

The University of Vermont Health System Champlain Valley Physicians Hospital GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL

This manual represents the institutional guidelines, policies and procedures governing the selection, appointment and evaluation of residents at Champlain Valley Physicians Hospital (UVMHN - CVPH). While every effort has been made to ensure the accuracy and comprehensiveness of the information presented, the content of this manual is subject to change. Unless otherwise noted, all policies included in and revisions of this document become effective upon their publication. Residents can view or download this manual from UVMHN - CVPH's residency management system, New Innovations. Other terms and conditions of the relationship between UVMHN - CVPH and Resident may be found in the UVMHN - CVPH Resident Agreement and Residents may be referred to as House Staff in these policies.

UVMHN - CVPH is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital status, disability or veteran status.

Note:

In this document, the term "residents" includes both residents and fellows.

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About UVMHN - CVPH

UVMHN - CVPH is a community hospital in partnership with The University of Vermont Medical Center (UVMHC), an academic medical center. It is our mission to improve the health of the people in the communities we serve by integrating patient care and education in a caring environment.

In its community hospital role, UVMHN - CVPH serves approximately 160,000 residents in Clinton, Essex, Franklin, and St. Lawrence counties and provides primary care services at one New York site. The organization also offers free to the community a wide range of health, prevention and wellness programs, all of which help to limit the need for more expensive acute care.

Through a vital partnership UVMHN - CVPH, The University of Vermont Medical Center and The University of Vermont College of Medicine (UVM-COM) support resident training at our hospital. Together, these institutions are committed to helping improve our region's quality of life with innovations in medicine and health care that arise from new knowledge and discovery. Through its alliance with the University of Vermont, UVMHN - CVPH is able to provide the best patient care possible by bringing medical education to the bedside and doctor's office.

Mission Statement

The mission of UVMHN - CVPH is to provide top quality health care for the North Country.

Vision and Values

UVMHN - CVPH, through collaboration and integration, provides high quality outcomes; exceptional patient, employee and provider experiences; and improves the health and well-being of those we serve.

Statement of Values

- Respect
- Teamwork
- Quality
- Communications
- Trust
- Compassion
- Accountability
- Service

UVMHN - CVPH's Commitment to Graduate Medical Education

UVMHN - CVPH is the sponsoring institution that assumes ultimate responsibility for all Accreditation Council for Graduate Medical Education (ACGME)-accredited programs. Graduate Medical Education (GME) programs are conducted in alliance with the UVM Health Network. UVMHN - CVPH is committed to integrate teaching and scholarly work into its health care services and programs in order to ensure that learning occurs in an environment that stresses prevention and health improvement, patient-focused systems and processes, and the delivery of services that maximize value in a caring environment.

UVMHN - CVPH and UVMHN are committed to and will support:

- Education through active teaching and active learning
- Research and scholarly activities fostering inquiry and critical thinking which will ultimately lead to better clinical judgment and medical management
- High quality GME as measured by tracking our achievements against specific goals and objectives.

UVMHN - CVPH will sponsor GME Programs that are well-designed, accredited, monitored and evaluated regularly according to well described policies and procedures. All programs must meet or exceed all ACGME and Resident Review Committees (RRC) general and special requirements (or equivalent organizations) as determined by UVMHN - CVPH institutional policies.

The Graduate Medical Education Committee (GMEC) has oversight over all aspects of GME. The Chief Medical Officer of UVMHN - CVPH serves as the chair of the GMEC, is designated as the “institutional official” as defined in the ACGME Institutional Requirements, and reports to the CEO of UVMHN - CVPH. The Designated Institutional Official (DIO) for GME is financially supported through UVMHN - CVPH. Program directors and full time faculty members also have direct financial support from UVMHN - CVPH for their educational work.

UVMHN - CVPH assumes the responsibility to assure that residents and fellows in accredited programs receive salary and other compensation that is competitive with national, regional and local benchmarks. UVMHN - CVPH further assumes the responsibility to assure adequate staff support as well as a comfortable and safe working environment.

Introduction to Graduate Medical Education

GME prepares physicians for practice in a medical specialty. GME focuses on the development of professional skills and clinical competencies as well as on the acquisition of detailed factual knowledge in a specialty. The GME process is intended to prepare the physician for the independent practice of medicine and to assist in the development of a commitment to the lifelong learning process that is critical for maintaining professional growth and competency.

The single most important responsibility of any GME program is to provide an organized educational program with guidance and supervision of the resident that facilitates professional

and personal growth while ensuring safe and appropriate patient care. A resident is expected to assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge and skill.

The education of residents relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. Within any program, the quality of patient care must be given the highest priority. A proper balance between educational quality and the quality of patient care must be maintained.

Policies and Procedures Governing Graduate Medical Education

Every resident expects his or her training program to be of high quality. Similarly, each program expects its residents to pursue their educational goals and to carry out their patient care responsibilities according to high personal and professional standards.

These "Policies and Procedures" establish the institutional guidelines for the selection, appointment, evaluation and promotion of residents. They provide guidelines for the probation, suspension and termination of residents who are unable to carry out their responsibilities. Provision is also made for the evaluation of GME programs and faculty by residents, for the adjudication of resident complaints and grievances relevant to the GME programs, and for the sanction of programs failing to adhere to these policies and procedures.

Residency Programs

Family Medicine

Fellowship Programs

None

This document reflects the minimum guidelines acceptable. Programs must meet these minimum guidelines, but are free to adopt more rigorous policies as they see fit or as necessary to meet the requirements of their particular RRCs or specialty boards.

Should material conflict between these institutional policies and procedures and those adopted by a program arise, the institutional document will take precedence. Similarly, should conflict arise between the institutional or program documents and the requirements of the particular RRC and/or specialty board, the RRC and/or board requirements shall take precedence.

The ACGME at A Glance

The ACGME is a private, non-profit council that evaluates and accredits medical residency programs in the United States. The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education for physicians in training. The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Medical Specialty Societies

UVMHN - CVPH GME Programs

ACGME Accredited Programs

Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) has oversight over all aspects of GME. The DIO serves as the chair of the GMEC.

Membership and Meetings

The GMEC voting membership includes the program director(s), core faculty and physician leaders appointed by the DIO, two residents nominated by their peers, and the residency coordinator(s). The GMEC meets regularly. The GME office is responsible for keeping the minutes of all GMEC meetings.

Responsibilities/Mission

The fundamental mission of the GMEC is to provide institutional leadership in all aspects of GME by

- Establishment and implementation of policies that affect all GME programs regarding the quality of the education and the work environment for the residents/fellows in each program
- Establishment and maintenance of appropriate oversight of the quality of all GME programs and to ensure that the GME programs and faculties are supported with adequate resources, and that the professional development and well-being of the residents are protected and advanced.

To meet this mission, the responsibilities of the GMEC are as follows:

Information

Serve as a forum for and facilitate informed discussions on critical external and institutional administrative and educational aspects of GME, including such issues as GME financing, physician workforce planning, educational quality measures, institutional and program accreditation, and GME curriculum.

Planning and Overall Financing

Coordinate the strategic GME planning for all residency/fellowship programs to include such aspects as the number, size and specialty types of programs as well as recommending budgets and coordinating financing; and approve the submission to the ACGME of applications for new program accreditation or voluntary program withdrawal.

Policies

Establish and monitor the implementation of institutional GME policies on personnel matters, education and work environment, program internal reviews, resident evaluation by faculty, curriculum and faculty evaluation by residents, selection and promotion of residents, disciplinary/academic remediation actions, due process, and grievances.

Annual Program Evaluations

Conduct annual evaluations of all sponsored programs in accordance with ACGME requirements and GMEC policies and assess each program's compliance with ACGME Institutional and Program Requirements.

RRC Notification Letters

Review and approve action plans to citations identified during a program's ACGME RRC site visit. Monitor program's action plans as needed.

Education Environment

Establish and monitor oversight to ensure that each training site and each program fosters an environment in which residents are encouraged to present issues of concern and recommendations for strengthening GME activities.

ACGME General Competency and Milestone Requirements

Direct and facilitate each program's development of its curriculum that incorporates the teaching of the six core competencies and corresponding milestones as specified in the specialty's Program Requirements. The curriculum must include the goals and objectives based on the competencies, effective evaluation tools with dependable measures to assess resident competencies and progress on milestones. All programs must provide evidence of their program's effectiveness in linking educational outcomes with program improvement.

Core Curriculum

Direct and facilitate the development of a core curriculum and of shared educational resources, as might be appropriate, on such common issues as medical ethics, medical sociology medico-legal, medical economics, and practice management; and in such knowledge, skills and scholarly areas as communication skills, research design, epidemiology, teaching of medical student/junior residents, and quality assurance.

Resident Compensation

Advise the administration on matters of stipend schedules and benefits for residents.

Working Conditions

Establish and maintain oversight of and liaison with program directors to assure adequacy of residents' supervision, working conditions and duty hours.

Oversights reviewed and approved by the GMEC are:

- All applications for ACGME accreditation of new programs
- Changes in resident complement
- Major changes in program structure or length of training
- Additions and deletions of participating institutions
- Appointment of new program directors
- Progress reports requested by any Review Committee

- Responses to all proposed adverse actions
- Requests for exceptions of resident duty hours
- Voluntary withdrawal of program accreditation
- Requests for an appeal of an adverse action
- Appeal presentations to a Board of Appeal or the ACGME

DIO Designee Policy

GMEC must establish and implement procedures to ensure that in the absence of the DIO a designee is identified who can review and cosign program information forms and any documents or correspondence submitted to ACGME by program directors.

Restrictive Covenant Policy

Programs cannot make or enforce any covenants intended to restrict the choice of practice location, practice structure, or the post-residency professional activity of individuals who have completed their post-graduate medical education programs. Any attempt to make or enforce such covenants will be grounds for sanction of the program.

