

Title: Duty Hours

Policy #: GME-01

Purpose: To describe the Medical Center's approach to the implementation of ACGME rules and monitoring of trainee duty hours

Policy Statement:

1. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to a maximum of 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents cannot be scheduled for in-house call more than once every three nights, averaged over four weeks.
- d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- e. Duty periods cannot last for more than 24 hours, although residents may remain on duty for six additional hours to transfer patients, maintain continuity of care or participate in educational activities.
- f. Residents must have adequate time for rest between work periods. This should usually include at least 10 hours free of work between other times of duties.
 - When rotating on some Medicine services, residents must have 8 hours off free of work between work periods.
- g. When rotating on an Emergency Medicine rotation, EM Residents must:
 - Work less than or equal to 60 hour per week
 - Have time off in-between shifts of at least the length of the shift
 - Work less than a total of 72 hours per week including conference time
 - Have one day off in seven
 - Work scheduled shifts that are not longer than 12 hours
 - Residents may attend educational activities between work periods, but at some point in the 24 hour period must have an equivalent period of continuous time off between the end of one activity (work or educational) and the start of another activity (work or

educational).

2. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

- a. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty
 - b. A new patient is defined as any patient to whom the resident has not previously provided care.
 - c. Internal Medicine Fellowships programs are not allowed to average in-house call over a four week period.
 - d. Every other night call is forbidden.
- c. At-home call (pager call) is defined as call taken from outside the assigned institution.

The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

3. Moonlighting

- a) Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b) The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting.
- c) Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. In-house moonlight counts toward the weekly limit. In addition, program directors must ensure that external and internal moonlighting does not interfere with the resident's achievement of the program's educational goals and

objectives.

4. Oversight

- a) Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- b) Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- c) The Trainee shall be expected to log his/her hours in New Innovations as specified by the Program and Graduate Medical Education. It is expected that with diligent monitoring of hours and appropriate support all duty hours violations will be eliminated. All duty hours violations shall be reviewed by the Program and a corrective action plan will be established to eliminate future violations.
- d) At a minimum Programs are required to provide duty hours reports twice a year to the GMEC and more frequently if indicated.
- e) Programs reporting a failure to comply with any of the ACGME mandated duty hours limitations must present a plan to correct those deficiencies within 4 weeks to the GME Office, together with data to substantiate the plan's effectiveness.
- f) Programs reporting a failure to comply with any of the mandated duty hour's limitations will be required to continuously monitor the hours until resolution is proven. The data must be reported regularly to the GMEC.
- g) Programs exhibiting a pattern of failure in substantial compliance with the ACGME duty hours requirements may be placed on internal probation within the Medical Center

5. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required. The procedure is outlined in the *Institutional Policy for Granting Duty Hours Exception*.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

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|-----------------------------------------------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Medical Executive Committee:
12/17/2008 | Rich Wolfe, MD; Chair, MEC |
| <input checked="" type="checkbox"/> Graduate Medical Education Committee
10/27/2008 | Sheila Barnett, MD; Chair, GMEC |
| <input checked="" type="checkbox"/> Council of Program Directors
9/29/09 | Sheila Barnett, M.D. Chair |

Original Date Approved: 2/25/2004

Revisions: 3/9/06, 9/22/2008

Next Review Date: 10/27/2011

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)**

Title: Duty Hours Exceptions

Policy: GME-02

Purpose: To outline procedure to extend duty hours.

Policy Statement:

The BIDMC is committed to provide a safe and healthy learning environment for all house officers and follows all regulations set forth by the ACGME regarding duty hours. The following procedure will be used by an individual program to request a 10 % increase in the 80 hour limit. In general the BIDMC recommend though renewal of a programs curricular structure prior to submitting an application.

Procedure(s) for Implementation:

Eligibility Criteria

1. The institution must have a favorable status from its most recent review by the ACGME Institutional Review Committee.
2. The program must be accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.
3. Eligibility for exception is determined by each individual RRC, the Program Director is responsible to verify that their specialty RRC allows for a duty hour exception, prior to submission.

Approval Process

1. Prior to submission to the RRC, the BIDMC GME committee must review and formally endorse the request for the exception in writing. The endorsement will be signed by the Designated Institutional Official (DIO) or the Chair of the GMEC.
2. The RRC must approve in writing all duty hours exception requests before any extension of resident hours occurs.

Each program request to the GMEC and RRC for a duty hour exception must include:

1. The current accreditation status of the program and the date of the next review
2. A clear statement that the RRC for the program will consider an exception. This information is available on the ACGME website.
3. An explanation that describes the justification for the exception, which must include the following documentation:

- a. Patient Safety: Information must be submitted that describes how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
- b. Educational Rationale: The request must be based on a sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
- c. Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.
- d. Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
- e. Faculty Monitoring: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be included.

All requests will be reviewed by the GME committee. The committee will specifically:

1. review the proposal
2. assess whether the request justifies granting approval of the extension of the maximum weekly number of duty hours from 80 up to 88 hours, averaged over four weeks

A specific recommendation to accept or deny the exception will be provided to the program in writing. This action will be recorded in the GME meeting minutes.

Prior to extending resident work hours the program must apply to their individual RRC for approval of the exception.

If the exception is granted by the RRC the program must provide the GME office with a copy of the RRC written approval prior to extending the resident work hours.

The GME will respond in writing to :

1. acknowledge the RRC approval for a duty hours exception
2. specify the assignments and level(s) of training to which the proposal applies in writing
3. Each exception approval is valid for up to 12 months.

