate Medical Education at St Luke's is to create and maintain educational programs that allow for:

- a. a resident's or fellow's ethical, professional, and personal development while ensuring safe and appropriate care for patients;
- b. the recruitment of high-quality applicants;
- c. serving as a resource of current thinking and information to the hospital network in their medical specialties; and

II. VISION

- a. Be a PREMIER residency and fellowship education site in the nation,
- b. Provide an EXCEPTIONAL learning environment for residents and faculty, and
- c. Be recognized as one of THE BEST education sites for preparing and retaining physicians.

III. OBJECTIVES:

The objectives of Graduate Medical Education are to:

- a. operate quality training programs which can consistently meet or exceed the standards of credentialing agencies;
- b. train physicians who will qualify for medical staff appointments and other health care facilities; and
- c. earn and maintain the respect of the medical staff and community;
- d. fill approved resident positions with individuals who will perform well in training programs.

IV. GME OPERATION

The operation of graduate medical training programs at SLUHN will be uniform and in accordance with hospital policies and procedures and will include the following elements.

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A. Allocation of Resources for Medical Education

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

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

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

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B. Designated Institutional Official (DIO)

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

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

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C. Graduate Medical Education Committee & Subcommittees

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

1. **GMEC Oversight (documented in GMEC minutes):**
 - a. the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)
 - b. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;
 - c. the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; (Outcome)
 - d. the ACGME-accredited program(s)' annual program evaluations and self-studies; (Core)
 - e. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)
 - f. the provision of summary information of patient safety reports to Housestaff, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (Provided)
 - g. Oversee implementation of PTO and leave policies.
 - h. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)
 - i. The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:
 - j. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

2. **GMEC Review/Approval (documented in GMEC minutes):**
 - a. institutional GME policies and procedures; (Core)
 - b. annual recommendations to the Sponsoring Institution's administration regarding Housestaff stipends and benefits; (Core)
 - c. applications for ACGME accreditation of new programs; (Core)
 - d. requests for permanent changes in Housestaff complement; (Core)
 - e. major changes in each of its ACGME-accredited programs' structure or duration of education; (Core)

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- f. additions and deletions of each of its ACGME-accredited programs' participating sites;
- g. appointment of new PDs; (Core)
- h. progress reports requested by a Review Committee; (Core)
- i. responses to Clinical Learning Environment Review (CLER) reports; (Core)
- j. requests for exceptions to clinical and educational work hour requirements; (Core)
- k. voluntary withdrawal of ACGME program accreditation; (Core)
- l. requests for appeal of an adverse action by a Review Committee; and, (Core)
- m. appeal presentations to an ACGME Appeals Panel. (Core)

3. Institutional GME Policies and Procedures (documented in GMEC minutes)

- a. Housestaff Recruitment
- b. Agreement of Appointment/Contract
- c. Promotion, Appointment Renewal and Dismissal
- d. Grievances
- e. Professional Liability
- f. Health and Disability Insurance
- g. Paid-time off and Leaves of Absence
- h. Housestaff Services
- i. Supervision
- j. Clinical and Educational Work Hours
- k. Vendors
- l. Non-competition
- m. Disasters
- n. Closure and Reductions

4. GMEC Subcommittees:

- a. Program Director Committee (PDC) - scope is a forum for discussion of issues relevant to GME training programs, recruitment and retention, academics, faculty clinical productivity, program costs, and transparency of outcomes. It may also be used by the GMEC to have a broader discussion before going to GMEC. PDC scope also includes collaborative learning session (e.g. interview process, innovative curriculum or tracks) and opportunities for faculty and leadership development sessions (e.g. CLER QI Faculty). PDC membership consists of PDs, associate PDs, Housestaff officer(s), and other leaders. PDC meets six times per year (Jan, Mar, May, July, Sept, Nov).
- b. Housestaff Leadership Councils – St Luke's sponsors two housestaff councils, one St Luke's Resident Organization (SLRO) sponsored at Bethlehem and Anderson Resident Council (ARC) sponsored at Anderson provides a forum for Housestaff to voice concerns directly with (and without) program administration and GME leadership present. These organizations provide a platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. Residents and fellows have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. A Housestaff representative is nominated by their peers for each program and also a President and Vice-President is elected.

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D. Appointment of Program Directors & Teaching Staff

Program Directors (PDs) will be appointed by the DIO in conjunction with the SVP&GC and the Campus President, based upon the recommendation of the appropriate clinical chief. PDs must meet the requirements of all responsible accrediting bodies (depending on the GME program).

Every member of the SLUHN medical staff is regarded as a possible teaching faculty physician with responsibilities to the residencies as determined by their department PD. All physicians who are faculty will be evaluated yearly on their performance as faculty in the GME programs according to department faculty guidelines.

Those teaching staff members who are paid a stipend or a fee to carry out certain educational and administrative functions for the GME programs will be appointed via contract (a) upon recommendation of the PD, (b) after being endorsed by the clinical chief, and (c) approved by the DIO and the SVP&GC. Appointments of paid teaching staff members will be on an annual basis and subject to review when each contract expires.

The reappointment of paid teaching physicians will be based upon a written evaluation of each teacher's performance by the PD and reviewed by the DIO and the SVP&GC. It is expected that the teaching faculty will adhere to all regulations promulgated by their respective accreditation organization and the Centers for Medicare and Medicaid Services (CMS) as well as insurance companies concerning the duties of a teaching physician in terms of appropriate billing of services.

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E. Eligibility and Selection of Housestaff

SLUHN GME emphasizes cultural sensitivity, respect for individuals and cultural differences within our programs. Every program encourages applicants regardless of race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity, disability, genetic information or any other protected characteristic as may be defined by applicable law to apply to our programs and we are committed to the recruitment and retention of a diverse and inclusive workforce in our Housestaff.

SLUHN GME takes pride in our wide array of cultural representation throughout our Housestaff and will continue to strive to make sure our Housestaff are prepared to care for patients of diverse backgrounds. The SLUHN office of GME strives to ensure that our faculty and administration are diverse in their backgrounds to foster an environment of learning to care for all types of patients. The environment we create seeks to improve the retention, satisfaction, sense of community and respect amongst all personnel involved, valuing the contributions and additions that a diverse group of physicians can bring to healthcare in our communities. All programs seek to create a place of learning that acknowledges the differences in patient populations and treats each community with holistic, beneficial, and compassionate care.

We believe that we can best achieve this goal by addressing systems of privilege including those based on race, ethnicity, gender, sexual orientation, and physical ability. This involves continual and ever-increasing efforts at an institutional, departmental, and personal level to constantly reevaluate our efforts to promote inclusion and diversity in our environment.

All programs will incorporate policies and procedures that enhance our Housestaff's exposure and interactions with patients from diverse backgrounds.

1. Applicants invited to interview for a resident/fellow position are informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. This information includes
 - 1.1. stipends, benefits, vacation, leaves of absence, professional liability coverage, and disability insurance accessible to residents/fellows
 - 1.2. institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence; and,
 - 1.3. health insurance accessible to residents/fellows and their eligible dependents
2. The selection of Housestaff for each training program will be based on the following criteria without respect to race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity, disability, genetic information or any other protected characteristic as may be defined by applicable law.
 - 2.1. Candidates will be evaluated based on educational preparedness and ability to benefit from the program to which they are appointed. This evaluation will include the appropriate academic and personal characteristics required to enter the desired program;
 - 2.2. Candidates must have entered or completed their senior (final) year of medical school (LCME or AOA accredited), dental school, podiatry school, or pharmacy school (depending on the program) before being offered an appointment to those programs whose first year of a GME program begins at the PGY-1 level.
3. Candidates who meet the requirements enumerated by the responsible accrediting bodies will be eligible to enter a graduate medical education program. Each GME program will be

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responsible for reviewing the credentials of candidates qualifying under these criteria to assure that the appropriate legal/licensure requirements have been met.