Selection and Appointment of Residents

The ACGME requires that the Institution have written policies and procedures for the recruitment and promotion of residents. In addition, the Institution must monitor the compliance of each program with these procedures.

Resident Eligibility

Applicants with one or more of the following qualifications are eligible for consideration:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association
- Graduates of medical schools outside the United States and Canada who meet the following qualifications:
 - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates.
 - Have passed the Clinical Skills Assessment Exam offered by ECFMG and hold a valid CSA certificate.
- Graduates of medical schools outside the United States who have completed a "fifth pathway" program provided by an LCME-accredited medical school.

Criteria for Resident Selection

- Programs should select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.
- MD applicants entering a residency training program at UVMHN - CVPH must have passed Step 1 & 2 (CS and CK) of USMLE.
- DO applicants entering a residency training program at UVMHN - CVPH must have passed Step 1 & 2 (CE & PE) of COMLEX.
- Residents shall not be promoted if he or she has not passed USMLE Step 3 (MDs) or COMLEX Part 3 (DOs) prior to the start of their PGY-3 year.
- All physicians entering a fellowship training program at UVMHN - CVPH must be Board Eligible in their specialty and have passed the necessary examinations for full licensure.

Resident Transfer

The ACGME requires that the Institution have written policies and procedures governing the transfer of residents.

Conditions for a Transfer Resident

Residents are classified as a transfer resident under several conditions including:

- Moving from one program to another within the same or different sponsoring institution; or
- When entering a PGY2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part

of the match (e.g., accepted to both programs during the match).

Residents are not considered transfer residents if they have successfully completed a residency and are then accepted into a subsequent residency or fellowship program.

Documents Required Before Accepting a Transfer Resident

The program director of the receiving program must obtain written or electronic verification of prior education from the current program director. This verification must include:

- USMLE Part 1 & 2 scores
- Rotations completed
- Procedural/operative logs
- A summative competency-based performance evaluation

The program director must maintain documentation as part of the applicant's file and in the resident's file if the resident is appointed to the program.

The receiving program director at UVMHN - CVPH should provide a written statement to the current program director acknowledging receipt of documentation and acceptance of the resident.

Resident Promotion

The program director, in consultation with the Clinical Competency Committee of that program, based on individual evaluations, semi-annual progress reports and any or all other available information or factors, will provide the basis for determining whether a resident is ready for advancement to the subsequent year of the program or for graduation from the program.

Resident Code of Professional and Personal Conduct

Professional Department

Residents will demonstrate conduct consistent with the dignity and integrity of the medical profession in all contacts with patients, their families, the faculty, all Sponsoring Institution personnel and all third parties conducting business with the resident or Sponsoring Institution.

- Each resident will protect and respect the ethical and legal rights of patients.
- The resident will abide by the policies and procedures governing graduate medical education.
- The resident will, in a timely fashion, clearly communicate all information relevant to the safe, effective and compassionate care of their patients to their supervising staff.
- The resident will, in a timely fashion, complete all assigned clinical, administrative and academic duties.
- Other than primary care level services, residents will not provide medical care to, nor prescribe controlled or narcotic medications for members of their immediate families.
- Residents will not accept fees for medical services from patients, patients' families, or other parties except under the provisions for locum tenens and moonlighting incorporated in these policies and procedures.
- Residents will not charge or accept fees for expert testimony in medico-legal proceedings or for legal consultation.
- Residents will promptly discharge any and all financial obligations to the Sponsoring Institution and its affiliates throughout the duration of their appointment.
- The resident will immediately inform their program director and the GME office of any condition or change in status that affects her/his abilities to perform assigned duties.

Standards for Professional Appearance

The appearance of employees working in a health care environment impacts the perception of quality service and care for our patients and the community we serve. Care is enhanced when patients, families, visitors and staff feel a sense of trust and confidence in the care and the services being provided by staff at UVMHN - CVPH. The professional appearance of staff is key in promoting trust, comfort, and confidence while providing care and service in a safe environment.

Residents are expected to dress in a manner that conveys a sense of professionalism while working at UVMHN - CVPH. Residents must adhere to UVMHN - CVPH's "Dress Code/Personal Appearance" policy. The detailed policy can be found in Policy Manager.

Hospital Scrubs

UVMHN - CVPH Surgical scrubs will be worn by all personnel in the following designated areas or areas:

- Operating Room
- Central Sterile Reprocessing
- Outpatient Surgery Center
- Invasive Cardiology
- Birthing Center

- Endoscopy
- Bronchoscopy
- Anatomical Pathology
- Residents in sleeping areas

All personnel working in the designated areas must wear the surgical scrubs provided to them by UVMHN - CVPH. All staff requiring surgical scrubs are to arrive at work in street clothes, change to surgical scrubs at their work place, then change back to street clothes before leaving UVMHN - CVPH. No UVMHN - CVPH surgical scrubs are to be worn outside of the designated areas unless covered by a closed cover gown or lab coat. No staff will either carry or wear surgical scrubs off the premises of UVMHN - CVPH.

Appropriate head covers will be worn at all times in the designated areas. These head covers will be clean, changed daily, not worn outside the designated area, and will cover all hair. If surgical scrub dresses are worn, pantyhose are required.

Security and all UVMHN - CVPH managers will monitor this policy and any non-compliance to this policy will be reported immediately to the appropriate corporate officer. A letter of warning may be placed in the employee's file in Human Resources. The detailed policy can be found in Policy Manager.

Vendor Access and Interaction

Residents are expected to uphold the highest professional standards in interactions with vendors and patients and to avoid any transaction or business arrangement with a vendor or a patient that could improperly influence decision-making or patient care. Residents may not offer, solicit or accept gifts or subsidies to or from patients, vendors or others doing business with UVMHN - CVPH except as permitted by the UVMHN - CVPH vendor policies. Gifts or subsidies which violate applicable laws or which are intended to induce the referral of patients to UVMHN - CVPH are strictly prohibited. Detailed policies regarding vendor relationships are found in Policy Manager.

Resident Learning and Working Environment (Duty Hours)

Duty hours are defined as all clinical and academic activities and includes; patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, home call, scheduled academic activities (e.g., conferences, morning report, lectures, etc.), research that is a required part of the residency program, and moonlighting. Duty hours do not include reading and preparation time spent away from the duty site.

Each program must have a written policy on resident duty hours. In developing the duty hour policy consideration should be given to the educational needs of the resident, the needs of the patient, including patient safety, and continuity of care. This policy must be in compliance with institutional policies as well as with requirements of all relevant accrediting bodies (e.g., ACGME and RRC). The institutional requirements are as follows.

- Duty hours, as defined above, are limited to 80 hours per week
- Residents must be provided with 24 hours off per week
- Minimum time off between scheduled duty periods
 - PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
 - Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - UVM Health Network – CVPH follows all ACGME and NY State IPRO regulations for Learning and Working Environment
- This preparation must occur within the context of the 80-hours maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.
- Maximum duty period length
 - Duty periods of residents must not exceed 24 hours in duration.
 - Residents may be allowed to remain on-site in order to accomplish transitions of care; however, this period of time must be no longer than an additional three hours.
 - Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs

of a patient or family. Under those circumstances, the resident must:

- Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
 - Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
- Residents must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.
- Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
- Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 - PGY-1 residents are not permitted to moonlight.

All residents and fellows must participate in the Fatigue Management training. From this training, physicians will know the effects of sleep deprivation and understand how this may contribute to poor outcomes in patient care.

Monitoring Duty Hours

To meet the duty hour requirements, the GMEC has developed and implemented a process to assure duty hour compliance. Each residency program must have a learning and working environment policy and all faculty and residents must comply with it at all times. All residents and fellows must document their duty hours in the residency management system. The GMEC will review monthly duty hours trending reports. Programs not in full compliance will be expected to immediately correct the violation.

Violations caused by residents who continuously fail or refuse to document their work hours could result in their dismissal for failing this compliance standard for professionalism. For programs that fail to correct violations in a reasonable time period, the GMEC will develop a corrective action plan and timeline for full compliance including recommending program director change.

Internal Moonlighting

Internal moonlighting is voluntary, compensated, medically-related work external to the educational program that occurs at sites under the governance of UVMHN - CVPH. Internal moonlighting may be permitted for UVMHN - CVPH residents or fellows (hereafter referred to

as “residents”) who are PGY-2 or higher. Internal moonlighting is strictly voluntary. All internal moonlighting activities must be reviewed and approved by the GMEC prior to being instituted. Residents interested in participating in an internal moonlighting opportunity must

- Be in good standing within their program, and
- Obtain a written statement of permission from their program director. This statement must be kept in the resident’s file.

After obtaining approval from the GMEC and prior to participating in internal moonlighting activities, residents must

- Obtain a valid New York State Medical License; a temporary license does not suffice,
- Obtain a certificate of malpractice insurance. VMC Captive Insurance will cover residents for internal moonlighting.

The program director must monitor resident's performance for any evidence of negative impact from participating in moonlighting activities. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Adverse effects in resident performance will lead to withdrawal of permission.

Residents must log all time spent doing internal moonlighting activities in New Innovations as “internal moonlighting.” Time spent completing internal moonlighting activities counts toward the total hours worked during the week. No other duty hours requirements apply.

External Moonlighting

External moonlighting is voluntary, compensated, medically-related work external to the education program that occurs at sites not under the governance of UVMHN - CVPH. External moonlighting is strictly voluntary. Residents interested in participating in external moonlighting activities must

- Be in good standing within their program,
- Obtain a written statement of permission from their program director. This statement must be kept in the resident’s file.