Monitoring

1. Once approved, the program will be required to submit quarterly hour reports to the GME committee. In addition the program will be asked to specifically comment in the quarterly report on the continued educational value and any patient safety issues.
2. Duty hour exception must be renewed annually with the GMEC.

Caveats

At any time the GME may decide to discontinue the duty hour exception for reasons such as, but not limited to: patient safety, lack of evidence regarding educational benefits, absence of reports on hours or violation of the hour's limitations.

Addendum

Per the ACGME website Duty Hours Policies July 1, 2003 the following RRCs will not consider a request for exception to the 80 hours rule:

- Allergy & Immunology
- Anesthesiology
- Family Practice
- Neurology
- Nuclear Medicine
- Pediatrics
- Preventive Medicine
- Diagnostic Radiology
- Emergency Medicine
- General Surgery

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee: **Rich Wolfe, MD; Chair, MEC**
12/17/2008

Graduate Medical Education Committee **Sean P. Kelly, MD; Chair, GMEC**
11.24.2008

Original Date Approved: 9/20/2004

Revisions: 3/9/06, 11/24/2008

Next Review Date: 11/24/2011

Eliminated:

Title: Policy on Evaluation and Promotion

Policy: GME-03

Purpose: To provide guidelines for evaluation and promotion for trainees

Policy Statement:

The procedures described are applicable to all trainees, including interns, residents and fellows. This policy represents the minimum standard regarding the evaluation and promotion of trainees who are enrolled in programs sponsored by Beth Israel Deaconess Medical Center (BIDMC). This includes programs accredited by the Accreditation Council for Graduate Medical Education ("ACGME") as well as non-ACGME accredited programs.

Evaluation

According to the ACGME Common Program Requirements, all programs must provide trainees with regular formative evaluations, a summative evaluation at the end of the training period, and an opportunity to evaluate the faculty and curriculum on at least an annual basis.

Trainee evaluation criteria must address the elements of the ACGME core competencies.

The evaluation and promotion process for each program should be modified as needed to reflect specific ACGME program requirements. The common program and specialty requirements may be found on the ACGME website.

www.acgme.org

All evaluation procedures will be reviewed by the Graduate Medical Education Committee at the time of each program's Internal Review.

A. Trainees

Formative Evaluation:

1. The program director or his/her designee is responsible for collecting written evaluations regarding trainee performance from relevant supervising attending physicians, and from other individuals as deemed

- appropriate.
2. The program director must provide each trainee with a semi-annual evaluation of performance and feedback. These sessions should be used to review and discuss evaluations of the trainee, highlight trends, identify weaknesses or areas of insufficient progress and design remedies, as appropriate.
 3. There should be written documentation of the semi-annual and other feedback sessions. Evaluations should be dated and signed by both the evaluator and the trainee. A copy of the evaluations and any summaries must be kept in the individual trainee's file.
 4. Evaluations should document progressive performance improvement appropriate to educational level
 5. It is recommended that during the first year of training in any program, the trainees should be reviewed after three months, in addition to the semi-annual reviews, to ensure early recognition of concerns or issues.
 6. All evaluations must be made available for review by the individual trainee.
 7. Trainees should be evaluated against the same criteria when assigned to outside rotations at facilities affiliated with the GME program.

Summative Evaluation

1. The program director must provide a summative evaluation for each trainee upon completion of the program. This evaluation should become part of the permanent trainee file.
2. The summative evaluation must be accessible for review by the trainee.
3. This evaluation should include documentation of the final period of training; and verify that the trainee has demonstrated sufficient competence to enter practice without direct supervision.

B. Faculty

1. Trainees should evaluate the faculty in writing. This must occur annually at a minimum.
2. The faculty evaluations should be anonymous with only aggregate summaries and blinded comments provided to the program director and individual faculty.

The full requirements and standards surrounding evaluation in an ACGME program may be found on the ACGME website under Common Program Requirements.

Promotion and Contract Renewal

A. Criteria

1. Promotions to successively higher levels within a residency or fellowship program are based on the trainee's satisfactory completion of the outlined curriculum and mastery of clinical activities appropriate to the trainee's level.
2. Each program's criteria and goals for training should be known to the trainees and faculty and should be reviewed by the department and the program director at least annually.
3. The trainee's progress should be documented during regular evaluation meetings (described above).
4. The Graduate Medical Education Committee reviews the overall promotion process of the program each time the program undergoes an internal review.

B. Notification

At least four months prior to starting the next academic year, trainees should be informed of the decision to promote them for the next academic year. This may be done through a request to sign a contract for the next academic year.

If a review of a trainee's evaluations and an assessment of the trainee's overall progress in the program indicates that a trainee has not demonstrated the necessary criteria for promotion to the next level, the Program Director may elect to not promote the resident or fellow to the next level.

The program director may offer the trainee an opportunity to repeat an academic year if allowed by the ACGME and subspecialty board regulations or decide to not renew the trainee's contract.

If the decision is made to not renew a trainee's contract for the next academic year, the Program Director must notify the trainee in writing that his/her appointment will not be renewed. The written notice must specify the reasons for non-renewal and should be delivered no later than four months prior to the end of the academic year, usually February 28th.

If the primary reason(s) for nonrenewal occurs within the four months prior to the end of the contract, the program will provide as much written notice as possible, prior to the end of the contract.

The trainee who has received notice of non-renewal may be offered the opportunity to conclude the remainder of the academic year or to resign from the program. These decisions should be made on an individual basis and include discussion between the program director and the trainee.