4. International Medical Graduates (IMG) must have a valid ECFMG certificate and an unrestricted PA medical license or be able to obtain an unrestricted PA medical license by the time they would start their GME program or have completed a Fifth Pathway program provided by a LCME accredited medical school.
5. Applications will be made through the Electronic Residency Application Service (ERAS). Applications for programs not in ERAS or in a matching program will be obtained and filed with the coordinator of the individual program.
6. Programs offering PGY-1 positions will participate in the National Housestaff Matching Program, the CODA Match or the Podiatry Match, ASHP (depending on the program). Programs will follow all regulations of these organizations.
7. Final recommendations for Housestaff appointments will be made by each PD and presented to each department's appropriate GME program committee, and reported to the DIO.
8. Appointment to a GME program is contingent upon review of a candidate's credentials by the DIO. Such review will be based at a minimum upon evidence of medical licensure and evidence of previous suitable training.
9. SLUHN sponsors H1Bs, J1s, and other visas for Housestaff entering GME training programs at its sole discretion due to costs and employment limitations incurred.
 - 9.1. Programs that desire to rank an international medical graduate applicant with a visa must express that desire and rationale in writing to the Designated Institutional Official (DIO) at least 21 days prior to the certifying rank order list deadline.
 - 9.2. Only graduate medical training program candidates with USMLE or COMLEX Step 3 results posted to ERAS prior to the second Sunday of February, will be eligible for consideration of H1B visa sponsorship.
 - 9.3. If an applicant needs to receive Step 3 scores before this date, the USMLE recommends that they take the exam no later than the end of the calendar year (per their announcement board).
 - 9.4. The DIO will indicate to programs in writing prior to certifying rank-order-list of SLUHN's desire to rank/sponsor an H1B or J1 visa candidate.
10. Housestaff will be accepted into open slots in a SLUHN program from programs in other institutions if they meet requirements as listed above. Credit for prior training will be based on whether it is accepted by the appropriate accreditation organization and Board and is recommended by the SLUHN GME program PD.

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

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F. Apportionment of GME Program Positions

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

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G. Contract of Housestaff Employment

Housestaff will be accepted into a training program under a single contract reflecting the duration of the program. The contract outline the terms and conditions of their appointment. All Housestaff contracts require approval and signature of the DIO.

Each Housestaff's contract will provide details of or a reference to the following:

1. Housestaff responsibilities & descriptions;
2. Duration of appointment;
3. Financial support for Housestaff;
4. conditions for reappointment and promotion to a subsequent PGY level;
5. Grievance and due process;
6. Professional liability insurance, including a summary of pertinent information regarding coverage;
7. Hospital and health insurance benefits for Housestaff and their eligible dependents;
8. Disability insurance for Housestaff
9. vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws,
10. Timely notice of the effect of leave(s) on the ability of Housestaff to satisfy requirements for program completion;
11. Information related to eligibility for specialty board examinations; and,
12. Institutional policies and procedures regarding Housestaff clinical and educational work hours and moonlighting.
13. Type of GME program

Progression into each succeeding year is contingent upon successful completion of the previous years of training requirements as delineated by their respective program. Housestaff will be provided written notice of their promotion and any changes to salary, benefits, etc.

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H. Supervision of Housestaff and Working Environment

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

1. Direct Supervision – The supervising physician is physically present with the Housestaff and patient.
2. Indirect Supervision
 - 2.1. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - 2.2. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
3. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Circumstances and events where Residents must communicate with Faculty Attendings:

Programs must have a policy directing residents when to communicate with supervising Faculty Attendings any time that resident feels the need to discuss any matter relating to patient-care. For example, the following are circumstances and events to consider when residents must communicate with supervising Faculty Attendings:

- Encounters with any patient in emergency rooms
- All new patient encounters in intensive care or critical care units or inpatient units
- If requested to do so by other Faculty Attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If any mis-administration of medication dose is encountered
- If the resident is uncomfortable with carrying out any aspect of patient care for any reason
- End of life care/treatment

PD's will report in writing to the DIO and through the DIO to the Graduate Medical Education Committee of the Medical Staff on a yearly basis concerning the adequacy of Housestaff supervision. Any complaints about inadequate Housestaff supervision must be

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reported in writing to the appropriate PD for the purpose of evaluation and investigation by the PD, department chief and the DIO. Housestaff may only be delegated as much responsibility as can reasonably be granted, given their capabilities. Attending physicians will be responsible for the Housestaff performance and must be involved in all significant patient interactions. Since the attending physician may delegate, but cannot abrogate, patient care responsibility, s/he (or the covering physician for this physician) must be available for consultation whenever needed. Housestaff will see patients and if there is a significant change in the patient's status will immediately inform the patient's attending physician of the change. Each program will clearly define and provide appropriate protocols for common circumstances requiring faculty involvement regarding escalation of care, timeliness of attending notification, and the supervision of procedures. The educational goals of each training program will not be compromised by excessive reliance on Housestaff to fulfill institutional service obligations. Clinical and Educational Work Hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Each program will provide backup support when patient care responsibilities are especially difficult or prolonged. Clinical and Educational Work Hours in each program will be consistent with the general requirements and special requirements that apply to each program and follow all Clinical and Educational Work Hour regulations proposed by the responsible accrediting bodies.

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I. Housestaff Clinical and Educational Work Hours

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

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

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J. Housestaff Financial Support and Benefits

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

Housestaff will be provided with:

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

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K. Paid-Time Off and Leave Policy

Paid Time Off (PTO):

1. PTO includes vacation and personal time...its all the same.
2. All residents/fellows are provided with 15 days of paid time-off (PTO) and 6 hospital holidays. *(Note: if resident/fellow works a holiday, that 8-hour holiday time can be used towards PTO).*
3. Residents/fellows PTO allotment is within the academic year (July 1 to June 30).
4. Residents/fellows PTO does not roll over from one academic year to the next.
5. Residents/fellows must utilize their Program's guidelines when requesting
6. Residents/fellows must get approval from their Program Director to take PTO.
7. Programs may prohibit PTO during certain rotations (ex. ICU, etc).

Leave of Absence (LOA):

1. Residents/fellows are eligible for **one** 100% paid 6-week LOA + 1 week PTO (unless already exhausted) over the entirety of their program. A LOA can be used for parental, caregiver, or medical leave.
2. Residents/fellows are provided with:
 - a. minimum of 6 weeks of approved medical, parental, and caregiver leave(s), starting the day the resident/fellow is required to report.
 - b. 100% their salary for the first six weeks of the approved leave.
 - c. minimum of 1 week of PTO reserved for use outside of the first six weeks of the approved leave (one week = 40 hours)
 - d. continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during leave.
 - e. continuous and intermittent leaves are permitted for Parental and Caregiver Leaves.
3. Qualifying time for board certification requirements:
 - a. when the total amount of missed days (including PTO) exceeds the number allowed by the certifying specialty board, this time will be added to the training period, or
 - b. when appropriate, scheduling accommodations, modified rotation schedules, etc, may be made at the discretion of the program.
4. Residents/fellows must discuss their leave plans as early as possible with their program director to allow for optimal scheduling flexibility.
5. The program shall have the authority to determine whether any substitute work or experience meets the required standard for credit and/or completion of any portion of the GME program.

Submitting/Approving Requests for a LOA:

- Residents/fellows may request a LOA in accordance with St Luke's Leave of Absence policy (available for review in Workday) or
- by contacting Employee Resource Center at 267-831-3209.
- Office of Leave Management will approve and monitor all resident/fellow LOA requests.

GMEC RESPONSIBILITIES:

1. oversees **programs' implementation** of PTO and LOA policy annually

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2. ensures **available resources** to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence.
3. ensures **housestaff contract** includes references to: (a) PTO and LOA, including medical, parental, and caregiver, and (b) timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion.

PROGRAM RESPONSIBILITIES:

1. Programs must provide its residents/fellows with a policy that includes:
 - a. Information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program
 - b. Information related to a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).
 - c. strategies to cover missed calls,
 - d. strategies to minimize the amount of call that is made up in instances when making up call would negatively affect a resident/fellows well-being or education.
 - e. strategies to ensure the necessary length of training is not compromised especially if important rotations are missed.
 - f. Process for using and requesting PTO
 - g. Ensure well-being and education of all residents when a leave occurs.
2. Provide timely notice to residents/fellows about the effect of leave on resident/fellow ability to satisfy program requirements and eligibility for board certification
3. Communicate policy to residents/fellows.

Potential Scenarios

1. When a Leave overlaps with promotion from one PGY year to the next (even when graduating), the promotion does not take effect until LOA is completed.
2. If a resident/fellow utilizes the 6-week LOA before exhausting their PTO within a fiscal year, the one-week of vacation following the 6-week LOA will be applied towards the resident's remaining PTO annual allotment.
3. If a resident/fellow utilizes the 6-week LOA after exhausting their PTO within a fiscal year, no additional PTO is available. They can still be on Leave or modified rotation.
4. Available PTO within a given year depends on how much of your 6-week LOA allotment has been utilized within training program. Intent is to ensure resident stays on track to graduate while ensuring they have paid-time off hrs during times of leave. As shown in the chart below:
- 5.