It is the resident’s responsibility to ensure proper licensing, work authorization, and malpractice coverage for external moonlighting activities. UVMHN - CVPH shall have no liability for the actions of residents engaged in external moonlighting. The Program Director shall not provide a written statement of permission until Resident provides a proof of malpractice insurance from the external moonlighting location.

The program director must monitor resident's performance in the program for any evidence of negative impact from participating in moonlighting activities. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Adverse effects in resident performance will lead to withdrawal of permission.

All external moonlighting hours must be logged in the residency management system as time spent in “external moonlighting.” Time spent completing external moonlighting activities counts towards the total hours worked during the week. No other duty hours requirements apply.

External Rotations

Required External Rotations

Definition

A required external rotation is a rotation that residents in a program must complete and the site of the rotation (called the participating site) is not under the governance of UVMHN - CVPH. All required external rotations regardless of the length of the rotation or regardless of the number of residents require a *Program Letter of Agreement*. If the external rotation lasts at least 4 weeks over the length of the training program (not necessarily a continuous 4 weeks, one month = 20 days, one month = half-day per month across 40 months) then it must be listed in ACGME ADS.

Agreement

A *Program Letter of Agreement* (PLA) must be signed by the UVMHN - CVPH DIO and the participating site every 5 years. The GMEC must initially review and approve the required external rotation prior to the DIO signing the initial PLA and thereafter at the time the PLA is renewed. A PLA is required regardless of the length of time spent at the site or the number of residents participating.

Addendum

The PLA must include an addendum identifying the residents completing the rotation. More than one residents' name can be used on the addendum. Therefore, one addendum can be used for all the residents completing the required external rotation for the academic year. The addendum must be signed annually by the program director and the supervising physician from the participating site.

Elective External Rotations

Definition

An elective external rotation is a rotation that residents complete to augment their education. This type of rotation is not a required rotation, and the site of the elective external rotation is not under the governance of UVMHN - CVPH.

Guidelines

- All requests for elective external rotations must be approved by the GMEC.
- Generally, an elective external rotation will be considered only if the proposed elective rotation enhances the educational experience of the resident and it does not duplicate an experience that is available at UVMHN - CVPH.
- No more than one elective external monthly rotation is allowed per training year except at the discretion of the GMEC.

Requests for elective external rotations should be submitted six months in advance or as much in advance as possible. The approval process can take up to two months, providing all necessary

documentation is in order.

Elective External Rotation Request Process

1. The resident must be in good standing with the program.
2. The resident and the program must be in compliance with duty hours.
3. The resident must provide a written proposal to the program director that must include:
 - Goals and objectives linked to the ACGME core competencies.
 - The supervising physician at the participating site and the process for evaluating the resident's performance.
 - A statement as to why similar education is not available at UVMHN - CVPH, and why the proposed experience is necessary or important for the resident's professional development.
5. The program director must provide a letter to the GMEC attesting to the educational value for the experience and describing the process that will be used to maintain oversight of the resident's education while at the external site.
6. Paperwork must be submitted by the program director via email to the GMEC Chairperson for further processing.

UVMHN - CVPH E-mail

The primary purpose of e-mail is to facilitate the timely and efficient conduct of business, and further to encourage and facilitate the free exchange of business-related communications and ideas. The e-mail systems provided by UVMHN - CVPH are owned by UVMHN - CVPH and are provided for conducting official business.

All data on these systems, including e-mail, are the property of UVMHN - CVPH. UVMHN - CVPH users should not have an expectation that e-mail is private. The contents are not currently monitored on a regular basis, however, on occasion, review of user's e-mail may occur when a business situation so warrants. In such cases, user's e-mail will be reviewed if specifically authorized by the Vice President of Information Services, a law enforcement representative duly authorized by the court, or the Vice President of Human Resources.

E-mail originating from UVMHN - CVPH systems is considered official UVMHN - CVPH correspondence.

- Users may not include inappropriate materials in their messages. Examples of inappropriate materials include, but are not limited to, derogatory language, profanity, pornography, or racial or ethnic slurs.
- Use of e-mail to harass others is illegal.
- Use of UVMHN - CVPH e-mail for personal profit is not permitted.
- Distribution of electronic chain mail. Chain mail can stress UVMHN - CVPH computer systems to the breaking point and may contain viruses that could infect others' workstations. Many messages are received at UVMHN - CVPH that include verbiage such as "forward this note to everyone you know". Do not! Instead, contact ISS Help Desk at 562-7444 for advice.
- Game playing, distributing games, or gambling.
- Conducting any activity that interferes with or detracts from the user's or others' work duties.

- Conducting any activity that may reflect poorly on the user or UVMHN - CVPH.

UVMHN - CVPH e-mail is maintained on computer systems and on backup media for varying lengths of time and may be recovered subsequent to deletion. The messages may be disclosed, provided appropriate authorization occurs, for the purposes of legal discovery, external investigations by law enforcement personnel, and internal security investigations.

Although occasional personal use of the UVMHN - CVPH e-mail system is permitted, this allowance is not intended to allow users to use the UVMHN - CVPH e-mail system as a substitute for obtaining their own e-mail service from Internet Service Providers. Users should limit the personal use of UVMHN - CVPH e-mail just as they do telephone services. Excessive or inappropriate personal use could result in the loss of e-mail privileges and/or an administrative personnel action.

Violation of this UVMHN - CVPH e-mail policy may result in disciplinary action, including termination of appointment. Residents should report any violations of this policy to their Clinical Leader and to the Associate Vice President of ISS. Any questions or comments related to this policy should be directed to the Associate Vice President of ISS.

If inappropriate or illegal activities are reported or discovered, the appropriate management and legal authorities will be notified. In addition to the items listed elsewhere in this policy, examples of inappropriate activities include but are not limited to:

Confidentiality

Users should avoid sending confidential information via e-mail. In its basic form, e-mail is an inherently insecure method of information exchange. Most mail systems send messages in clear text. Therefore, the message text could potentially be read by unintended viewers at the point of origin, in transit (if intercepted), or at the destination.

Currently, the UVMHN - CVPH e-mail system permits encryption of messages sent between users of the UVMHN - CVPH e-mail system, and to recipients outside the UVMHN - CVPH e-mail system. To ensure encryption of your e-mail message and/or attachment to someone outside the Medical Center, simply add "secureme" in the subject line. The recipient will be notified they have a secure email from UVMHN - CVPH.

Policy on the Use of the Internet

The Internet can provide many valuable services to computer users to include professional news services, education, and information exchanges. Residents are encouraged to use these services in support of their work. While doing so, residents are expected to conduct their use of the internet with the same integrity as in face-to-face or telephonic business operations. Additionally, users must be aware that UVMHN - CVPH monitors access to the internet to protect the liability of the company.

Internet access provided by UVMHN - CVPH is for official business use. Occasional, reasonable and appropriate personal use is allowed. Although occasional personal use is permitted, this

allowance is not intended to allow users to use their UVMHN - CVPH access as a substitute for obtaining their own personal Internet access. Users must limit their personal use of these UVMHN - CVPH resources and the use must not interfere with the user's or other staffs' UVMHN - CVPH duties. Excessive use will result in loss of access privileges. In addition to the items listed elsewhere in this policy, examples of inappropriate activities include but are not limited to:

- Game playing, contacting sweepstakes sites, or gambling.
- Contacting personal dating services.
- Promoting or advertising commercial businesses or activities without clearance from the UVMHN - CVPH Marketing and Communication Department.
- Conducting any activity that interferes with or detracts from the user's or others' work duties.
- Attempting to gain unauthorized access to external resources via hacking, stolen user authentication or other similar method.
- Conducting any activity that may be in violation of any other UVMHN - CVPH policy.
- Users may not access external services/sites that may be illegal, pornographic, considered harassing, or inappropriate for the UVMHN - CVPH working environment or that might reflect poorly on the user and/or UVMHN - CVPH. Users also must not post similarly inappropriate material to any external or internal service.
- Users may not use UVMHN - CVPH access to Internet and BBS services for personal gain or profit.

Access to the Internet from home or elsewhere via UVMHN - CVPH provided connections or computers must adhere to all of the same policies that apply to use from within UVMHN - CVPH facilities. Such access is not to be used as a free substitution for paying for one's own Internet access.

Users must not allow family members or other unauthorized people to use UVMHN - CVPH provided connections to access Internet from within UVMHN - CVPH facilities or at home.

UVMHN - CVPH resources will not be used in support of personal Internet pages. However, UVMHN - CVPH departments may establish individual staff member pages listing information such as the individual's biographical data and current UVMHN - CVPH projects, programs, or research.

Users posting to Usenet newsgroups, Internet mailing lists, etc. must include a company disclaimer as part of each message. Example: The opinions expressed here are mine and do not necessarily reflect those of UVMHN - CVPH.

Users may not send or post any UVMHN - CVPH related information to the Internet without prior review and authorization from the Marketing and Communication Department.

Supervisors may, at their discretion, establish a more stringent policy for their work areas and staff. They may not, however, establish a less restrictive policy

Use of access to Internet that violates this policy or any other UVMHN - CVPH policy shall be

treated like any other breach of UVMHN - CVPH policy and will be dealt with through Human Resources and/or the appropriate management. Depending on the severity of the infraction, penalties cover the full range of administrative actions up to and including termination of appointment.

If inappropriate or illegal activities are reported or discovered, the appropriate management and legal authorities will be notified.

Well-Being of Residents

Employee and Family Assistance Program

The UVMHN - CVPH Center for Occupational Health and Wellness (COHW) is available to assist residents and their families with emotional, substance abuse, interpersonal and work-related problems. Assessment, brief counseling and referral services are available. All referrals are confidential. There is no charge for the assessment and follow-up appointments (maximum 6 visits per client) through COHW. Counselors through COHW are licensed and certified social workers and certified employee assistance professionals. For an appointment or assistance call COHW at (518) 562-7305. An Infection exposure (blood or body fluid exposure) hotline is available anytime at extension # 6111.