Review of the decision

The final decision to not promote a resident or renew a contract rests within the individual program. These decisions should be based on a collection of evaluations and assessments that demonstrate objectively a lack of competence compared to other trainees at the same training level

A trainee may request a review of the decision to not renew a contract.

To request a review, the trainee must, within ten (10) days from the date he/she receives the written notice indicating a non renewal or failure to promote provide the Program Director with a written statement detailing the reasons that s/he should be promoted or have his/her contract renewed. .

Departmental Review

The Program Director will convene a departmental review committee to review the Trainee's request within ten (10) days of its receipt. The Trainee may be requested to appear at the departmental review committee meeting. The committee will review the trainee's record including evaluations and other assessments. The program director will provide benchmark information for the residents level of training.

The program director will verbally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification.

Formal Institutional Hearing Appeal Procedure

Following a department review the trainee, if not satisfied with the decision, may request an outside review by the Graduate Medical Education Committee. The purpose of this review is to allow the matter to be assessed outside the trainee's department.

To request a review of a department's final decision by the Graduate Medical Education Committee, the Trainee must provide the Chair of the Graduate Medical Education Committee with a written statement requesting a hearing and provide a copy of the written decision of the departmental review committee within ten (10) business days from the date of the department's review committee's written decision. The written request for an appeal should detail the reasons the trainee believes s/he should not have a contract withheld. Failure to request a review within the 10 days shall be deemed acceptance of the non renewal status.

Once a trainee requests a hearing, the Director of Graduate Medical

Education shall appoint a committee which shall consist of not less than three (3) persons, all whom are members of the Graduate Medical Education Committee. One member shall be a trainee member of the Graduate Medical Education Committee.

The purpose of the hearing is to allow the trainee an opportunity to assemble and submit available information to a review committee of the Graduate Medical Education Committee and to enable the Director of Graduate Medical Education to make a recommendation to the Program Director and Department Chair.

The hearing committee shall issue a written report of its findings of fact and recommendations within ten (10) days of the hearing. A copy shall be sent to the trainee, the Director of Graduate Medical Education, the Program Director and the Department Chair. The Department Chair, after reviewing the report of the hearing committee, shall take action which should be communicated to the Trainee in writing as soon as possible. The decision of the Department Chair is final.

Reporting Obligations

The regulations of the Massachusetts Board of Registration in Medicine require that the Program Director report any formal disciplinary action brought against a trainee.

In some instances a trainee may decide to leave a program prior to the end of the full training period. Although a non renewal of a contract may not be due to a disciplinary action, the program is obligated to inform the Board of Registration in Medicine of the premature departure date and may be requested to provide a reason – e.g. transfer to another program or specialty.

Grievance Policy

Alternatively, or in addition, if a trainee does not agree to a contract non renewal or failure to promote, s/he may file a grievance with their program. See GME policy # 05 for details.

Vice President Sponsor: Richard M Schwartzstein,MD Vice President for Education

Approved By:

**X Graduate Medical Education Committee
Date: 04/26/2010**

Sean P. Kelly, M.D. Chair, GMEC

**X Medical Executive Committee
Date: 05/19/2010**

Rich Rolfe, MD, Chair, MEC

Requested By: Graduate Medical Education Committee

Original Date Approved: March 24, 2004

Revised: May 21, 2007, 4/26/2010

Next review: 5/21/2010, 5/26/2013

References www.acgme.org

Title: Extension of Training

Policy : GME-04

Purpose: To describe the policy for trainees who may need to extend training due to a leave of absence.

Policy Statement:

This Policy establishes hospital-wide guidelines for extending training as might be applicable for Trainees appointed to ACGME programs sponsored by Beth Israel Deaconess Medical Center. The extension of training guidelines described in this Policy relate to those Trainees who might need to compensate for excused days (vacation, sick, or personal) or leaves of absence (medical, family, parental, general or bereavement), or in the event of insufficient experience during the training period.

I. Extension of Training Requirements

A Program Director may require a Trainee to compensate for excused days, or a leave of absence. The extension of training period may be accomplished by either extending the Trainee's appointment year, or by reappointing the Trainee for the time period sufficient to make up the lost days.

Alternatively a Program Director may require a Trainee to extend his or her training in order to complete all RRC-required clinical experiences, or otherwise to meet specialty board examination eligibility requirements. In this instance, additional training shall be determined by the Program Director, the pertinent RRC and/or the certifying board.

II. Stipend for Extension of Training

The Trainee may receive a stipend during any extension of training, subject to the availability of funding. The decision to provide a stipend is dependent upon available budget, and whether the Trainee's excused days or leave was paid or unpaid. In the event a stipend is paid, it will be at the pay rate the Trainee received during the last regular appointment year.

III. Notification

Prior to the extension of the program, the trainee will receive written notification from the Program Director indicating the required length of additional training and the time period over which it will occur. It is the responsibility of the program to notify the ACGME and /or specialty certifying board accordingly.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

- Council of Program Directors** **Sean P. Kelly, MD, Chair**
1/12/09
- Graduate Medical Education Committee** **Sean P. Kelly, MD, Chair**
1/26/09

Requestor Name: Graduate Medical Education Committee

Original Date Approved: November 22, 2004

Revised: 3/9/06, 12/2/2008

Next Review Date: 3/9/2009, 1/26/2011

Eliminated:

References:

**Beth Israel Deaconess Medical Center
BIDMC Manual**

Title: Policy and Procedure for Trainee Grievances

Policy: GME-05

Purpose: To provide a mechanism for resolving 'grievances' or disputes and complaints from trainees

Policy Statement:

To provide a mechanism for resolving 'grievances' or disputes and complaints that may arise between a trainee and his/her program director or other faculty member. The procedures described below are applicable to all trainees, including interns, residents and fellows. To appeal a formal disciplinary action the trainee is referred to policy GME #10 "Remediation and Disciplinary Actions."