LOA weeks utilized	PTO days balance*
2 weeks	10 days
3 weeks	10 days
4 weeks	5 days
5 weeks	5 days
6 weeks	5 days

*PTO days balance minus what has been exhausted prior to leave.

6. FMLA eligibility spouses both employed by St Lukes are eligible for a combined 12 weeks of leave.

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7. One-Year Program – For example, if a resident takes a 6-week LOA + 1 week of vacation during their Transitional or Preliminary Year, the PD, resident, and the advanced training PD would discuss training time credit ahead of time.
8. An Ad-hoc committee will review training extensions greater than 6 months including DIO, HR, Legal, Program Director, and Housestaff Officer.
9. GRADUATING HOUSESTAFF: Housestaff graduating end of the academic year are expected to complete their training through June 30. Housestaff can save up to 40 hrs of PTO (or 80 hrs in exceptional circumstances) for the last week(s) of the academic year with approval from their PD.

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L. Moonlighting

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

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

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

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M. Ancillary Support

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

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

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N. Counseling, Learning Assessments, and Support Services

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

Additional support maybe sought at:

Psychology Associates of Bethlehem

610-866-9311

<http://www.pabpc.com/>

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O. Evaluation, Promotion, and Appointment Renewals/Dismissals

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

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

Promotions - Each PD will determine the criteria for promotion and/or renewal of the resident/fellow and develop formal criteria to be used in the evaluation of Housestaff. These criteria must encompass at least the following:

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

Renewals/Dismissals - each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. The Programs will work with the GME office in such dismissals.

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P. Code of Medical Ethics and Vendor Policy

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

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Q. Adverse Action and Grievances Procedures

Overview - Each program will follow the procedures listed below for recognizing and dealing with clinical performance and educational problems prior to those problems becoming serious. These procedures also describe due process in instances where actions of suspension, nonrenewal, non-promotion, or dismissal are taken against a resident/fellow.

The objective is to assist the Housestaff in correcting training difficulties through educational opportunities and supervision. If however these remedial measures are not successful, the procedures provided below exist for the program to implement an adverse action such as suspension or dismissal. Grievance procedures for Housestaff are also provided below should they feel a suspension or dismissal is unwarranted. These grievance procedures may also apply to general matters concerning employment.

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

1. Unsatisfactory Performance:

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

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- 1.4. The PD will notify Housestaff in writing of intent not to renew his/her contract no later than 4 months when possible prior to the end of the Housestaff's current contract.

2. Unprofessional Behavior or Conduct:

- 2.1. It is expected that Housestaff will observe professional behavior and conduct in order to maintain the clinical learning environment. Listed below are several behavioral offenses which may result in disciplinary action ranging from counseling with written documentation concerning the same to a written warning, probation, or immediate discharge from all duties and responsibilities as Housestaff:
 - 2.1.1. Falsification of a GME program application;
 - 2.1.2. Violation of posted health, safety, fire prevention, or security rules;
 - 2.1.3. False, fraudulent, or malicious statement(s) or action(s) involving relations with patients, the hospital, co-workers or the public;
 - 2.1.4. Chronic or habitual lateness or absenteeism;
 - 2.1.5. Unauthorized use, removal, theft, or intentional damage to the property of a patient or visitor, an employee, the hospital, or an independent contractor;
 - 2.1.6. Actual or threatened physical violence; profane or abusive language;
 - 2.1.7. Transporting, possessing, being under the influence of and/or consuming an intoxicant(s) or illicit controlled substance(s) on the hospital premises;
 - 2.1.8. Disorderly or disruptive conduct including sexual or other unlawful harassment with any person(s) on hospital premises, will be dealt with according to the SLUHN Hospital Employee Handbook.
 - 2.1.9. Inappropriate appearance, including not adhering to the Housestaff Dress Code and the Network dress code that is listed in the SLUHN Hospital Employee Handbook and gross inattention to good grooming and personal hygiene,
 - 2.1.10. Writing prescriptions for relatives, friends or others outside the scope of the program;
 - 2.1.11. Violating HIPAA and/or any patient confidentiality policy; and
 - 2.1.12. Other issues of unprofessional or behavioral conduct as determined by the PD.

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

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3. Grievance Procedures for Housestaff Adverse Actions

The following procedure is available to Housestaff who feels that the adverse action imposed by the program is unwarranted. It is hoped that most matters will be resolved between the program and Housestaff; however, if such resolution does not occur, the Housestaff may file a grievance. All documentation regarding the grievance will be maintained in the Resident File. Every effort will be made throughout the grievance procedure to adhere to the time constraints indicated. However, extensions of specified deadlines may be granted for legitimate delays such as holidays, paid-time offs or illnesses. Any delay will be properly documented and communicated to the appropriate individuals. Any action taken that would suspend or terminate the Housestaff's participation in the GME program will be communicated to the Housestaff in writing, and either delivered in person or sent via certified mail, return receipt requested. Regardless of mode of transmission, the Housestaff will have the opportunity to meet and discuss such action with the PD. If the matter cannot be satisfactorily resolved, the Housestaff may file a grievance stating the grounds for his or her disagreement. Any determination by the Housestaff to file a grievance must be submitted in writing to the DIO no later than fifteen (15) calendar days after the PD has imposed the adverse action or a notification is made to the DIO. Extensions of specified deadlines may be granted for legitimate delays such as holidays, paid-time offs or illnesses.

4. Composition of the Review Panel:

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

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

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

5. Meeting with Review Panel:

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

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6. Grievance Procedures for Housestaff Dispute Resolution

- 6.1. It is the policy of St Luke's University Health Network to give Housestaff the opportunity to discuss freely and openly with administration any matters concerning the clinical learning environment. St Luke's is very much interested in how the Housestaff feel about the Network, his/her work, their progress, the clinical learning environment, and relationships with supervisors and other Housestaff. Administration follows the Dispute Resolution Policy and Procedure listed online in SLUHN Hospital Employee Handbook.
 - 6.1.1. Overall, it is expected that Housestaff initiate the FIRST STEP of the Dispute Resolution process by communicating their concern(s) to the Program Director.
 - 6.1.2. If the problem or concern is not resolved to Housestaff satisfaction, the Housestaff may continue the process by contacting either HR, Senior Administration, and/or DIO.
 - 6.1.3. If the problem or concern is still not resolved to Housestaff satisfaction, the DIO can initiate steps 4 and 5 above to constitute a Review Panel with written request and description of the concern or problem, if such a written request and description is not already completed.
 - 6.1.4. If there is a perceived conflict of interest, the DIO can recuse him/her self or the Housestaff can ask DIO to recuse him/her self and a designee from the Temple/St Luke's medical school will be assigned.
- 6.2. Open door discussions with the program director, faculty, assigned mentors and/or other program leadership are encouraged. Housestaff have numerous mechanisms to raise concerns including but not limited to:
 - 6.2.1. Housestaff also have access to an anonymous suggestion box through a survey medium not associated with Housestaff names to ensure anonymity. A link to this suggestion box is found on their homepage of New Innovations. This information is first reviewed by the resident representatives. Issues, concerns, or suggestions are then either reviewed with the appropriate program leadership if a specific program is identified or brought to GMEC for discussion and follow-up. Any further discussion or follow up with the residents will be discussed at every other month Housestaff Forum hosted by the GME office.
 - 6.2.2. In addition, on an annual basis, the DIO meets with the Housestaff in each program so that Housestaff can express and address concerns in a protected manner. Housestaff are encouraged to schedule individual meetings with the DIO after this group meeting, as needed. These meetings are confidential. The DIO writes a short summary of themes for the program director to review and decide next steps.
 - 6.2.3. Housestaff can also raise concerns through the Chief Resident Committee, St Luke's Resident Organization meeting (SLRO and ARC), and SLRO's annual forum with and without GME administration present.

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R. Harassment & Protection from Retaliation

It is the policy of St Lukes that any harassment including sexual harassment is unacceptable conduct in the workplace and will not be tolerated. This policy allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment consistent with applicable laws and regulations.

Housestaff who think she/he is a victim of harassment should promptly report any incident to the PD, DIO, or the Senior Vice President for Human Resources. The hospital will promptly investigate all allegations of harassment. Reports of sexual or other unlawful harassment will be kept confidential, recognizing that some disclosure may be necessary for the purpose of investigation or corrective action.