Integrity and Compliance Policy

UVMHN - CVPH has adopted a voluntary compliance plan to promote full compliance with all legal duties applicable to it, to foster and assure ethical conduct and to provide guidance to its employees. A Code of Conduct has also been adopted which is meant to encourage and give guidance to all UVMHN - CVPH employees so that every day, everyone conducts themselves with unqualified integrity as we do our work for our patients, our community and our colleagues.

All employees have an affirmative duty to report in good faith any actual or suspected activities that violate any law, statute, regulation, UVMHN - CVPH policy, or constitute improper quality of patient care. Reports can be made by contacting the Corporate Compliance Officer at (518) 562-7416 or by calling the compliance hotline at (877) 518-3579. Hotline calls can be made anonymously, or callers can ask that their information be kept confidential.

Employees should enjoy a level of confidence when reporting issues of non-compliance or activities that constitute improper quality of patient care. To further these goals, it is the policy of UVMHN - CVPH that any action taken by an employee to retaliate against anyone making a good faith report alleging suspected improper activities is strictly prohibited.

Process for Resolution of Resident Issues

UVMHN - CVPH supports an atmosphere that allows residents to raise and resolve issues without fear of intimidation or retaliation. Avenues for residents to bring up issues include:

- All residents should attempt to resolve issues within their department through their Chief Resident, Program Coordinator, or Program Director.
- Residents are also encouraged to bring issues to the Resident Representatives on the

Graduate Medical Education Committee for discussion and suggested solutions. Two residents are GMEC voting members and regularly report to the GMEC any issues or topics that need review or action by the GMEC.

- Meeting with the DIO or GME office personnel.

Identification and Treatment of the Impaired Physician

The purpose of this policy is to establish guidelines to assist in the early identification, treatment, and rehabilitation of residents and fellows who are impaired or at risk of impairment due to the excessive use of drugs or alcohol, a psychiatric disorder, or other medical condition.

UVMHN - CVPH is committed to providing a safe working environment for the residents and fellows affiliated with UVMHN - CVPH GME programs. UVMHN - CVPH is also committed to ensuring that the residents and fellows enrolled in UVMHN - CVPH GME programs are physically and mentally competent to provide high quality patient care.

Physician's ethical responsibilities to colleagues who are impaired by a condition that interferes with their ability to engage safely in professional activities include timely collegial intervention to ensure that these colleagues cease practicing and receive appropriate assistance. If collegial intervention is not successful, the physician or any other individual who has cause to believe that a Physician-in-Training (PIT) is impaired should report their concerns to the PIT's program director.

This policy is intended to provide clear guidelines in regard to identifying impaired PIT in order to facilitate their treatment. The policy allows confidential reporting or self-reporting of substance abuse problems and psychiatric disorders or other medical conditions of sufficient magnitude to affect a physician's competence. The policy also provides for confidential investigations, when appropriate, and for interventions to encourage impaired PIT to receive appropriate evaluation and treatment.

This policy shall apply to all issues of impairment due to substance abuse, psychiatric disorders, or other medical conditions. The procedures described in this policy concerning intervention, monitoring, and treatment are to be used for all PIT who are impaired due to substance abuse. When a psychiatric disorder or other medical condition is of sufficient magnitude to impair a physician's competence, the PIT's program director may elect to use these same procedures for monitoring the PIT's treatment or he/she may tailor the monitoring contract described in this policy to better meet the needs of the impaired physician.

Definitions

Physician in Training (PIT) means any resident and fellow who is enrolled in a GME program sponsored by UVMHN - CVPH.

Substance Abuse means a medical illness that involves the excessive use of any chemical substances, including alcohol, known to interfere with cognitive or motor function immediately to work or during work or at other times, that in the judgment of the residency program director and/or the Center for Occupational Health and Wellness impairs an individual's ability to provide high quality patient care or compromises his/her safety or the safety of others.

Psychiatric Disorder means any disease of mental health as defined by the guidelines established by the American Psychiatric Association. For purposes of this policy, such psychiatric disorders should be significantly contributing to impairment of a physician's performance.

Program Director means the physician who is responsible for supervising the PIT enrolled in a specific UVMHN - CVPH training program.

Intervention means an organized encounter in which a group of concerned individuals confront a potentially impaired physician in order to motivate that individual to accept immediate evaluation and treatment of a suspected substance abuse and/or psychiatric disorder.

Monitoring Contract means an agreement which outlines a structured program of recovery, rehabilitation, and monitoring for each individual. The contract is entered into before an impaired PIT can return to work at UVMHN - CVPH following treatment. The contract is considered a binding contract between the individual, his/her training program, and the health care professional(s) coordinating the monitoring program.

Monitoring means the process used to follow the recovery of the impaired physician. Monitoring of PIT who are impaired shall be coordinated by the Medical Society of the State of New York's Committee for Physician Health. Regular reports about the individual's compliance and progress with his/her recovery/rehabilitation program shall be communicated to the DIO. The DIO shall communicate with the individual's program director as needed.

The Committee for Physician Health (CPH) is a division of the Medical Society of the State of New York (MSSNY), developed to advocate for impaired physicians. Its mission is to promote quality medical care by providing confidential assistance to physicians, residents, physician assistants and medical students suffering from substance use and other psychiatric disorders. CPH promotes quality medical care for its physician participants and for the general public by improving physician health and well-being. CPH provides ongoing, confidential support for recovery from alcoholism and substance abuse, including referral, liaison with colleagues, recovery monitoring, and documentation. Communications with CPH are confidential under state law. CPH is independent of the New York State Health Department's Office of Professional Medical Conduct (OPMC). CPH is not required to disclose to the OPMC the identity of participants, except to the extent where there is an injury, or the risk of injury to a patient, a criminal act, relapse to the use of alcohol or drugs, or other failure by the participant to comply with their monitoring contract. More information about CHP is available at <http://www.mssny.org/cph/>.

Referrals

Self-Referral

Any PIT may seek treatment for substance abuse, a psychiatric disorder or other medical condition that interferes with their ability to engage safely in professional activities from a health care provider of their choice or the Center for Occupational Health and Wellness. Individuals who are seeking treatment for substance abuse may also seek treatment through CPH. In cases of self-referral, the health care provider, the COHW, or the CPH will not advise the individual's

program director of the individual's impairment unless the PIT authorizes the release of this information.

If a PIT is charged with a criminal or civil offense involving alcohol or drugs, the PIT must immediately notify their program director of the circumstances of the charge. Likewise, if a PIT is convicted of a criminal or civil offense involving alcohol or drugs, the PIT must immediately notify their program director of the conviction.

Referrals by Colleagues/Co-workers

Colleagues or co-workers who have cause to believe that a PIT is impaired are strongly encouraged to report their concern to the PIT's program director. Sufficient cause for concern and subsequent reporting will include, but not be limited to:

- Evidence of misuse of prescribed or non-prescribed medications;
- Evidence of use of alcohol while on duty or immediately prior to duty;
- Information that a PIT has been charged with or convicted of a criminal or civil offense involving alcohol or drugs;
- Deteriorating quality of work, including documentation;
- Repeated absences/tardiness;
- Personality/behavior changes;
- Bizarre or disruptive behavior;
- Any performance that is overtly negligent;
- Physical or verbal abuse toward a colleague, co-worker, or patient;
- Any other factual circumstances reasonably suggesting that the PIT is impaired.

All allegations/concerns that a PIT is impaired shall be promptly communicated by the program director to the DIO and appropriate personnel in the COHW.

Confidentiality

All information disclosed to the program director shall be held in confidence and will not be disclosed to others unless the program director and/or the DIO and COHW personnel determine that certain individuals in the PIT's clinical department have a legitimate need to know in order to facilitate proper treatment for the PIT and/or provide safe patient care.

Investigation/Follow-Up

All allegations/concerns shall be investigated in a timely manner by the program director with the advice and counsel of the DIO and COHW.

If the investigation confirms that the PIT is impaired due to substance abuse, a psychiatric disorder or other medical condition, the program director shall immediately relieve the impaired PIT of any patient care responsibilities.

If necessary, an intervention shall be coordinated by the program director with the advice and counsel of the DIO and COHW. The goal of the intervention is to encourage the PIT to voluntarily submit to an evaluation. The PIT shall be provided a choice of evaluation options as approved by the COHW. The PIT shall not be allowed to design his or her own course of action.

He/she, upon request, must obtain an evaluation by a health care professional approved by the DIO and COHW.

If a PIT who has been identified as impaired or at risk for impairment, refuses to voluntarily submit to an evaluation, the program director shall immediately consult with the COHW. If, in the opinion of the program director, in consultation with the COHW, the individual's continued activity as a PIT could endanger the health and/or safety of patients or others, the program director shall recommend the immediate suspension of the PIT from his/her training program. All decisions to suspend or terminate a PIT from a training program shall be subject to the review process described in the UVMHN - CVPH Resident Employment Contract.

If the PIT refuses to submit to a requested evaluation, the refusal shall be considered grounds for termination of training for "breach of agreement" as "breach of agreement" is defined in the UVMHN - CVPH Resident Employment Contract.

If the PIT agrees to an evaluation, no disciplinary action shall be taken. The PIT shall be placed on a medical leave of absence. All leaves of absence to obtain a medical evaluation or treatment will be governed by UVMHN - CVPH policies regarding medical leave.

Long-term follow-up of impaired PIT shall be coordinated by the CPH (for impairment due to substance abuse or psychiatric illness) or the COHW (for impairment due to anything else). The follow-up shall be governed by the terms of the monitoring contract agreed to by the PIT. The impaired PIT must agree to sign the necessary release forms authorizing the CHP and/or the COHW to report compliance or non-compliance with the terms and conditions of the monitoring contract to the PIT's program director.