A grievance is any unresolved dispute or complaint a trainee has with the policies or procedures of the residency training program or any unresolved dispute or complaint with his/her program director or other faculty member.

A trainee may appeal disagreements, disputes, or conflicts with his/her program using the procedure outlined below.

Grievances:

The following grievances shall be subject to this procedure:

- a. Disputes or complaints related to perceived unfair or improper application of a policy, procedure, rule, or regulation;
- b. Unresolved disputes or complaints with the program director or other faculty member not related to performance or disciplinary actions;
- c. Complaints of retaliatory action associated with use of this procedure or other appeal procedures.

Complaints based solely on the following actions are not subject to this procedure. In some instances these examples constitute disciplinary actions that may be subject to appeal through GME policy #10.

- a. Establishment and revision of salaries, position classifications, or general benefits;
- b. Work activity accepted by a trainee as a condition of employment or work activity which may reasonably be expected to be part of the job
- c. The contents of policies, procedures, rules, and regulations applicable to

- trainees;
- d. Means, methods, and personnel by which work activities are to be conducted;
 - e. Layoff or suspension because of lack of work, reduction in the work force, or job abolition (*GME-11 Residency Closure/Reduction Policy*);
 - f. Relief of trainees from duties in emergencies;
 - g. Formal disciplinary actions resulting in suspension or dismissal of a trainee (see *GME-10 Remediation and Disciplinary Actions Policy*).

Informal Resolution of a Grievance

A. Step 1:

A good faith effort will be made by an aggrieved trainee and the program director to resolve a grievance at an informal level. This will begin with the aggrieved trainee notifying the program director, in writing, of the grievance within thirty (30) calendar days of the event or action giving rise to the grievance. This notification should state the nature of the complaint, all pertinent information and evidence in support of the claim, and the relief requested.

The program director shall inform the Department Chair and the Director of Graduate Medical Education that notice of a grievance has been received. Within seven (7) calendar days after notice of the grievance is given to the program director, the trainee and the program director will set a mutually convenient time to discuss the complaint and attempt to reach a resolution.

Step 1 of the informal resolution process will be deemed complete when the program director informs the aggrieved trainee, in writing, of the final decision following such discussion. This written response should address the issues and the relief requested. A copy of the program director's final decision will be sent to the appropriate Department Chair and to the Director of Graduate Medical Education.

In instances where the event or action giving rise to the grievance directly involves the program director, the trainee may choose to initiate informal resolution of the grievance with the Department Chair. The Department Chair will be responsible to provide the written notification to the trainee as outlined above.

B. Step 2:

If the program director's final written decision is not acceptable to the aggrieved trainee, the trainee may choose to proceed to a second informal resolution step which will begin with the aggrieved trainee notifying the Department Chair, in writing, of the grievance. Such notification must occur within ten (10) calendar days of receipt of the program director's final decision. This notification should include all pertinent information, including a copy of the program director's final written decision, evidence that

supports the grievance, and the relief requested. Within seven (7) calendar days of receipt of the grievance, the trainee and the Department Chair will set a mutually convenient time to discuss the complaint and attempt to reach a resolution. The trainee and the Department Chair may each be accompanied at such meeting by one person, other than legal counsel. Step 2 of the informal process of this grievance procedure will be deemed complete when the Department Chair provides the aggrieved trainee with a written response to the issues and relief requested. Copies of this decision will be kept on file in the offices of the Department Chair and the Director of Graduate Medical Education.

Formal Resolution

A. Request for Formal Resolution:

If the trainee disagrees with the final decision of the Department Chair, he or she may pursue formal resolution of the grievance. The aggrieved trainee must initiate the formal resolution process by presenting a written statement to the Director of Graduate Medical Education within fifteen (15) calendar days of receipt of the Department Chair's final written decision. The statement should describe the nature of and basis for the grievance and include copies of the final written decisions from the program director and the Department Chair and any other pertinent information. Failure to submit the grievance in the fifteen-day period will result in the trainee waiving his or her right to proceed further with this procedure. In this situation, the decision of the Department Chair will be final.

B. Confirmation:

Upon timely receipt of the written grievance, the Director of Graduate Medical Education will notify the trainee and Department Chair in writing confirming that the complaint has been received.

If the Director of Graduate Medical Education should determine that the complaint is not subject to the procedure under this policy, a written explanation of this finding will be provided to the trainee and Department Chair. To the extent possible, the Director of Graduate Medical Education will suggest available alternative steps.

For complaints that fall under the Grievance policy appropriately, the Director of Graduate Medical Education will initiate the steps for a formal resolution of the grievance, and appoint a Grievance Committee. The Grievance Committee will review and carefully consider all material presented by the trainee, his/her program director and party complained of, at a scheduled meeting, following the protocol outlined below.