Every effort will be made to protect alleged victims of harassment from retaliation if they seek redress. Retaliation will not be tolerated. To help prevent retaliation, those who are accused of harassment will be informed that retaliation is regarded as a form of harassment.

Accusations that retaliation has occurred will be handled in the same manner as accusations of harassment. The full St Lukes policy for Harassment is located in the Employee Handbook on the St Lukes Intranet.

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S. Annual Institutional Review, Annual Program Reports, and Special Program Review

Annual Institutional Review (AIR) Performance Indicators

- I. **PURPOSE:**
To establish a process by which the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of the Sponsoring Institution's Accreditation through an Annual Institutional Review (AIR) I.B.5.a.1-3).
- II. **RESPONSIBILITY:**
The GMEC must identify institutional performance indicators for the AIR, to include:
 1. the most recent ACGME institutional letter of notification;
 2. results of ACGME surveys of residents/fellows and core faculty members; and,
 3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
- III. **INDICATORS:**
 1. Results of most recent ACGME institutional letter of notification, action plans to address citations, and review of most recent CLER visit and action plans.
 2. Results of annual ACGME survey of residents and core faculty, which will include:
 - a. Comparison of current findings to prior results for each program,
 - b. Comparison of current findings to national benchmarks for each program
 - c. Formulation of an action plans and a clearly stated monitoring plan
 3. Review of ACGME-accredited programs' accreditation information, accreditation statuses, and citations including:
 - a. Completion of an annual program evaluation report submitted to the DIO annually,
 - b. Review of the annual institutional and program evaluations, including goals, action plans, and outcomes,
 - c. Review of the program "scorecard" based on the common program requirement metrics and others relevant to the Sponsoring Institution,
 - d. Progress implementing all six areas of the Clinical Learning Environment Review (CLER) as evidenced by annual program evaluation reports to the DIO.
- IV. **ACTION PLANS & MONITORING PROCEDURES**
The GMEC will develop and monitor all actions resulting from AIR. A monitoring and reporting plan will be developed demonstrating progress and outcomes consistent with the ACGME requirements and with the recommendations/requirements set forth by the GMEC. Monitoring of these plans will be designated as a standing GMEC agenda item and will be documented in the GMEC minutes.

The DIO will annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:
 1. summary of institutional performance on indicators for the AIR;
 2. action plans and performance monitoring procedures resulting from the AIR.

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GMEC - Special Program Review Protocol

I. PURPOSE:

To establish a process by which the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process includes a protocol that:

1. establishes criteria for identifying underperformance; and,
2. results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

II. CRITERIA FOR IDENTIFYING UNDERPERFORMANCE:

GMEC and the DIO determine the need for a special review of a program using the following criteria:

1. Program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies
2. More than one housestaff attrition (withdrawal, transfer or dismissal) in a given year;
3. Downward trends in 3 or more categories of resident and/or faculty surveys by 5 points or more;
4. Recurrent duty hour violations;
5. Downward trends in board passage rate;
6. At the request of program administration;
7. Concerns identified in the annual program evaluation report;
8. Concerns identified and communicated to the GME office by Housestaff or faculty in a program;
9. Failure to submit GMEC required data (e.g. annual program evaluation report, balance scorecard data, etc.) on or before identified deadlines;
10. Match list rankings and outcomes

III. PROCEDURE:

The DIO will appoint a group to conduct the Special Program Review. The group will include the DIO, a program director and resident (other than from the program under review) and 2 additional GMEC members. Additional members may be added at the discretion of the DIO. GME Office staff will coordinate and support Special Program Review. The DIO will chair the Special Program Review. Reviews will evaluate the following items:

1. effectiveness of program to meet educational objectives;
2. adequacy of available educational and financial resources
3. effectiveness of each program in addressing areas of non-compliance
4. effectiveness of each program to provide high-quality educational experiences required for the Housestaff to achieve competence,
5. effectiveness of each program in using evaluation tools developed to assess a Housestaff's level of competence,
6. effectiveness of each program to provide a high-quality work and learning environment required for Housestaff to achieve competence.
7. effectiveness of each program to implement processes that links educational outcomes with program improvement.

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

1. The most recent Annual Program Evaluation (APE)
2. All correspondence from the Review Committee:
 - 2.1. Recent accreditation letters of report

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

IV. DIO REPORTING AND GMEC MONITORING

A written report by the Special Review committee will contain, at a minimum:

- The names and titles of the review committee members
- A brief description of how the review process was conducted to demonstrate that the review followed the GMEC's review protocol
- A list of the groups interviewed and the documents reviewed
- A list of citations, concerns or areas for improvement from previous ACGME letters of notification, with a summary of how the program and/or institution subsequently addressed each item
- A description of the issue(s) which triggered the Special Review, the information gathered from the review, the responses from those interviewed
- Recommendations of the quality improvement goals and corrective actions
- GMEC process for monitoring outcomes
- The GMEC will assure confidentiality of the report until shared with the Program Director and, if appropriate, the Department Chair.

In order to monitor progress towards resolving an action item, Program Directors will be required to present a progress report to GMEC within 3-months of GMEC approval and thereafter at least every 6-months until all action items are complete. Program Directors should share the results of the review with all Housestaff and faculty in the program. Discussion of the report and any action items should take place as part of the Annual Program Review.

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T. Order Writing by Housestaff

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

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

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

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U. Performance Improvement

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

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V. Academic Records Retention for Verification Requests and Legal Matters

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

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

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

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

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

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

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W. Disaster Policy for Housestaff Training Interruption

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

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

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

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

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X. Delineation of Privileges of Housestaff

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

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Y. Away Rotation Requests

Away rotations are granted when it is educationally relevant, meaning that, for example: a) we do not provide the training here, and b) they are preparing to pursue a fellowship. Program Directors should check to see what is currently available within the Network before having the resident submit a request.

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

Curricular Objectives:

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

Method:

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

Supervisor/Preceptor:

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

Agreements:

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

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Evaluation Mechanism:

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

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

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

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Z. Housestaff Diplomas

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

AA. Transfers

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

Before offering a position to a Housestaff transferring from another program, the program director must obtain:

1. A written or electronic letter or recommendation from the Housestaff's current PD,
2. Written or electronic verification of previous educational experiences,
3. Summative ACGME competency-based performance evaluation of the transferring Housestaff,
4. Determine if any issues will require additional action and take that into consideration for setting a start date.

After the offer has been accepted, specialist collects the following:

1. Countersigning of Medicare GME Displaced Resident Program Closure Agreement (if applicable) – DIO responsibility.
2. Determine the amount of credit that can be applied from prior program to the current one
3. Provide firm dates as to completion of onboarding forms and submission of license documents such as:
 - 3.1. Need IT access to Network (IT Access Request form to get access to email, Workday, etc)
 - 3.2. Collect PA State license, Housestaff Contract, CV, ECFMG certificate (if applicable), medical school degree for credentialing
 - 3.3. Collect information on Personal Profile Sheet (Coordinator collect and completes to upload into Workday)
 - 3.4. Housestaff receives Workday login info to complete all HR paperwork
 - 3.5. HR sends letter to Housestaff to complete background checks
 - 3.6. Coordinators schedule them for immunizations, physical, and HR orientation
 - 3.7. Coordinator assigned onboarding e-learning training

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3.8. Coordinators schedules Epic and dictation training

3.9. Schedule an individual orientation with HR to orient and review benefits

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

BB Wellness Policy

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

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

PURPOSE:

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

BACKGROUND:

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

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

RECOMMENDED MECHANISMS TO MONITOR AND IMPROVE WELLNESS:

1. Wellness faculty:

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

2. Assessment of Housestaff physician well-being:

Housestaff will be assessed with the Work and Well-being Survey and Abbreviated Maslach Burnout Inventory at the beginning of residency and every 6 months thereafter (October/November and May), as recommended by GMEC Wellness Subcommittee. These surveys are individually anonymous but will be grouped and analyzed by PGY year in order for the wellness faculty and PD to monitor and improve on wellness initiatives as the Housestaff progress through training. PDs and Wellness faculty will receive program reports.