If the CPH staff, the COHW, the program director, or the health care professional responsible for monitoring the PIT's compliance with the monitoring contract, believes that the PIT is relapsing or is not complying with the terms of his/her monitoring contract, the program director shall consider a recommendation for suspension of training. If training is suspended, the recommendation for termination or reinstatement will be determined by the program director, in consultation with the DIO, COHW, and CHP. Any decision to terminate training will also result in termination of employment. Any actions to suspend, terminate, or reinstate a PIT shall be governed by the terms and conditions described in the UVMHN - CVPH Resident Employment Contract.

Return to Work Procedure

Following successful treatment, the PIT must be specifically authorized to return to work by the CPH or the treating provider. A copy of the PIT's monitoring contract shall be provided to the PIT's program director, the DIO and the COHW. The final decision to allow the PIT to return to work following treatment shall be made by the program director, in consultation with the DIO, COHW, and CHP.

If the program director, in consultation with the DIO and COHW, determines that a return to clinical duties is incompatible with recovery or that a return to the training program poses an unacceptable risk to patients or others, the PIT will be provided the opportunity to resign from

the training program. If the PIT does not resign, he/she shall be terminated from the program. Any termination will be subject to the terms and conditions described in the UVMHN - CVPH Resident Employment Contract.

Note: In the event that the program director is unavailable, the DIO shall be authorized to make decisions of an urgent nature concerning impaired PIT

Fatigue Management

The purpose of this policy is to promote patient safety and resident learning and well-being by providing guidelines to prevent, identify and manage fatigue in regard to graduate medical education trainees.

Policy Statement

UVMHN - CVPH is committed to providing an environment that provides residents with a high quality learning experience and promotes patient safety and resident well-being. Residents and faculty should adhere to the following guidelines to prevent, identify and counteract the potential negative effects of fatigue.

Identification

Restricting duty hours alone may not preclude fatigue. Fatigue may be due to a variety of factors. These factors may exist on their own or in combination and include:

- Too little sleep
- Fragmented sleep
- Disruption of the circadian rhythm
- A myriad of other conditions which may masquerade as fatigue, such as anxiety, depression, thyroid disease or other medical conditions, or medication side effects
- Primary sleep disorders

Residents and faculty members should be aware of the characteristic symptoms of sleep deprivation. These include:

- Repeatedly yawning and nodding off during conferences
- "Micro-sleeps" - a few seconds of "sleep" the "awake" resident may not even recognize
- Increased tolerance for risk
- Passivity
- Inattention to details
- Decreased cognitive functions
- Irritability
- Increased errors

Residents and faculty members who recognize that they may be exhibiting signs of sleep deprivation should attend to their own health and wellness. Likewise, residents and faculty members who identify that a colleague may be exhibiting signs of sleep deprivation should discuss the matter in a collegial manner with their colleague and encourage them to attend to their health and wellness.

Management

It is probably inevitable that there will be some sleep loss and fatigue in the course of medical training. The implementation of strategies to minimize the effects of sleep loss and fatigue is a shared responsibility of UVMHN - CVPH, the faculty, and residents.

Strategies that can be employed by faculty to manage resident sleep loss and fatigue so it doesn't interfere with patient care and safety, education, and resident well-being, include the following:

- Adhering to the UVMHN - CVPH duty hour requirements
- Minimizing prolonged work (greater than 24 hours of clinical duties)
- Protecting periods designed to address sleep debt (i.e. providing residents a minimum of at least twenty-four (24) hours off each week free from all clinical responsibilities)
- Critically appraising the best way to implement shift work
- Assisting residents to identify co-existent medical issues which impair their sleep (e.g., undiagnosed sleep disorder, depression, stress)
- Include specific discussions regarding the management of fatigue in their regular discussions with residents

Strategies that can be employed by residents to manage sleep loss and fatigue include the following:

- Adhering to the UVMHN - CVPH duty hour requirements
- Setting priorities for "time off"
- Utilizing the napping resources provided by UVMHN - CVPH
- Utilizing the practical strategies discussed below

Practical Strategies

Naps. Naps can prevent and ameliorate some degree of fatigue. However, there are some caveats that should be observed:

- Brief (1-2 hours) napping prior to a prolonged period of sleep loss, such as twenty-four (24) hours on call, can enhance alertness.
- To be therapeutic during a shift, naps should be frequent (every 2-3 hours) and brief (15-30 minutes).
- Naps work best the "earlier" they are in a period of sleep deprivation.
- Naps should be timed during the circadian window of opportunity, between 2-5 a.m. and 2-5 p.m.
- Longer naps, such as those more than thirty (30) minutes in duration may be counterproductive.

Caffeine. Using caffeine, a central nervous system stimulant, "strategically" can help manage fatigue. It is not a sleep substitute. Tolerance quickly develops. If caffeine is intended to be used to counteract fatigue, minimize the regular use of caffeine so that it will be more effective when consumed. The effects of caffeine generally occur within 15-30 minutes. 200 mg (1-2 cups of brewed coffee) is a usual dose.

Resources

If a resident or faculty member has a question or would like additional information about the prevention, identification, and management of fatigue, please contact a sleep disorders specialists.

Resident Supervision

The supervising physician of record is responsible for the quality of all of the clinical care services provided to his/her patients. The supervising physician must be privileged and have sufficient experience in caring for specific problems and/or performing specific procedures. All clinical services provided by residents must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education.

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

- This information should be available to residents, faculty members, and patients.
- Residents and faculty members should inform patients of their respective roles in each patient's care.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

Supervision

Supervision shall be provided by physicians who are board certified or admissible in those respective specialties or who have completed a minimum of 4 postgraduate years of training in such specialty. There shall be sufficient number of these physicians in the hospital 24 hours/day 7 days/week to supervise the postgraduate trainees in their specific specialties. In hospitals that can document that the patients attending physicians are immediately available by telephone and readily available in person when needed, the onsite supervision of routine hospital care and procedures may be carried out by postgraduate trainees who have completed at least 3 years of postgraduate training. Supervision by attending physicians of the care provided to surgery patients by postgraduate trainees must include at a minimum: a) personal supervision of all surgical procedures requiring general anesthesia or an operating room procedure, b) preoperative exam and assessment by the attending physician, and c) postoperative exam and assessment no less frequently than daily by the attending physician.

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

- The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
- Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

- Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility

Meal Support Policy

Residents in GME accredited programs are provided a base dollar amount determined on annual basis by the training program(s) for meal support during projected extended work assignments.

GMEC Oversight

GME Program Closure and Position Reduction

This policy is intended to meet the fundamental clinical education and American Specialty Board eligibility needs of UVMHN - CVPH residents in the unlikely event that any accredited GME program sponsored by UVMHN - CVPH is closed, for whatever reason, or the number of positions is reduced, for whatever reason. In any event, UVMHN - CVPH will inform the GMEC, DIO, and the residents of their intent as soon as possible. In such situations, UVMHN - CVPH will seek to ensure, within available resources, that all residents formally appointed to a UVMHN - CVPH sponsored, accredited residency program have the opportunity to complete their graduate medical education requirements for specialty board eligibility in a comparable program of their choice.

Reduction

Any reduction in the number of positions in an accredited residency program will be accomplished, whenever feasible, by reducing the number of new first-year positions offered. If any reductions must be made among the currently filled positions, these reductions will begin at the first-year level. All reasonable efforts will be expended by UVMHN - CVPH and by the residency program to facilitate a transfer of any appointed resident impacted by the position reductions to another comparable accredited program of the resident's choice. As resources are available, academic counseling, financial assistance and secretarial services will be provided to the impacted residents.

Closure

Any closure of an accredited residency program will, if circumstances allow, be phased-in, that is, no new residents will be appointed while current residents complete their training toward specialty board eligibility. If a phased-in closure is not feasible, UVMHN - CVPH and the residency program will make all reasonable efforts to facilitate a transfer of appointed residents impacted by the closure to another comparable accredited specialty program of the resident's choice. As resources are available, academic counseling, financial assistance and secretarial services will be provided to the impacted residents.

Evaluation of Residents, Faculty, and Programs

GMEC is responsible for the overall administration of residency training programs. To that end, the program director is required to develop a process to review the competence of each resident consistent with the ACGME common program requirements and Residency Review Committee (RRC) program specific requirements. The process must include the opportunity to submit evaluations in a confidential way per ACGME common program requirements and the RRC program specific requirements.

ACGME General Competencies

The residency program must require its residents to develop competencies in the following areas to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies.

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Perform competently all medical and invasive procedures considered essential for the area of practice
- Work with health care professionals, including those from other disciplines, to provide patient-focused care.

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations, and
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline

Practice Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Use information technology to manage information, access on-line medical information; and support their own education, and
- Facilitate the learning of students and other health care professionals

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients

- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills, and
- Work effectively with others as a member or leader of a health care team or other professional group

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices, and
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities, and know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

Education Committee

Program directors of each residency training program are responsible for establishing an Education Committee (or its equivalent) to develop curriculum, set standards, and evaluate the program to improve the overall quality of the program. This committee shall consist of faculty involved in the training of residents and at least one resident from the program. Each program must also have a Clinical Competency Committee to evaluate the competency and readiness for advancement of all residents as measured according to the specialty specific Milestones.