The Grievance Committee

A. Composition of the Grievance Committee:

Upon request for a formal resolution and following confirmation that the complaint is subject to the procedure under this policy, the Director of Graduate Medical Education will select a Grievance Committee composed of two (2) trainee members, two (2) program directors and the Associate Director of Graduate Medical Education. No members of this Grievance Committee will be members of the aggrieved trainee's department. The Director of Graduate Medical Education will choose a member to be the chair of the Grievance Committee. Both parties involved in the dispute will be notified in writing of the Grievance Committee composition and may object in writing within five (5) calendar days. The Director of Graduate Medical Education will consider any objection and within five (5) calendar days of receipt of an objection, may, at his/her discretion, substitute one or more members of the Grievance committee. Either party will have only one opportunity to object to the selected Grievance Committee members. Once the selection of the Grievance Committee is complete, the Director of Graduate Medical Education will send a copy of the trainee's written grievance to each member of the Grievance Committee.

B. Grievance Committee Procedures:

1. Hearing Date: The Chair of the Grievance Committee will set the date, time, and place for a hearing which is mutually convenient to the Grievance Committee members, the trainee, and the Department Chair.

2. Attendance: All Grievance Committee members shall be present throughout the hearing except for brief periods due to emergencies. The trainee must appear personally at the Grievance Committee hearing. The trainee, the Department Chair, and a representative of each one's choice is entitled to be present during the entire hearing, excluding deliberations. The Grievance Committee will determine the propriety of attendance at the hearing of any other persons. Witnesses other than the trainee, the Department Chair, and their representatives may remain in the hearing room only while giving their testimony unless the Grievance Committee, the trainee, and the Department Chair agree otherwise.

3. Conduct of Hearing: The Chair of the Grievance Committee will preside over the hearing, determine procedure, assure there is reasonable opportunity to present relevant oral or written information, and maintain decorum. Both the trainee and the Department Chair, or their representatives, will have the right to present evidence, call and question witnesses, and make statements in defense of his or her position. Before testifying, each witness shall affirm that his or her testimony shall be the truth, the whole truth, and nothing but the truth. The Grievance Committee Chair will determine if information is relevant to the hearing and should be presented or excluded. The Grievance Committee Chair is authorized to

exclude or remove any person who is disruptive.

4. Legal Representation: The Grievance Committee shall be entitled to have an attorney present to advise the Grievance Committee on procedural and evidentiary issues.

5. Recesses and Adjournment: The Grievance Committee Chair may recess and reconvene the hearing, continuing for such additional sessions, as the Grievance Committee deems necessary. Upon conclusion of the presentation of oral and written information, the hearing record is closed. Once the hearing is completed, it may be reopened, for good cause, by the Grievance Committee at any time prior to the rendering of its written decision. The Grievance Committee will deliberate outside the presence of the involved parties.

6. Decisions: Decisions are determined by a majority vote of members of the Grievance Committee and are final. After deliberation, the written decision will be reviewed and signed by the Grievance Committee members.

7. Meeting Record: Arrangements will be made for the hearing to be accurately recorded and for any transcription of the recording it determines to be appropriate. Such recording and transcription may be made by such Medical Center employee or employees as the Grievance Committee may designate. The final written decision of the Grievance Committee and the transcript, if one is prepared, will be placed on file in the Graduate Medical Education Office.

C. Final Decision of the Grievance Committee:

The Grievance Committee will provide the aggrieved trainee, the Department Chair, and the Director of Graduate Medical Education with a written decision within ten (10) calendar days of the meeting. The decision shall consist of two sections, one containing findings of fact, and the other containing recommendations to the Director of Graduate Medical Education. The recommendations may include affirmation, reversal or modification of action taken with respect to the trainee, and also may include suggested changes in Medical Center policies and procedures that the Grievance Committee feels would be appropriate in light of the grievance. The recommendations also may include any suggested action that should be taken with respect to persons other than the trainee and any other suggestions that the Grievance Committee feels appropriate. The decision of the Grievance Committee will be final.

VII. Confidentiality

All participants in the grievance process are expected to maintain confidentiality by not discussing the matter under review with any third party

except as may be required for purposes of the grievance procedure.

Vice President Sponsor: Richard M Schwartzstein,MD Vice President for Education

**X Graduate Medical Education Committee
Date: 04/26/2010**

Sean P. Kelly, M.D. Chair, GMEC

**X Medical Executive Committee
Date: 05/19/2010**

Rich Rolfe, MD, Chair, MEC

Requested By: Graduate Medical Education Committee

Original Date Approved: May 17th, 2004

Next Review Date: 5/21/2010, 4/26/2013

Revised: May 21,2007, 4/26/2010

Title: Leave of Absence

Policy: GME-06

Purpose: To provide guidelines for trainees and their programs regarding leave of absences

Policy Statement

Post-doctoral trainees in programs sponsored by Beth Israel Deaconess Medical Center (“Medical Center” or “BIDMC”) are not covered by the leave of absence policies applicable to regular employees of the Medical Center. Instead, the Leave of Absence Policies described herein are applicable to all post-doctoral trainees in programs sponsored by the Medical Center. The term “post-doctoral trainees” shall include physicians, or other graduates of a doctoral program, who are enrolled in an approved or Medical Center-sponsored training program as an intern, resident or clinical fellow (hereinafter, “Trainees”). These Leave of Absence Policies supersede all previous leave of absence policies for Trainees.

The Leave of Absence Policies described herein pertain to Trainees’ working relationships with the Medical Center and not to the training requirements of training departments, accrediting or certifying bodies, state licensing boards or any other authority as to the adequacy of medical training. Therefore, these Leave of Absence Policies should not be construed as altering attendance or any other requirements of such authorities. Any policies or procedures unique to a Program Department will be explained by the Program Director. Trainees should consult their specific programs concerning the effect of leaves of absences on satisfying the criteria for completion of the training program.