3. Promoting and maintaining physician well-being:

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

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

4. Responding to and supporting physician wellness issues:

SLUHN has several resources to support wellness issues including:

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

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

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

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

External Resources:

Penn Professionalism Practice - <http://www.med.upenn.edu/professionalism/foster.shtml>

Pennsylvania Physicians' Health Program - <http://www.fsphp.org/state-php/pennsylvania>

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

Examples of non-crisis are below:

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

Physician Impairment Procedures

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

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

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

Crisis Situations

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

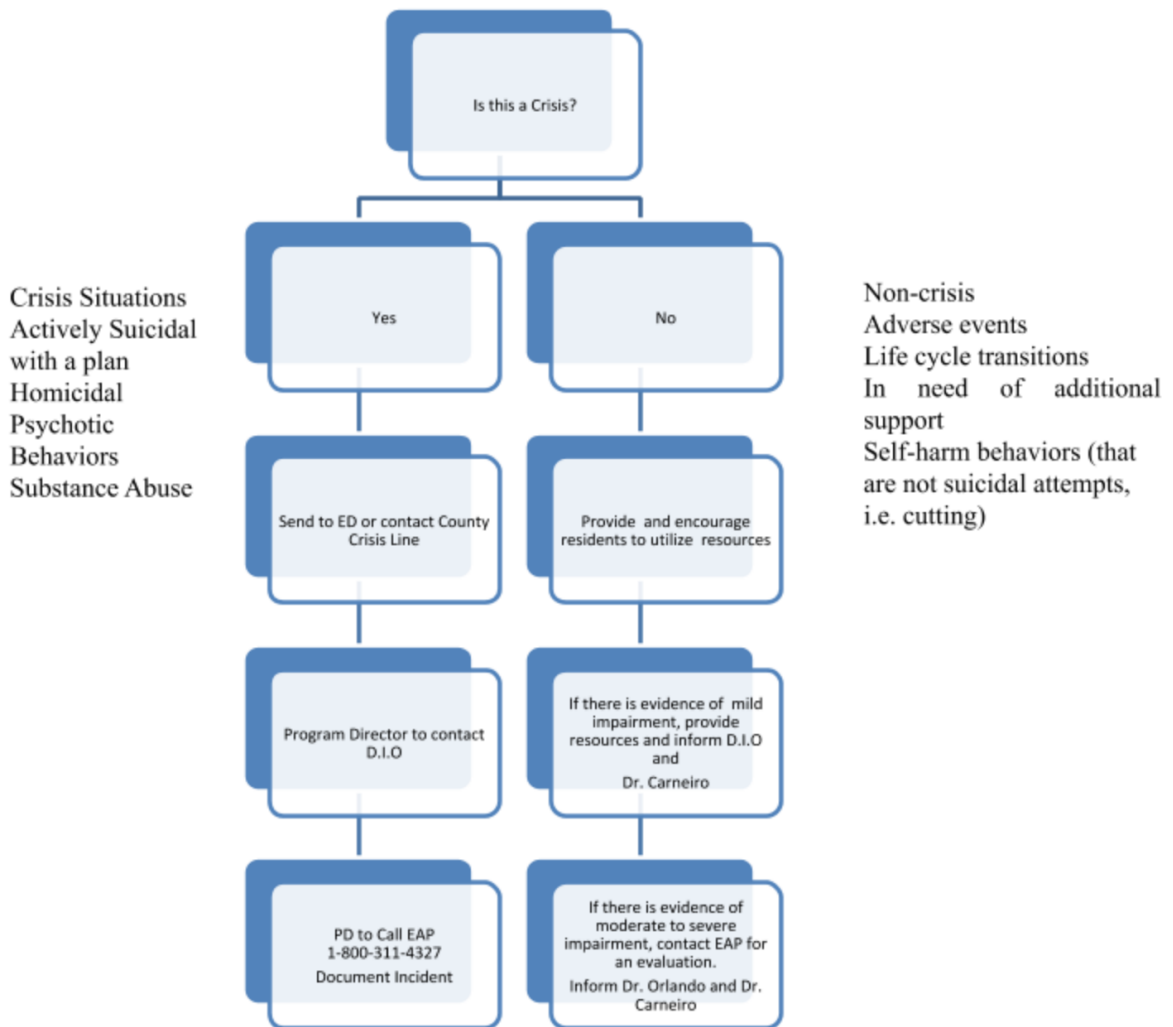
If an individual is in crisis and does not want to go to the Emergency Department, please contact Lehigh County Crisis Intervention at 610-782-3127.

REFERENCES:

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

5. Crisis Management Workchart



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CC. Fatigue Education, Mitigation, Transitions of Care, and Communications Protocol

Background

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

Definition of Fatigue:

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

Education:

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

Signs of Fatigue:

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

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

Mitigation of Fatigue

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

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

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

Transitioning Care When Fatigued:

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

Communication

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

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

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DD. GME Reimbursements

New Employee Device Policy

GME currently offers \$700 to date for all new first year resident/fellow employees. This is a onetime offer throughout your educational program years.

- Not for devices purchased prior to July 1st of the current academic year
- Reimbursement cannot be submitted to Concur before July 7th
- **Note:** August 15th is the deadline for New Employee Device reimbursement
- If the device purchase is over the allotted amount, the resident/fellow may offset the remaining balance using their Educational Allowance
- Remaining balances may **not** be carried over.

Endorsed:

- iPad
- Laptop
- Desktop
- Cell phone (must be paid in full) purchased from a legitimate company and not an individual.

Not Endorsed:

- Accessories
- Cell phone plan
- Watches
- Speakers
- TVs

All Reimbursement are submitted through Concur, refer to your Program Specialist for further direction. Any further questions or concerns refer to your Concur Program Manager.

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Resident/Fellow Educational Allowance Reimbursement Policy

GME offers \$700 per academic year to ALL residents/fellows. No money will be carried over or can be cashed out.

Endorsed:

- Medical textbooks, subscriptions including online medical databases, and educational software.
- Smart phones purchased directly from a vendor (AT&T, Verizon, etc.). Purchases made from an individual will not be reimbursed. Smart phones will only be reimbursed 1 time per residency/fellowship. The smart phone purchase must reflect being paid in full. Monthly phone payment plans will NOT be reimbursed.
- Stethoscopes
- Other minor equipment to enhance the learning experience that the residents will own after the duration of their program.
- Conference fees/travel expenses once the conference budgets have been fully spent.

Not Endorsed:

- Accessories (ex. for phone, computer, or other technology)
- Office Furniture
- Office Supplies
- Lab coats, scrubs, or any type of clothing (ex. tee shirts and sweatshirts)

Note: For senior residents who's training is extended passed the scheduled June 30 end date, educational allowance is pro-rated, based on number of quarters their training was extended by. For example, an off-cycle senior residents training was extended by 6 months, they are eligible for up to \$300 of your educational allowance. If it was less than 6 months but 3 or more, than it would be \$150. If it was less than 3 months, it would be zero.

All Reimbursement are submitted through Concur, refer to your Program Specialist for further direction. Any further questions or concerns refer to your Concur Program Manager.

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Senior Allowance Reimbursement Policy

Residents/Fellows in the final year of their program are allotted \$2,000 to date. This allowance is to be used as an additional educational allowance. The remaining balance at the end of the academic year may not be withdrawn or may not be rolled over. **If you are using this allowance for travel, please refer to the Institutional Travel Policy for the current approved allowances.** (ex.- No priority seating when booking a flight, meals are broken down; \$15.00 for breakfast, \$25.00 for lunch; \$50.00 for dinner per day) (see PDF Below)

Endorsed:

- Board Review
- Educational conference (presentation optional)
- Medical books (i.e., eBooks)

Not Endorsed:

- Board Exam
- Licensing payments
- Minor equipment (i.e., electronics)
- Uniforms and other apparel
- Does not include one year residency programs.

All reimbursements must be submitted through Concur. Please refer to your Program Specialist for additional questions. Any further questions or concerns refer to the Concur Program Manager.



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Graduate Medical Education (#72)

Scholarly Activity Allowance Reimbursement Policy

Residents/Fellows will receive \$2,000 per academic year, not to be rolled over. The sole purpose is for conference attendance, accompanied with an approved presentation by the PD, DIO. You cannot use the same presentation for two separate conferences. If a new project is approved for a second conference, there needs to be an approval by PD, along with a request for another \$2,000 to be put into your budget. (Please refer to DIO). **If you are using this allowance for travel, please refer to the Institutional Travel Policy for the current approved allowances.** (ex.- No priority seating when booking a flight, meals are broken down; \$15.00 for breakfast, \$25.00 for lunch; \$50.00 for dinner per day) (see PDF Below)

Endorsed:

- Local Conferences
- National Conferences
- Virtual Conferences
 - On a case-by-case basis and with the approval of the Chief of Graduate Medical Education and Chief of Research and Innovation, St Luke's will reimburse max of \$500 for getting research published.