Each program director and Education Committee is responsible for developing goals and objectives based on the ACGME core competencies for each rotation and for each level of training in the program. In each program, the evaluation system for residents should meet the

following requirements (this list is not intended to be a complete list):

Standards and Procedures for Evaluations

The elements of competence that residents are judged on should be based on the ACGME core competencies and specialty specific Milestones. The evaluation system for residents should meet the following requirements (this list is not intended to be a complete list):

- Each program director shall provide evaluation forms for use by the faculty, supervising residents, and other health care providers.
- Each resident must be evaluated per the program's RRC requirements and Milestones.
- The program director or designee and the Clinical Competency Committee must review the completed evaluations on each resident semi-annually and complete an annual summary evaluation of the resident's performance. The resident must acknowledge that he/she has received these evaluations. Each resident must be given the opportunity to meet with the program director to discuss these evaluations and comment on them in writing.
- Each resident must have access to all of his/her evaluations.

In addition, as stated in Section V of "Common Program Requirements" (ACGME), Institutions must ensure that residents have the opportunity to evaluate the effectiveness of the program in allowing residents to:

- Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- Participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
- Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- Participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the institution.
- Participate on appropriate institutional committees whose actions affect their education and/or patient care.

To meet this requirement:

- Each resident must be given the opportunity to confidentially evaluate the program at least annually.
- Each resident must be given the opportunity to confidentially evaluate the faculty at least annually.

Resident/Fellow File Retention

The purpose of this policy is to provide guidelines concerning the management and maintenance of resident/fellow files.

Policy Statement

Resident/Fellow files shall be managed and maintained in accordance with the following guidelines. Files may be retained either in paper or electronic format, as appropriate, and may be stored at remote locations, if on-site retention is not needed for administrative convenience.

The resident/fellow file consists of 8 possible sections: Application, Transfer Resident, Human Resource, Rotation/Training, Evaluation, Other, Confidential - Resident Access, and Confidential – No Resident Access. Access to the content in these sections is listed in Table 1.

Section									
Application									
Transfer Resident									
Human Resource									
Rotation/Training									
Evaluation									
Other									
Confidential – Resident Access									
Confidential – No Resident Access									

At the discretion of the program director, additional access by faculty is possible. Program administration includes the Department Chair, program director, Associate program director, program administrator and program coordinator. At the discretion of the program director and/or GME Administration, additional access by HR may be required.

All resident/fellow files either paper or electronic should be kept in a secure location. Although residents/fellows have the right to review sections of their file, the review shall occur while in the presence of an appropriate individual as designated by the Graduate Medical Education (GME) administration or the program director.

Residents/fellows may request copies of all sections of their file except the Confidential - No Resident Access section. Such requests shall be approved or disapproved by the program director. Residents/fellows may not add or remove documents from their file.

Residents/fellows may request that responses to evaluations or disciplinary actions or other relevant information be inserted and made part of their file. Residents/fellows may request that documents be removed from their file. Any such requests for the addition or deletion of information shall be approved or disapproved by the program director or GME Administration.

Disclosure of resident/fellow information to third parties shall require an appropriate signed release from the resident/fellow specifying what information UVMHN - CVPH is authorized to disclose. Exceptions to this policy apply to disclosures that are mandated by a valid court order and/or requests from federal and state agencies where UVMHN - CVPH is legally required to respond to requests for information.

Material Retention

Resident/Fellow files are considered both academic records and personnel records. Each time a physician requests hospital privileges at a new hospital, or applies for a medical license, all previous training and employment must be verified. Resident/Fellow files are the one method of verification of past training and employment. Table 2 provides a guide to the possible content in the file sections, whether the content can be purged 7 years after the resident/fellow completes their training, and who maintains the file section.

File Content Retention Specifics

1. Resident/Fellow with no issues during residency: After 7 years, all file information can be purged except:
 - a. Dates of training
 - b. Rotation schedules
 - c. Procedure and/or operative logs
 - d. Final summative evaluation
 - e. Certificate of Graduation/Completion with program director signature
2. Resident/Fellow who has successfully remediated and allowed to sit for certifying boards: treat exactly like 1 above except that all information relating to the remediation process should be purged from the file 7 years after the resident/fellow completes the program.
3. Resident/Fellow who is terminated: save the entire file indefinitely.

Table 2: Possible Content for File Sections and Material Retention 7 Years After Completing Training		
File Section	Keep After 7 Years	Maintained By
Application		
ERAS/equivalent application form	No	Program
Personal statement	No	Program
Medical school transcript (if provided)	No	Program
Offer letter	No	Program
USMLE/similar transcripts	No	Program
ECFMG, Visa/immigration, etc.	No	Program
CV	No	Program
Interviewer applicant evaluation forms	No	Program
Applicant/program director correspondence	No	Program
Transfer Resident		
Written or print out of electronic verification of previous educational	Yes	Program

	experiences		
	Summative competency-based performance evaluation	Yes	Program
Human Resources			
	Contracts	No	Program
	License applications and renewals	No	Program
	Copies of Licenses	No	Program
	Lab coat information	No	Program
	Family and medical leave request form if a resident/fellow voluntarily discloses the nature of his/her illness	No	UVMHN - CVPH HR
	Visa information	No	UVMHN - CVPH HR
	I-9 files or any other records that disclose ethnicity, national origin, or citizenship or other protected information	No	UVMHN - CVPH HR
	Notices of leaves of absence	No	UVMHN - CVPH HR
	Return to work releases	No	UVMHN - CVPH HR
	Information about disabilities being accommodated under the Americans with Disabilities Act	No	UVMHN - CVPH HR
	Any medical records	No	UVMHN - CVPH HR
	Worker's compensation records	No	UVMHN - CVPH HR
	Request for vacation time	No	UVMHN - CVPH HR
Rotation / Training			
	Program dates	Yes	Program
	Rotation and on-call schedules	Yes	Program
	Case/experience logs	Yes	Program
	Procedure credentialing forms	Yes	Program
	Conference attendance logs/dates	No	Program
	Residents engaged in moonlighting, a prospective, written statement of permission from the program director	No	Program
	BLS and ALS certifications	No	Program
	Scholarly activities	No	Program
	Certificate of Graduation/Completion with Program Director Signature	Yes	Program
Programs using Paper Evaluation System			
	Written Evaluations from the faculty and others	No	Program
	Written periodic evaluations (at minimum every six months) by the program director	No	Program
	Written final summative evaluation	Yes	Program

Programs using Electronic Evaluations			
	Print out or written periodic evaluations (at a minimum every six months) by the program director	No	Program
	Print out or written final summative evaluation completed by the program director	Yes	Program
Other			
	Correspondences, awards, etc.	No	Program
Confidential – Resident Access			
	In-training exam results	No	Program
	Board scores	Yes	Program
	Grievance and appeals material	Yes	Program
	Remediation plans	No	Program
	Notice of Termination	Yes	Program
	Disciplinary actions (e.g., warnings, letters of understanding, probation)	Yes	Program
	Promotion recommendations	No	Program
Confidential – No Resident Access			
Application Process			
	Medical school performance evaluation (dean’s letter)	No	Program
	Faculty letters of recommendation	No	Program
	Others’ letters of recommendation	No	Program
<p>a. All file content must be saved indefinitely for resident/fellow who is terminated.</p> <p>b. Programs do not need to keep applications for the 3 types of applicants listed below but it is strongly suggested that each program keep a yearly profile of interview season statistics to include: number of applicants, number invited for interview, number actually interviewed, and number ranked. Other statistics of the applicant pool that should be part of the profile, if available, are: gender percentage, race, national origin, medical schools represented.</p> <p>(1) Applicants who apply but are not interviewed.</p> <p>(2) Applicants who apply and are interviewed but are not ranked.</p> <p>(3) Applicants who apply, are interviewed and ranked, but do not match.</p> <p>c. The electronic evaluation system, New Innovations, allows residents to view completed evaluation of them by faculty at any time.</p> <p>d. If a program uses New Innovations and uses the faculty private comment to the program director feature, the program director should keep these comments in their personal file. These comments should not become part of the resident’s file, and the resident does not have the right to see these comments. The program director decides whether or not to save the comments, discard the comments, or discuss comments with the resident, the program director should dictate a memo about the discussion, have the resident sign the memo, and keep the memo in the Confidential – Resident Access section of the resident’s file.</p>			

Annual Program Evaluation Policy

The GMEC will obtain information annually from each program's Annual Program Evaluation to be presented by the Program Director or designee. The Annual Program Evaluations will be documented and show progressive improvement of the program, culminating in the program self-study. The focuses of the APE will be:

Program Aims:

Program aims are program and institutional leaders' views of key expectations for the program. Aims may focus on the types of trainees recruited into the program, training for particular careers (clinical practice, academics, research, primary/generalist care), and other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Examine Opportunities and Threats:

Conduct an assessment of the program's environment. Opportunities are external factors that are not entirely under the control of the program, but if acted upon, will help the program flourish. Opportunities may include collaborations or availability of new clinical or educational technology through agreements with external parties. Threats could result from a change in support for education at the national level, changing priorities at the institutional or state level.

Aggregate and analyze data to generate a longitudinal assessment of the program's improvement:

A key component to the self-study analysis is information from successive Annual Program Evaluations, beginning, at minimum, with the APE conducted the year the program transitioned into the Next Accreditation System. Additional data for the self-study should relate to ongoing improvement activities and the perspectives of program stakeholders, such as results of the annual ACGME Resident and Faculty Surveys, and other relevant departmental or institutional data.

Obtain stakeholder input:

The data should be confirmed and augmented by information from program stakeholders (residents, faculty members, others as relevant). To collect this information, the program may use surveys, meetings with residents or a retreat. Feedback from recent graduates could also provide useful data on the program's educational effectiveness.