Questions about these Leave of Absence Policies may be directed to the Trainees’ Program Director and/or to the Medical Center’s Human Resources staff, who invite and welcome the opportunity to assist.

Disclaimer

These Leave of Absence Policies are intended as a general guidance only. While the Medical Center endorses the Policies described herein, they are not conditions of employment, and the language used in these Policies is not intended to constitute a contract between the Medical Center and any of its Trainees. These Policies are not intended to create a contract or promise of any kind, regardless of what the Policies state, and therefore should not be

relied upon.

Personnel policies, procedures and benefits by their nature are constantly under review as they are affected by changes in applicable laws, regulations, economic conditions and the way the Medical Center operates. The Medical Center necessarily reserves the right to modify, suspend, revoke or terminate any and all policies, procedures and benefits set forth herein as it sees fit, without notice and without any written revision of these Leave of Absence Policies, at any time. In addition, the Medical Center reserves the right to decide not to apply any particular policy set forth herein in a given situation, if, in its discretion, it determines that to do so would better serve its interests.

PARENTAL LEAVE

General Provisions

It is the policy of the Medical Center to give up to twelve (12) weeks of parental leave for the first occasion that a Trainee qualifies for such a leave during the Trainee's contract year. Thereafter it is the policy of the Medical Center to give up to eight (8) weeks of parental leave if the Trainee again qualifies for such a leave during the same contract year. Additional leave may be granted when required by law. The leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances as described below. Parental leave may run concurrently with FMLA leave depending on the circumstances.

Eligibility

Any Trainee who qualifies for a parental leave of one of the types described below is eligible to take parental leave. The Trainee should give to his/her Program Director at least (2) weeks' notice of the anticipated date of departure and intent to return, or as much notice as possible.

Types of Leave Covered

A parental leave must be for one of the following reasons:

1. giving birth;
2. becoming a biological parent and for the care of that child (as defined by the FMLA);
3. adopting a child under the age of 18; or
4. adopting a child under the age of 23, if the child is mentally or physically disabled.

Paid Leave, Unpaid Leave and Vacation Time

Parental leave generally is *unpaid*, unless the Trainee qualifies for Short

Term Disability benefits or elects to use accrued vacation time during the leave.

Short Term Disability. Trainees are automatically enrolled in a Trainee Short Term Disability (STD) program offered by the Medical Center at no cost to the Trainee. If a Trainee qualifies for a parental leave under category 1 above (giving birth), the Trainee STD program will pay 100% of the Trainee's gross salary for the first eight (8) of the twelve (12) weeks and 60% of the Trainee's gross salary for the last four (4) of the twelve (12) weeks. In addition, in the event that the Trainee continues to be disabled as defined by the program, the Trainee will be entitled to up to an additional fourteen (14) weeks of STD benefits at 60% of the Trainee's gross salary. Physician certification is required to support any claim for an award of STD benefits.

Accrued Vacation. A Trainee may use any accrued unused vacation time when a Trainee takes otherwise unpaid parental leave, if consistent with ACGME accreditation and specialty board certification requirements. If vacation time has been exhausted or if the Trainee elects not to apply vacation time to the leave, the leave will be unpaid.

Trainee Status After Leave

A Trainee who takes a parental leave under this policy and returns to his/her program at or before the conclusion of the approved leave will be returned to the same position or a position with equivalent terms. However, Trainees should be aware that any leave, including any parental leave, may require extension of the training program as required by ACGME accreditation and/or specialty board certification requirements. (see the GME policy on Extension of Training).

FAMILY AND MEDICAL LEAVE

General Provisions

It is the policy of the Medical Center to give up to (1) twelve (12) weeks of family leave, medical leave or qualifying exigency leave ("FMLA leave") to eligible Trainees during any "rolling" twelve (12)-month period measured backward from the date of the leave or (2) 26 weeks of leave during a single 12 month period for military caregiver leave in accordance with the federal Family and Medical Leave Act (FMLA). The leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances. The leave shall run concurrently with parental leave in the appropriate circumstances.

Eligibility

Any Trainee who qualifies for an FMLA leave of one of the types described

below is eligible for FMLA leave. The Trainee should notify his/her Program Director and the GME office of the need for leave thirty (30) days in advance, or as soon as possible. Trainees will be required to work with the Medical Center's Human Resources department and follow its leave of absence process, including completion of required paperwork.

Type of Leave Covered

An FMLA leave may be taken for one of the following reasons:

1. the birth, adoption or foster care placement of a child, and for the care of that child (leave must be completed within twelve (12) months of the child's birth, adoption or foster care placement). Leave taken for this reason shall run concurrently with any parental leave.
2. to care for a spouse, parent or child under age 18 (or child 18 years old or older who is incapable of self-care) with a serious health condition.
3. because of a serious health condition of the Trainee that makes him/her unable to perform the essential functions of the Trainee's position.
4. Qualifying Exigencies for Families of National Guard and Reserves allows leave for family members of active duty personnel to manage their affairs. The regulations define qualifying exigency as:
 - Short notice deployment (to be used when service member receives seven (7) or fewer days' notice of deployment; must be taken during that notice period)
 - Childcare and school activities
 - Financial and legal arrangements
 - Military events and related activities
 - Counseling
 - Rest and recuperation
 - Post deployment activities
 - Other reasons, as may be mutually agreed by the Trainee and the Medical Center

Exigency leave applies to members of the National Guard, active Reservists and retired members of the Regular Army or Reserves. It does not apply to employees who have a family member on active duty in the Regular Armed Forces.