Not Endorsed:

- International Conferences

All reimbursements must be submitted through Concur. Please refer to Program Specialist for additional questions. Any further questions or concerns refer to the Concur Program Manager.



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Graduate Medical Education (#72)

Reimbursement of Mileage for Workday Activities policy for House staff

- I. **Based on SLUHN Policy #258** – “Reimbursement of Mileage and Other Business Expenses” the following excerpts are provided below to clarify interpretation from this administrative document as it relates to GME Training programs:

Mileage Reimbursement Eligibility:

- when traveling to an alternate work location on a temporary basis
- employees are not eligible for mileage reimbursement when traveling to/from locations permanently assigned to the employee as defined by the hiring manager.
- traveling between the campuses for work purposes. Decisions regarding multi-campus responsibility are determined by the manager with HR oversight/guidance for consistency, etc.

- II. **Application** to Resident/Fellow Mileage Reimbursement Eligibility:

1. Resident/fellow assigned work site is based on their rotation schedule. Wherever a resident/fellow is rotating to, as outlined in the program’s curriculum, and assigned to them on their rotation schedule, becomes their primary work site and travel to that site is not eligible for mileage reimbursable.
2. Acceptable Mileage reimbursement is when resident/fellow travels from one work site to another work site within a given day.
3. Acceptable Mileage reimbursement is also when resident/fellow travels in the vicinity of:
 - Anderson to Macungie Health Center (or vice versa) = 26 miles
 - Anderson to Miners (or vice versa) = 45 miles
 - Anderson to Monroe (or vice versa) = 37 miles
 - Anderson to Upper Bucks (or vice versa) = 23 miles
 - Bethlehem to Miners (or vice versa) = 42 miles
 - Bethlehem to Monroe (or vice versa) = 37 miles
 - Easton to Miners (or vice versa) = 44 miles
 - Easton to Monroe (or vice versa) = 28 miles
 - Miners to Monroe (or vice versa) = 44 miles
 - Sacred Heart to Miners (or vice versa) = 42 miles
 - Sacred Heart to Monroe (or vice versa) = 38 miles
 - Warren to Miners (or vice versa) = 48 miles
 - Warren to Monroe (or vice versa) = 33 miles
 - Bethlehem to Carbon (or vice versa) = 34 miles
4. Other than what is listed above, residents/fellows are NOT eligible for reimbursement from home-to-assigned work site, nor assigned work site-to-home.
5. Automobile mileage reimbursement is paid according to the standard cents per mile rate for business miles driven as determined annually by SLUHN.

- III. **Process for Resident/Fellow Mileage Reimbursement Eligibility:**

- Submission in Concur for reimbursement must be within thirty (30) days for ample approval time.
- Please consider using the Concur Drive app on your mobile device to track your mileage in real time.

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Please note this policy does not include scholarly activity attendance at local, regional, and national conferences.

SAFED Stipend Reimbursement Policy

Activities supported by the SAFED stipend must be approved by the DIO in Bethlehem campus and ADIO in Anderson campus and only offered to GME Faculty, APDs, and PDs while the House staff is currently enrolled in their respective program. The funds provided are not to be used to support research or research support grant writing, poster printing, or other activities to produce scholarly work but are used when travel is needed to present approved scholarly activity. Scholarly activity is defined as a presentation. Attending such a conference without these requirements will not be eligible for reimbursement. **If you are using this allowance for travel, please refer to the Institutional Travel Policy for the current approved allowances.** (ex.- No priority seating when booking a flight, meals are broken down; \$15.00 for breakfast, \$25.00 for lunch; \$50.00 for dinner per day) (see PDF Below)

- **Faculty education and development**

Faculty may apply for SAFED stipend to support faculty education and development. SAFED stipend can only be used to develop faculty in their role as Core Faculty. Examples include training in curriculum development, house staff education, research skills, or GME program management. This does not include visiting/invited lecturers,

- **For DIO Approval:** adequate documentation must include the following and e-mailed to the DIO prior to conference planning.
 - i. acceptance letter from the conference/organization for oral or poster presentation
 - ii. conference agenda
 - iii. DIO approval e-mail

No verbal request will be accepted. Above documentation must be uploaded into Concur at time of registration reimbursement.

- **SAFED stipend amounts and other restrictions:**
- International conferences will not be approved or covered by SLUHN Institutional Policy.
- House staff will receive a maximum of \$2,000 per occurrence. Faculty will be entitled to \$2,000 per occurrence for scholarly activity presentation.
- The SAFED stipend can be applied to only one presentation of a scholarly project no matter how many times the project is presented.
- Individuals can be approved for max two awards in an academic year for substantially different projects.
- Faculty member may qualify for the same conference so long as they are listed as a name on the presentation.

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- Senior House staff already contracted to SLPG practice beginning in July of the current year as a core faculty member will be eligible for SAFED reimbursement for faculty development activities provided, they meet the RRC definition of core faculty.

Department expense for SAFED activities will be provided in accordance with the SLUHN Travel Policy. Release of funds will be submitted through Concur. Please refer to Program Specialist for additional information. **If you are using this allowance for travel please refer to the Institutional Travel Policy for the current allowances.** (ex.- No priority seating when booking a flight, meals are broken down; \$15.00 for breakfast, \$25.00 for lunch; \$50.00 for dinner per day) (see Below PDF)

All reimbursements must be submitted through Concur. Please refer to Program Specialist for additional questions. Any further questions or concerns refer to the Concur Program Manager.



Corporate_Travel_Policy-259.pdf

CATEGORY	AMOUNT	GUIDELINES
PD – Annual Conference	\$3,000.00 1 per year to come out of the residency/fellowship department/SAFED Stipend	Only applies to PDs for an annual one-time only conference whether presenting or not. Must be DIO approved.
PD/APD /Core Faculty – Scholarly Activity	\$2,000.00 per conference with a cap of 1 per year unless approved by DIO to be paid by SAFED Stipend	If the following has used the SAFED Stipend and their contracted CME money and is listed as a first or second author on an approved project the conference can be attended and paid for by the designated program once approved by DIO.
PD/APD/Core Faculty/ - CME Allowance	Amount indicated in your house staff contract.	To be used at your discretion – your contracted amount can be found on your dashboard of Concur. The breakdown can also be found on your GME Policy #72 Section DD.
PD/APD/Core Faculty - Faculty Development	\$1,000.00 1 Faculty per program – 1 time only to come out of SAFED Stipend	Only applies to Faculty Development course approved by PD and DIO.
Updated and approved by JP Orlando/mc/ki 3/11/2024		Activities supported by SAFED Stipend must be completed while Housestaff is currently enrolled.

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Reimbursement for Boards in Dually Accredited Programs

Residents/fellows, who have signed contracts to work at St Luke's after completing their training program (s), are eligible for having their Board Exam fees reimbursed. We reimburse for 1st time Board pass takers. We reimburse them after they pass the Board Exam and only for the first take. If they fail, they are responsible for subsequent takes.

For residents in programs that have obtained ACGME Osteopathic Recognition, St Lukes will pay for one Board Exam (but not both) of the residents choosing when resident elects to take both MD and DO specialty boards in the year that they graduate. If resident decides to take only one Board Exam, which some of our residents in the past have decided based on their career plans, then they are responsible for payment, unless they have signed a contract to work at St Luke's after training. Again, St Luke's will not reimburse for residents taking two Boards Exams.

For reimbursement submissions, please reach out to the GME Concur Program Manager. All reimbursements must be submitted through Concur.

- Requirements for Submission
 - Proof of Passing grade
 - Receipt of payment
 - Signed contract with SLPG

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Reimbursement for CME/GME/SLPG Expense Breakdown:

Each physician is contractually provided CME funds through SLPG. Your residency budgets may cover certain PD/APD and faculty related expenses. Below is a itemized list of what/where you should expense items.

Please note that these funds are intended to offset expenses you may incur in your professional and teaching roles, not necessarily their entirety.