Interpret and aggregate findings:

Specific elements of the findings will include:

- Establishing a working set of program aims

- Listing key program strengths
- Prioritizing among the self-identified areas for improvement to select those for active follow-up, and define the specific improvement activities
- Discussing opportunities that may enhance the program, and develop plans to take advantage of them
- Discussing threats identified in the APE, and develop plans to mitigate their impact
- All findings will be shared with faculty members and residents

Develop a succinct APE document for use in further program improvement and as documentation for the program's self study and 10-year site visit

ACGME RRC Notification Letter Oversight Policy

Program Action Plan(s) for RRC Citation(s)

1. Once the RRC Notification Letter is posted in ADS, the GME Administrator enters the letter information and citations into the RRC Module in New Innovations and generates the “ACGME RRC Notification Letter – Initial Presentation to the GMEC” form. The GME office schedules the initial presentation of the RRC Notification Letter to the GMEC. At the initial presentation of the notification letter to the GMEC, it is not mandatory that the program director be present, but it is highly recommended. The GMEC reviews the citations listed and identifies the future GMEC meeting date for the presentation of the program director's action plan(s) usually within 2 months of the initial presentation of the letter.
2. The GME Administrator emails the “ACGME RRC Notification Letter - GMEC Oversight of Citation Action Plans” form to the program director.
3. The program director completes an action plan for each citation listed and electronically submits the completed form to the GME Administrator by the date identified on the form. Only the electronic submission of the form is accepted.
4. The GME Administrator transfers the action plan(s) provided by the program director into the RRC Module in New Innovations and generates the form for the GMEC meeting.
5. At the schedule GMEC meeting, the program director presents the action plan for each citation listed.
 - i) The GMEC evaluates the action plan(s) and votes one of the following:
 - (1) Action plan(s) is/are not approved.
 - (a) Steps 2 through 5 are repeated until the GMEC approves the action plan(s).
 - ii) Action plan(s) is/are approved and no progress report required
 - iii) Action plan(s) is/are approved and a progress report is required.
 - (1) The GMEC identifies the due date for the progress report.

Monitoring Progress Reports

1. The program director must provide a written progress report. Only electronic submissions are accepted. Email the progress report to the GME Administrator a minimum two weeks prior to

GMEC meeting presentation.

2. The GME Administrator:

- a) Enters the progress report into the RRC Module in New Innovations
- b) Generates the “Progress Report(s) for ACGME RRC Notification Letter Citation(s) - GMEC Oversight”

3. The program director presents the progress report to the GMEC

- a) The GMEC evaluates the progress report and votes one of the following.
 - i) Progress report is approved.
 - ii) Progress report is approved but follow-up required.
 - (1) GMEC identifies a date for the follow-up.
 - (2) Steps 1, 2, and 3 are repeated until the progress report is approved.
 - iii) Progress report is not approved.
 - (1) GMEC identifies a due date for the next progress report.
 - (2) Steps 1, 2, and 3 are repeated until all progress reports are approved.

Visiting Resident Policy

The purpose of this policy is to outline the process for visiting resident requests.

The program must receive a request for a rotation in writing from the applicant's program director. The request must include or be accompanied by the following information:

- Name and PGY level of resident
- Statement of good standing
- Rotation start and end dates
- Goals and objectives for rotation
- Confirmation that immunizations meet UVMHN - CVPH requirements
- Curriculum vitae or residency application
- Letter of malpractice coverage
- Current copies of BLS/ACLS certificates
- Copy of ECFMG certificate (if applicable)

The UVMHN - CVPH program director must confirm that the requested rotation time will not negatively impact the education/training of the current residents.

Visiting resident must sign UVMHN - CVPH confidentiality statement, receive employee orientation training and agree and adhere to GME policies and procedures.

The training program must notify the GME Office when a visiting resident is identified. GME notifies the program when the coordinator can enter the resident information into New Innovations. All fields identified with a red asterisk or a green dollar sign must be entered into New Innovations. In addition, the following fields must be completed:

- Program start and end dates
- Credentials
- Gender
- NPI Number
- Email Address
- Date of Birth
- USMLE ID Number

The training program arranges for:

- Visiting resident ID badge
- Parking permit
- Access for IS, Electronic Health Record systems, and program specific systems/applications
- Electronic Health Record system training and other IS training.

The Centers for Disease Control (CDC) recommends the immunizations listed below for all healthcare workers. Contact UVMHN - CVPH Occupational Health and Wellness concerning any immunizations questions at (518) 562-7305.

- Rubeola (measles) – two rubeola vaccines, two MMR vaccines, or a positive rubeola titer
- Mumps – two mumps vaccines, two MMR vaccines or a positive mumps titer
- Rubella – one rubella vaccine, MMR, or a positive rubella titer
- Varicella (Chicken Pox)- two Varivax injections, or a positive varicella titer
- Tdap- a one-time adult (ages 18-64) dose of Pertussis (Whooping Cough) in a Tetanus and Diphtheria injection
- Hepatitis B - (for those in a position that involves potential blood and body fluids) a series of three vaccines, followed by an antibody level with evidence of protection
- Influenza Vaccine – is required in New York State annually for all Health Care Workers. Health Care Workers who are not immunized will be required to wear a mask in the hospital during the flu season.

Conditions of Appointment

Family & Medical Leave and Other Personal Leave

UVMHN - CVPH provides eligible Residents with time off to take care of family and medical issues consistent with the federal Family and Medical Leave Act (FMLA).

Subject to the definitions and requirements provided in the FMLA, The Resident may request and may take up to 12 weeks of time off each year for the following reasons:

- the birth and subsequent care of a newborn;
- placement of a child for adoption or foster care;
- care for a spouse, child, parent, or parent-in-law with a serious health condition; or
- resident's own serious health condition.

The Resident may take up to 12 weeks of unpaid leave during the 12-month period measured forward from the date your leave begins. Medical leave may be taken on an intermittent or reduced leave schedule.

Eligibility

To be eligible for these benefits, The Resident must have worked at UVMHN - CVPH for at least 12 months and at least 1,250 hours during the 12-month period immediately preceding the beginning of the leave.

Unpaid or Paid Leave

Leave is unpaid unless The Resident chooses to use vacation or other paid leave available to them. Use of paid leave does not extend the leave available under FMLA. Residents certified by an attending physician as medically unable to work will be maintained on salary for up to ninety (90) days, pursuant to UVMHN - CVPH's current Short Term Disability policy. A Resident certified as ill or disabled by an attending physician for longer than ninety (90) days may be eligible for Long Term Disability. Salary continuance will be in accordance with UVMHN - CVPH's Short Term and Long Term Disability programs, which may be amended from time to time.

The Short Term Disability policy shall apply for any Resident who have given birth to a child or experienced problems related to their pregnancies. Six weeks of disability normally occurs with uncomplicated childbirth. Up to eight weeks of disability normally occurs with a Cesarean section. Complications of pregnancy and childbirth are treated in the same manner as any other illness or disability with the birth-mother maintained on salary for up to ninety (90) days.

Chargeable Time

Time off for occupational (work-related) and non-occupational injuries and illnesses that meet the criteria for a serious health condition will be charged to the Resident's yearly allotment of time off allowed under this policy.

Notice Requirements

The Resident must give reasonable notice of his or her intent to take leave to the Graduate Medical Education Office and program director. Notice should be given in writing when practicable.

Notice will include at least the following information to provide UVMHN - CVPH with sufficient information to determine whether the Resident is qualified for family or medical leave

- description of the reasons for leave;
- the expected date of leave commencement and the expected date of return to work; and
- appropriate medical certification as defined below.

If leave is foreseeable, the Resident must provide reasonable notice before the leave is to begin. The Resident is expected to make reasonable efforts to schedule foreseeable leave to minimize disruption to UVMHN - CVPH's operations and their educational program. If the Resident does not give reasonable notice for foreseeable leave with no reasonable excuse, UVMHN - CVPH may delay the taking of the leave. Notice must be given as soon as practicable when leave is not foreseeable.

Medical Certification

The Resident is required to provide medical certification to support a request for leave based on a serious health condition, or when otherwise pertinent. When leave is foreseeable, the Resident should provide medical certification to support the leave request before the leave begins. If this is not possible, the Resident must provide the certification upon request within fifteen (15) calendar days after the request, unless it is not practicable under the circumstances.

Failure to provide certification may result in delay or denial of the request for leave. Please contact the Graduate Medical Education Office to obtain the required medical certification forms. Medical certification information should be returned to the Graduate Medical Education Office.

A second or third medical opinion, at UVMHN - CVPH's expense, may be required. Periodic reports of the Resident's status may be required during the leave period. Recertification of a serious health condition may be requested.

Benefits Continuation

Benefits such as health insurance will be continued under the same conditions (including your contributions, if any) as if you were still at work. The Resident must make arrangements to continue to pay his or her share of premiums while on leave. The Resident's failure to make such premium payments may result in cancellation of coverage.

In the event that the Resident elects not to return upon completion of a family or medical leave, the Resident may be required to repay the cost of any payments made to maintain coverage.

Restoration to Position

With some exceptions, the Resident will return to his or her original appointment upon completion of the leave with equivalent pay, benefits and other terms and conditions of appointment existing on the day leave began. The Resident will be required to provide a fitness-

for-duty certificate prior to being restored to the appointment following a leave taken for his or her own serious health condition. Restoration may be delayed if the Resident fails to provide any required return to work information. Restoration may be denied if the Resident requires more than 12 weeks of leave. Restoration also may be denied, after reasonable notice, if the Resident is in a “key” or “unique services” position as defined under the FMLA.

Other Personal Leave

If, in the sole opinion of the program director, a personal leave of absence does not jeopardize the successful functioning of the affected program, The Resident may be granted an unpaid leave of absence for up to thirty (30) days. The unpaid leave of absence must be reported by the Program to the Office of Graduate Medical Education. The GME Office will initiate the stop payment of paychecks during the leave of absence. All requests for personal leaves of greater than thirty (30) days shall be brought to the Graduate Medical Education Committee (GMEC) for review.