5. Military Caregiver Leave in order to care for a family member with a serious injury or illness that occurred in the line of duty while on active duty in the armed services.

Paid, Leave, Unpaid Leave and Vacation Time

FMLA leave generally is *unpaid*, unless the Trainee qualifies for STD benefits or elects to use accrued vacation time during the leave.

Short Term Disability. Trainees are automatically enrolled in a Trainee Short Term Disability (STD) program offered by the Medical Center at no cost to the Trainee. If a Trainee qualifies for FMLA leave under category 3 above, the Trainee STD program will pay 100% of the Trainee's gross salary for the first eight (8) of the twelve (12) weeks and 60% of the Trainee's gross salary for the last four (4) of the twelve (12) weeks. In addition, in the event that the Trainee continues to be disabled as defined by the program, the Trainee will be entitled to up to an additional fourteen (14) weeks of STD benefits at 60% of the Trainee's gross salary. Physician certification is required to support any claim for and award of STD benefits.

Accrued Vacation. A Trainee may use any accrued unused vacation time when a Trainee takes otherwise unpaid FMLA leave, if consistent with ACGME accreditation and specialty board certification requirements. If vacation time has been exhausted or if the Trainee elects not to apply vacation time to the leave, the leave will be unpaid.

Trainee Status after FMLA

A Trainee who takes an FMLA leave under this policy and returns to his/her program at or before the conclusion of the allowed leave will be returned to the same position or a position with equivalent terms. However, Trainees should be aware that any leave, including any FMLA leave, may require extension of the training program as required by ACGME accreditation and/or specialty board certification requirements.

SMALL NECESSITIES LEAVE ACT LEAVE

General Provisions

It is the policy of the Medical Center to give up to twenty-four (24) hours of paid small necessities leave ("SNLA leave"), in increments of no less than one (1) hour, to eligible Trainees during any rolling 12-month period measured backward from the date of the leave. SNLA leave is in addition to any FMLA leave that the Trainee may have available and use during any rolling 12-month period.

Eligibility

Any Trainee who qualifies for an SNLA leave of one of the types described below is eligible for SNLA leave. The Trainee should request

such leave from his/her Program Director seven (7) days in advance, or as soon as possible.

Type of Leave Covered

A SNLA leave must be for one of the following reasons:

- a. to participate in school activities directly related to the educational advancement of a son or daughter of the Trainee, such as parent-teacher conferences or interviewing for a new school;
- b. to accompany the son or daughter of the Trainee to routine medical or dental appointments, such as check-ups or vaccinations; or
- c. to accompany an elderly relative (60 years old or older) of the Trainee to routine medical or dental appointments or appointments for other professional services related to the elder's care, such as interviewing at nursing or group homes.

Trainee Status After a Small Necessities Leave

A Trainee who takes a SNLA leave under this policy and returns to his/her program at or before the conclusion of the allowed leave will be returned to the same position or a position with equivalent terms. However, Trainees should be aware that any leave, including any SNLA leave, may require extension of the training program as required by ACGME accreditation and/or specialty board certification requirements.

BEREAVEMENT LEAVE

All Trainees are eligible to receive a maximum of three (3) consecutive scheduled days off, regardless of the Trainee's regular schedule, with pay in each case of a death in the immediate family, to attend the funeral, make arrangements or take care of other matters related to the death. "Immediate family" includes spouse, child, parent, grandparent, brother, sister, son-in-law, daughter-in-law, brother-in-law, sister-in-law, spouse's parent, and relative living in the Trainee's household.

All Trainees are eligible to receive one (1) day off with pay in the case of the death of an individual not described above, to attend the funeral, make arrangements or take care of other matters related to the death.

Trainees should be aware that any leave, including any bereavement leave, may require extension of the training program as required by ACGME accreditation and/or specialty board certification requirements.

JURY DUTY LEAVE

If a Trainee is called to jury duty, the Medical Center will supplement his/her daily jury duty pay, for any day the Trainee is regularly scheduled to work, up to the amount the Trainee would have received if the Trainee had worked his/her regularly scheduled hours, for up to three (3) months of jury duty leave.

Upon completion of jury duty, the Trainee must submit to his/her Program Director a Juror Service Certificate and/or an attendance slip. These documents must indicate the date(s) and time of attendance and the amount, if any, paid by the court to the Trainee for each day of service. These documents will be forwarded to the Payroll Office. An adjustment will then be made on a future paycheck.

Trainees should be aware that any leave, including any jury duty leave, may require extension of the training program as required by ACGME accreditation and/or specialty board certification requirements.

MILITARY LEAVE

The Medical Center complies with all applicable laws regarding military leave for employees. Trainees should consult with their Program Director and Human Resources to assist in applying the Medical Center's military leave policies to the Trainee's need for any military leave.

Trainees should be aware that any leave, including any military leave, may require extension of the training program as required by ACGME accreditation and/or specialty board certification requirements.

EFFECT OF LEAVES ON BENEFITS

The continuation of particular insurance coverage or other benefits while a Trainee is on leave will depend upon the type of leave, the terms of the plan, and whether or not the Trainee continues to make timely payment of any applicable shares of the premium costs. Trainees should consult with their Program Director and Human Resources regarding the effect of leaves on benefits. Copies of the Summary Plan Descriptions ("SPDs") for each benefit plan are available through the Medical Center's Human Resources Benefits Office.