Covered by SLPG CME fund

- Professional memberships
- Books, reference materials, software, apps
- CME courses (live, CD, and on-line)
- Subscriptions to journals (1 per contract year) – no limit
- Board preparation courses/materials
- Board certification exams – pass only
- Other non-SLUHN hospital staff memberships – only if approved by Chair or Service Line Administrator for strategic purposes
- Maintenance of Certification Modules
- Not reimbursed - other state licenses not required for SLUHN as these are personal choice and unrelated to current employment

Covered by SLPG Practice:

- DEA licenses
- medical licenses (for the states that relate to St. Luke's: NJ and / or Pa),
- PHO / SLCN fee are paid

Covered GME Dues and Memberships

- Academic memberships - Association memberships for PD, APD, and/or residents; typically, no more than one membership per person unless double boarded; accreditation requirement needed for resident membership (see your accreditation requirements). For example, PDs and APD should have memberships in their specialties' Program Director association.
- Dues or membership needed to attend academic conferences for faculty development or presenting scholarly activity for faculty – at the discretion of the Program Director and GME office.

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EE. Protocols Defining Common Circumstances Requiring Faculty Involvement

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

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

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

Bedside Procedures and Level of Training:

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

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

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FF. Program Closure or Reduction

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

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GG. Restrictive Covenants

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

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HH. GME Transition of Care Policy

PURPOSE

To establish protocol and standards in order to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes as well as when other scheduled or unexpected circumstances occur.

SCOPE

This policy applies to all St. Luke's Hospital – Anderson Campus-sponsored ACGME and non-ACGME accredited residency and fellowship programs in all clinical learning environments.

DEFINITIONS

Transition of care is an interactive process involving the communication of specific and essential patient information from one caregiver to another.

POLICY

1. Each training program must create a specific policy for transitions of care. This policy must clearly articulate an effective, structured handover process designed to facilitate both the continuity of care and patient safety. The specific policy for handoffs must be readily available and accessible for use by the program's trainees.
2. All residents/fellows and faculty members know and be trained in the use of the transition of care policy.
3. Clinical assignments should be designed to minimize the number of transitions in patient care.
4. All members of the health care team of attending physicians and residents currently responsible for each patient's care must have access to one another's schedules and contact information. All call schedules must be provided to the hospital operators
5. All patients for whom a resident or fellow is responsible must be included in the handoff.

PROCEDURE

1. Required components for handoff:
 - a. Identifying data
 - b. Overall health status, history and diagnosis
 - c. Code status and advance directives
 - d. Reason for admission/visit/call and active problem list
 - e. Allergies, medications, fluids, diet, labs vitals, cultures
 - f. Selected specific therapeutics: ventilator settings, dietary restrictions, NPO status, etc.
 - g. Past and planned significant procedures
 - h. Specific protocols/resources/treatments/consults
 - i. Pending tests and studies which require follow up
 - j. Family or communication issues
 - k. Plan for the next 24+ hours

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2. Characteristics of a high-quality handoff:
 - a. There is a standardized process in place that is routinely followed
 - b. Handoffs are interactive communications allowing the opportunity for face-to-face questions and discussion between the giver and receiver of patient information
 - c. Necessary materials are available to support the handoff
 - d. Handoffs include accurate and current information regarding the patient's care, treatment and services, condition and any recent or anticipated changes
 - e. Interruptions during handoffs should be limited in order to minimize the possibility that information would go un-conveyed or would be forgotten
 - f. Handoffs require a process for verification of received information, including repeat back or read back, as appropriate.
 - g. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.
 - h. As appropriate, handoffs involve interprofessional staff members and/or patients and/or families

REFERENCES

ACGME REQUIREMENTS (Common Program Requirements VI.B):

- Programs must design clinical assignments to minimize the number of transitions in patient care. (CR VI.B.1)
- Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both the continuity of care and patient safety. (CR VI.B.2)
- Programs must ensure that residents are competent in communicating with team members in the handover process. (CR VI.B.3)
- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. (CR VI.B.4)

EXAMPLE

Internal Medicine has morning sign-out is from 7:10 to 7:30. There is a direct transition of care from night medicine team to the morning inpatient team which is supervised by the morning hospitalist, PGY-2 resident and the program director usually there for the morning sign-out. There is also a verbal direct transition including the patient's name. There is also a written transfer as well as an update of the patient's status. There is an afternoon sign-out that occurs at 4:00-4:15 p.m. with the same hospitalist from the morning to ensure the continuity of care. It is both a written and verbal transition of care for inpatient sign-outs. A third transition of care occurs from the daytime the short call team to the night medicine team at 8:00 p.m., which is done again as a verbal and written transition of care to that team. The other aspect with inpatient and outpatient transition of cares- a phone call usually made to the primary care outpatient team again to ensure subsequent follow-up.

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II. Participating Sites

Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites

The SI ensures and monitors effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites primarily through resident evaluation of the participating site and the affiliation agreement.

GMEC ensures additions and deletions of each of its ACGME-accredited programs' participating sites through regular review of sites with Program Directors. In addition, the following process. , will be used to add a new participating site and program letter of agreement (PLA):

- a. Program notifies GME Director of new site to be added
 - GME Director adds to next GMEC meeting for approval
- b. Coordinator obtain latest version of PLA from GME Director
- c. Program obtains signature
- d. Coordinator returns executed copy of PLA to GME Director
- e. GME Director will:
 - Upload to NI
 - Ensure Participating Site is available to program in ACGME and notify program it is available
- f. Program must list new site in ACGME within 30 days of executed PLA

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JJ. Elected/Appointed Chief Resident Compensation

Some GME programs elect or appoint a resident or fellow in their final year of training to provide a host of management duties as part of their education experience including but not limited to call schedule, academic day/conference, etc. These additional responsibilities also include leadership opportunities, such as leading clinical teams, interprofessionalism, corrective actions, etc, which result in additional compensation.

Each Spring, the GME office will collect the newly elected or appointed chiefs for the following year and advise Program Specialists to allocate “An Additional Responsibility rate” of \$/hr in WD effective 7/1. Of note, some programs have residents and fellows serve in the Chief role only a few months out of the year. Chiefs will get the extra \$/hr only throughout the duration of their service as chief resident.

In return, chief residents will be required to attend a quarterly Chief Resident course throughout the academic year to support them in their new leadership and management duties, starting with a half-day retreat on the 1st Friday in June.

GME Office Responsible Party: Jimmy Dalkiewicz.

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KK. Locker Policy and Agreement – Anderson Campus specific

St. Luke’s University Health Network (SLUHN) cannot be held responsible for lost, stolen or damaged personal property.

By signing the Locker Use Agreement (below), residents agree to abide by the terms and conditions set forth by the GME office outlined below:

1. All lockers are the property of SLUHN.
2. Lockers are “single” use meaning that you cannot store items in a single locker for an extended period of time. Misuse of a locker may lead to Program Director and DIO notification of unprofessional behavior.
3. SLUHN reserves the right to open a locker without the consent of the employee in instances where locker procedures are being abused or in the case of an emergency situation.
4. Flammable materials, dangerous chemicals explosives or weapons of any kind are strictly prohibited inside the lockers.
5. Perishable items, illegal or controlled substances such as drugs or alcohol are also strictly prohibited inside the lockers.
6. Residents are not permitted to affix anything to the interior or exterior of their lockers.
7. Residents are responsible for reporting any damage or needed repairs to the GME office. Residents will assume the cost of any unreported damages.
8. All personal items must be stored completely within a locker. All items left outside of a locker, whether secured or not, will be removed and disposed of accordingly.

PRINTED NAME

EMPLOYEE SIGNATURE

DATE

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LL. AP-Resident Collaboration Guidelines

Residents need to be supervised by physicians and Advanced Practitioners (APs) should not supervise them. If a fellow or resident has been deemed competent to perform the procedure independently, they should contact the attending physician on call to get consent and talk through if the attending approves for them to perform the procedure.

Regarding AP-Resident collaboration, residents should feel free to discuss their learning objectives with the AP.

- They should mutually agree on their roles and responsibilities to ensure patient safety (#1).
- Preference should be given to residents as learners.
- APs will also be asked to discuss learning objectives with residents.
- APs should be oriented towards teaching the resident when working with a residents.
- Residents should know who their supervising attending is at all times and how to reach them if they are not physically present in the room (especially with IM residents).

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MM. Housestaff Leadership Selection Policy

St Luke's University Hospital House Staff Leadership positions for President, Vice President and Committee member (1 from each of the following campuses: Bethlehem, Anderson, Sacred Heart, Warren, and Miners) are selected from the pool of interested upcoming senior residents. We will also be electing 2 residents to serve as Wellness Champions. There will be 9 total positions that will be up for election.