Leave and the Boards

The above provisions represent a policy for the Resident which complies with federal and state statutes. The application of these provisions may threaten compliance with the rules imposed by the Boards and /or the Residency Review Committee for the Resident’s program or specialty areas. Some Boards and Residency Review Committees require strict adherence to both a total number of months in training and specific distribution of the training effort.

Generally, the time spent on either a paid or an unpaid absence must be made up by extending the training period beyond the contract year. When the Resident must extend the time spent in training beyond the contract year to make up for time lost while on any form of approved absence, the Resident will be paid for the additional time worked at the pay grade of the contract year in which the leave was granted.

Resident Disciplinary Policy

Introduction:

This policy is applicable if a Resident wishes to appeal a decision to terminate his or her appointment.

This policy does not apply if the Resident wishes to appeal a decision not to reappoint him or her from one year of graduate medical education to another. In the case of a Resident wishing to appeal decisions not to reappoint, “Procedures for Resident Grievances” shall apply.

Unacceptable or Unsatisfactory Resident Behavior:

The Resident may be subject to corrective or disciplinary action, up to and including termination of appointment. Evidence of behavior meriting corrective or disciplinary action may include, but is not limited to: failure to meet standards of practice or rules established by the Resident’s particular training program; unprofessional behavior toward colleagues, patients or staff; drug or alcohol abuse; criminal activity; violation of UVMHN - CVPH rules, regulations, bylaws, personnel policies, or the Resident Appointment and Training Agreement; any of the activities

constituting unprofessional conduct; or conduct representing lack of competence, skill, judgment, or specific knowledge; and for immoral, illegal, unprofessional or unethical behavior.

Termination of Appointment:

A. In the event that the program director or his or her designee seeks termination of appointment, the following procedures will apply.

1. The program director or his or her designee shall notify the Resident in writing of the termination of appointment, by mailing it to Resident's last known address or hand-delivering it to the Resident, and shall state the cause(s) for which the termination is being taken.
2. The Resident may appeal this decision by submitting a written request to the Chief Medical Officer within ten (10) days of the date that the notification was sent stating that the Resident would like a hearing and providing a written objection to the statement of causes.
3. Upon receipt of a written request, the Chief Medical Officer shall appoint a Hearing Committee which shall consist of the following specified members: (a) the Chief Medical Officer, or his or her designee; (b) one full-time faculty member; (c) a GME representative; (d) a senior Resident; and (e) a Resident or faculty member chosen by the Resident who has brought the appeal, each of whom shall have an equal vote. The Chief Medical Officer, or his or her designee, shall serve as the lead hearing officer for the Committee. The hearing shall occur no later than four (4) weeks following the Resident's written request to the Chief Medical Officer for a hearing, unless the Resident and the Chief Medical Officer mutually agree to an extension of the four week period.
4. At his or her sole discretion, the program director or his or her designee may place the Resident on suspension until the Hearing Committee renders its decision. If the termination decision is reversed, the Resident will be paid retroactively and any notation with respect to the termination shall be removed from the Resident's record.
5. The format for the hearing shall be as follows:
 - a. The program director, or the director's designee, shall present evidence of the conduct against the Resident, which is believed to warrant the termination of appointment.
 - b. The Resident shall have an opportunity to present relevant evidence.
 - c. The conduct of the hearing will be informal, without outside counsel, and adherence to the rules of evidence will not be required. The hearing will be conducted to afford each side an opportunity to present relevant evidence.
6. Following the conclusion of the hearing, the Chief Medical Officer, or his or her designee, shall notify the program director or his or her designee and the Resident of the Hearing Committee's decision on the appeal. The decision shall address the question of whether the program director or his or her designee's decision to terminate the Resident's appointment was supported by reasonable grounds. Such decision shall be final and binding.

Procedures for Resident Grievances

Introduction

UVMHN - CVPH believes that a process should be available for the Resident to resolve work related problems in a prompt, positive and impartial manner.

Most Resident complaints can be resolved on an informal basis by discussing them with the Resident's program director. These issues should be presented as quickly as possible in order to resolve the problem in a timely manner. When an issue remains unresolved after informal discussions, the Resident may want to pursue a more formal grievance as outlined in the steps that follow.

The grievance procedure is not intended to supplant other procedures. Consequently, issues related to the Resident Disciplinary Policy, remediation periods, or performance reviews cannot be grieved under this procedure.

Initiation of Grievance:

Any Resident with a grievance against a Department or Program may file a written grievance with the Graduate Medical Education Office (GMEO) within ten (10) days after he or she knew or should have known that the grievance existed. The GMEO shall notify the Chairperson of the Graduate Medical Education Committee (GMEC) and Human Resources of the grievance. The Chairperson of the GMEC shall review and/or investigate the grievance and meet with the grievant in an attempt to resolve the grievance.

Ad Hoc Grievance Hearing Committee

If the grievance remains unresolved, the Chairperson of the GMEC shall convene a five member Ad Hoc Grievance Hearing Committee (the "Grievance Committee") consisting of the following members:

1. The Chairperson of the GMEC (or a designee appointed by the Chairperson);
2. An Attending member of the GMEC;
3. A Resident representative from the GMEC (or a Resident designee appointed by the GMEC);
4. A Resident or Attending chosen by the Resident filing the complaint; and
5. A Human Resources representative.

No member of the Grievance Committee shall have been involved in the decision being grieved.

Meetings of the Grievance Committee

The Grievance Committee shall meet to hear testimony and receive evidence regarding the grievance.

The Grievant shall first be permitted to present evidence regarding his/her allegation. The Chairperson of the Department or program director involved in the grievance or his/her designee,

shall meet with the Grievance Committee and shall present evidence regarding the grievance. Outside counsel will not be involved in the meetings of the Grievance Committee.

Report of Grievance Committee

After hearing and reviewing the testimony and evidence of the Resident and evidence of the Program or Department representative, the Grievance Committee shall report its findings and recommendations to the GMEC. The grievant shall receive a copy of this report. The grievant may submit a written objection to the report of the Grievance Committee to the GMEC, but said objection must be received by the GMEC within five (5) days of the grievant's receipt of the Committee's report.

Report to the Chief Medical Officer

After considering the Committee's findings and recommendations, the GMEC shall issue written findings. Said findings shall be sent to the Chief Medical Officer. If it deems appropriate, the GMEC may also make recommendations for action to the Chief Medical Officer. The GMEC's conclusions and recommendations for action, if any, shall be furnished to the grievant. The grievant may file a written objection to the GMEC's findings, conclusions and, if any, recommendations for action, with the Chief Medical Officer, but said objections must be received by the Chief Medical Officer, within five (5) days of the grievant's receipt of the GMEC's findings and conclusions.

Decision by Chief Medical Officer

The Chief Medical Officer can adopt the findings, conclusions and recommendations of the GMEC in whole, part or not at all. The Chief Medical Officer shall put his/her decision in written form and shall furnish a copy to the grievant and the GMEC. The decision of the Chief Medical Officer is final.

Reprisal

Reasonable use of this procedure by the Resident shall not be grounds for dismissal, reprisal, or disciplinary action against the Resident filing the grievance.

Harassment Policy

Purpose:

UVMHN - CVPH actively seeks to provide and maintain a workplace free of harassment of any employee, job applicant, customer or student, including the Resident. UVMHN - CVPH does not accept or condone actions of harassment by management personnel, co-workers, residents or others. Unlawful harassment will not be tolerated

Procedure:

1. Harassment based on race, religion, color, national origin, age, disability, ancestry, place of birth, sexual orientation or gender is prohibited by state or federal anti-discrimination laws.
2. Sexual harassment is a form of sex discrimination. This means unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- a. submission to the conduct is made either explicitly or implicitly a term or condition of an individual's appointment; or
- b. submission to or rejection of such conduct by an individual is used as a component of the basis for Program decisions affecting that individual; or
- c. the conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment include, but are not limited to the following, when such acts or behavior come within one of the above definitions:

- unwelcome sexual advance
- suggestive or lewd remarks
- unwanted hugs, touches, kisses
- requests for sexual favors
- pornographic posters, cartoons or drawings
- unwelcome sexual jokes and banter
- retaliating for complaining about sexual harassment

Retaliation against an employee or any Resident for reporting sexual harassment or harassment based on the factors identified above or for cooperating in an investigation of a complaint of such harassment is unlawful. It shall be a violation of this policy for any employee or the Resident who learns of the investigation or complaint to take any retaliatory action which affects the working environment of any person involved in the complaint or investigation.

3. Any employee, Resident or customer of UVMHN - CVPH who feels that she/he has been subject to harassment is encouraged to inform the offending person(s) that such conduct is offensive or not welcome and must stop. If such employee, Resident or customer does not wish to communicate directly with the alleged harasser(s) or if direct communication has been ineffective, then that person is encouraged to report any such incident to one of the following:

- a. UVMHN - CVPH Human Resources Department; or
- b. The Director of the Program or Graduate Medical Education Office.

4. If the investigation reveals that the complaint is valid, appropriate disciplinary action, up to and including immediate termination of appointment, will be taken to stop the harassment and prevent its recurrence. If the validity of the complaint cannot be determined, appropriate action will be taken to ensure that all parties are informed of this harassment policy.

5. While the Residents are encouraged to file their complaints of harassment through this complaint procedure, other state and federal agencies, listed below, are also available to respond to concerns:

- a. Office of the NYS Attorney General, Civil Rights Bureau, 120 Broadway, New York, NY 10271, (212) 416-8250, civil.rights@ag.ny.gov
- b. Equal Employment Opportunity Commission, John F. Kennedy Federal Building, Room 475, Boston, MA 02203; Telephone # (617) 656-3200 (voice). (617)656-3204 (TDD).

Each of these agencies also conducts investigations and facilitates conciliation. If it finds that there is probable cause or reasonable grounds to believe sexual harassment occurred, it may take the case to court where it may be adjudicated.