The selection process is as follows:

1. In May, the House Staff President invites upcoming senior residents to express interest in the positions for the following academic year.
2. In May, as part as the invitation to express interest in these positions upcoming senior residents are instructed to meet with their Program Director and the House Staff President by no later than May 25th, to discuss the position(s). These meetings are intended to be informational for the upcoming senior residents. Interested candidates must inform the Director of GME that they would like to run for one of these positions by May 30th.
3. On June 1st (or the next business day), the Director of GME will send an e-mail to all current residents so that residents can express preferences for these positions in the next year. There will be a Survey Monkey link attached to make selections.
4. At the June ACGME/AOA General Competencies Symposia Meeting the House Staff President will announce the new position designees.

House Staff Expectations

1. Attend monthly meetings
2. Bring an idea or solution to the team for each complaint or problem
3. Be a possible ambassador for St. Luke's and their residency
4. Attend 1-2 Senior Management Meetings (optional based on interest)
5. All House Staff leadership positions will be for 2 years with the exception of the President position. That position will be for 1 year.

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NN. Step III policy

1. All Housestaff are required to pass USMLE Step 3 or COMLEX-USA Level 3 before they can advance to the PGY-3 level.
2. Housestaff are required to forward their PD a copy of their score report (regardless of pass or fail status). We only reimburse residents who submit a passing score.
3. Examinees will become ineligible to take a Step or Step Component if they have four or more prior attempts (it used to be 6) on that Step or Step Component, including incomplete attempts. The total number of attempts allowed per Step is four (4).
 - a. If a resident has attempted a Step four or more times, including incomplete attempts, and have not passed, they are ineligible to apply for any Step in the USMLE exam sequence. Attempts at the formerly administered Step 2 CS count toward the limit.
 - b. Housestaff may take the same examination no more than three times within a 12-month period. Housestaff's fourth attempt must be at least 12 months after your first attempt at that exam and at least six months after your 3rd attempt at that exam.
 - c. This means that if resident fails four times, including the waiting of 6 months between the third and fourth try, the resident can never take it again and will be terminated.
4. **All PGY-2 Housestaff must pass Step 3 no later than March 31 of the PGY-2 level.**
 - a. First attempt should occur by the first four months of PGY-2,
 - b. Second attempt (if needed) should occur by the second four months of PGY-2,
 - c. Third attempt (if needed) by March 31st of the PGY-2.
 - d. If resident has not met these requirements, Housestaff must exhaust their 4th (and final) least six months after their 3rd attempt.
5. Housestaff who are off cycle must pass the exam no later than the end of the 9th month of training during the PGY-2 level.
6. **Failure to successfully complete Step 3 by March 31st of PGY-2 level will result in:**
 - a. Academic remediation, academic probation, extension of training, or termination of employment at the discretion of the program director, in consultation with the CCC and DIO, and
 - b. No housestaff will be promoted to a PGY-3 curriculum or contract until they pass Step 3. If study time is needed while on academic remediation or academic probation, the housestaff will be required to take an unpaid leave. The PGY3 year and contract will start when they pass Step 3.

References

- <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Special%20Notices/MedSN%20-%20Board%20Adopts%20USMLE%20Policy%20on%20Four%20Exam%20Limit-Attempts%209-20.pdf>
- <https://www.usmle.org/common-questions/general>

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OO. Requesting an Emergency Sleep Room

PURPOSE:

Provide a place of rest for residents/fellows who may be too fatigued to safely return home on their own. (This in addition to utilization of other safe transportation options such as Uber, etc.)

For the sake of clarity, THIS PROTOCOL DOES NOT PERTAIN TO CALL ROOMS THAT ARE ALREADY ASSIGNED TO A PARTICULAR SERVICE LINE.

BACKGROUND:

When a resident or fellow determine they are too tired to safely get behind the wheel of a vehicle, this dedicated “emergency sleep room” is available regardless of time of day and is separate from any call room assignments that may exist for a particular program or rotation.

Additionally, ACGME Institutional Requirements regarding “systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows;” a dedicated “unassigned” call room.

SITES:

St. Luke’s Hospital – Anderson Campus

St. Luke’s University Hospital – Bethlehem Campus

PROCEDURE (at Anderson Campus):

1. The “emergency sleep room” resides in the Simulation Center in the lower level of the hospital building, within the right rear bank of call rooms. Room #2L604. Process to securing access:
2. Resident/Fellow contacts Anderson Security Team at (484-503-xxxx) to request the key;
3. Security collects first and last name and program of resident/fellow;
4. Security will provide direct response to deliver the key;
5. Security will send an email to GME Director and GME Manager alerting them to who and what time the room was secured;
6. Resident will also notify their program point of contact (supervising attending and program coordinator) via email alerting them of the circumstances and what time they intend on exiting the room;
7. Resident will return key to GME Office in the Medical Office Building, Suite 402. Envelopes will be provided in the call room with instructions where to return key. Resident will record their name and time the key is being returned.
8. GME office will notify EVS to ensure room is cleaned and ready for the next unanticipated need.

PROCEDURE (at Bethlehem Campus):

The scheduling of the on-call rooms works very much like the scheduling of an appointment or a meeting in Outlook. To access the on-call rooms for scheduling their use:

1. Please go to your Outlook Calendar
2. Click on the date and time that you would like to use the on-call room (Please note that rooms cannot be booked farther than fourteen days in advance, and for more than eight hours in a booking session).
3. Click on New Appointment

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4. Click on Invite Attendees
5. Click on the To... box (The intent here is to make the call room you are booking the “To” subject.)
 - a. Now in order to choose the on call room that you would like to book click on Global Address List – Global Address List is found in the top right hand box left to “Advance Fields” under the Address Book heading
 - b. In the left hand box under Search type SLB or, alternately, scroll down to SLB
 - c. There you will see the on call rooms listed under: SLB – OnCall Room 368, SLB – OnCall Room 370, etc.
6. Click on the on call room that you would like to choose. On the bottom of the request please enter your name, phone number and department.
7. Click Send
8. The computer system will auto-notify EVS of your request. You should receive an email notification with the code and instructions to enter the on-call room within the hour. If you do not receive an email with the code/instructions to enter the room within the hour, please call EVS at (484)526-2505, who will help you to resolve the issue.

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PP. Solicitation of any patient(s) and/or family members on behalf of a patient

St Luke's wishes all graduates well in their future endeavors. We want all graduates to continue their professional development and successfully complete a residency or fellowship while transitioning to external career opportunities upon final anticipated date of St. Luke's employment. While residents/fellows are still employed by St. Luke's, you are expected at all times to exhibit professionalism and responsibility, which includes complying with the GME manual, our policies and related obligations relating to solicitation.

Solicitation of any patient(s) and/or family members on behalf of a patient(s) is prohibited while residents/fellows are still employed by St. Luke's (including during work time and while in immediate patient care areas). Solicitation of a patient or family member takes various forms and may be direct or indirect.

- Direct solicitation includes, for example, approaching a patient to indicate you are leaving St. Luke's and advising the patient they may follow with a resident/fellow and their new employer after you leave St. Luke's.
- Indirect and prohibited solicitation includes but is not limited to telling a patient where they will be employed after completing residency, either upon request from the patient or directly and without inquiry from the patient.

Residents/fellows also have an obligation to maintain the confidentiality of the patient records they have access to through St. Luke's and not use or disclose them to any third party such as a new employer. Assuming residents/fellows do not use our confidential records after you leave to contact or communicate with patients, residents/fellows (and their new employer) may share their new role and/or solicit once they are no longer employed by St. Luke's. Until then, residents/fellows should simply reply to any patient that inquires about future career plans or wishes to follow the resident/fellow that they are not at liberty to disclose your future plans or new employer, but that after they leave, the patient may request additional contact information from St. Luke's about your future practice plans (if they leave forwarding information) or they may watch for any public announcements from the resident/fellow's future employer.

St Luke's wishes to see all graduates transition professionally and in good standing. Adhering to these and other expectations will help them do so.

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Policy Responsibility

Graduate Medical Education Committee

Preparer

Chief GME Officer, Designated Institutional Official or designee
St. Luke's University Health Network

Disclaimer Statement:

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

Approval

Graduate Medical Education Committee every 2-3 years or as needed.

Website links

GME Intranet site

<http://mynet.slhn.org/Learning/GME/Policies-and-Procedures>

GME Internet (see left nav)

<https://www.slhn.org/gme/office-of-medical-education>