From time to time, the Medical Center's premium contributions or costs for any benefit may change. When such changes occur, a Trainee on leave will be required to pay any increases on the cost-sharing basis applicable to the Trainee before his/her leave and applicable to other similarly situated Trainees not on leave.

Vice President Sponsor: Richard M. Schwartzstein, Vice President for Education

Approved By:

- | | |
|---------------------------------------------------------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> Council of Program Directors
3/16/2009 | Sean P. Kelly, M.D., Chair |
| <input checked="" type="checkbox"/> Graduate Medical Education Committee
3/23/2009 | Sean P. Kelly, M.D., Chair |
| <input checked="" type="checkbox"/> Medical Executive Committee
3/18/2009 | Richard Wolfe, MD Chair, MEC |

Requested By: Graduate Medical Education Committee

Original Date Approved: January 26, 2004

Revised: 5/17/04, 3/9/06, 5/24/2006, 3/16/2009

Next Review Date: 3/9/2009

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)**

Title: Medical Licensure

Policy: GME-07

Purpose: To describe the trainee requirements for medical licensure

Policy Statement:

Each Trainee must have a valid limited or permanent license to practice medicine in the Commonwealth of Massachusetts. Trainees without proper licensure will not be allowed to perform patient care activities, and therefore will not be eligible to receive salary. Trainees must understand their obligations regarding proper licensure through the Massachusetts Board of Registration in Medicine.

1. Limited License

This license restricts medical activities to BIDMC and hospitals affiliated with the residency for activities solely within the scope of the residency. Limited licensure must be renewed annually. The Application process can take up to 10 weeks from completed application to issue of limited license.

The Medical Center will require that all new house officers have both Steps 1 and 2 (CK/CS) of USMLE (or Level 1 and 2 of COMLEX) prior to starting residency or fellowship in academic year 2009-2010.

Applications are available on the GME website or Board of Registration in Medicine (www.massmedboard.org) If the completed application is not received within 10 weeks of starting residency or fellowship, it is possible that a license will be delayed and your training will not start on time.

To renew your limited license you must complete the renewal application and submit to your program coordinator no later than the 4 months before your renewal date or no later than February 15th (for July 1 starts).

The Graduate Medical Education receives the limited license directly from the board and distributes to the program coordinator.

2. Permanent License

Eligibility requirements for a Full Massachusetts license are available on the Board of registration website. (www.massmedboard.org) The trainee has sole responsibility of renewing the license directly with the board of registration. The trainee must provide the program with a copy of license, expiration date.

Copies of renewed full licenses must be provided to the program at least 10 days prior to

expiration date. Individuals who don't comply are at risk of losing hospital privileges.

The Graduate Medical Education office will verify via online verification through the Board of Registration in Medicine website that the trainees have received a full license.

Vice President Sponsor: Richard M Schwartzstein, MD Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institutional Official

Approved By:

- Medical Executive Committee: Rich Wolfe, MD; Chair, MEC
12/17/2008**
- Graduate Medical Education Committee Sean P. Kelly, MD; Chair, GMEC
11.24.2008**
- Council of Program Directors Sheila Barnett, MD, Chair
9/22/2008**

Original Date Approved: 1/26/2004

Revisions: 1/26/074, 3/9/069, 9/15/2008

Next Review Date: 10/27/2011

Eliminated:

Beth Israel Deaconess Medical Center
GME Manual

Title: Participation in Institutional Quality Assurance

Policy: GME-08

Purpose: To delineate expectations for participation in quality assurance programs

Policy Statement

- A. Departments participating in GME programs sponsored by BIDMC must conduct formal quality-assurance programs in accordance with BIDMC Staff By-Laws. This process may take place through the Participating Institutions.
- B. All departments sponsoring GME programs must meet the requirements for Quality Assessment and Improvement as defined in the Medical Staff By-Laws and the BIDMC Performance Improvement Plan. Residents shall have opportunities to participate in these programs.
- C. Departments sponsoring programs with off-site rotations must ensure that Quality Assessment and Improvement programs exist at those sites, and that residents have opportunities to participate.
- D. Residency Program Directors will provide opportunities for residents to participate in clinical quality improvement activities.
- E. Departments and/or Participating Institutions for GME programs sponsored by BIDMC must have a medical records system that is available at all times and documents the course of each patient's illness and care. The medical records system must be adequate to support the education of residents.
- F. Whenever possible and appropriate, residents will be provided with opportunities to participate in autopsies.
- G. Residency Program Directors will instruct all residents to complete medical records in a timely manner, and will develop strategies to enforce this policy.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD, Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee: **Richard Wolfe, MD; Chair, MEC**
3/18/2009

Graduate Medical Education Committee **Sean P. Kelly, MD; Chair, GMEC**
2/23/2009

Original Date Approved: 2/25/2004

Revisions: 3/9/06, 9/22/2008, 2/9/2009

Next Review Date: 2/9/2012

Eliminated

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)**

Title: Observation Experience

Policy: GME-09

Purpose: To outline guidelines for trainees and other visitors who wish to visit Beth Israel Deaconess Medical Center as observers in graduate medical education programs.

Policy Statement:

Periodically, individuals from outside the Harvard University community wish to come to Beth Israel Deaconess Medical Center (BIDMC) to observe within graduate medical education programs for purposes of learning about a specific aspect of medical care. As a leading academic medical center, BIDMC actively promotes a mission of teaching. While supporting its commitment to education and training, it is imperative that BIDMC take measures which protect the safety and rights of patients by insuring that all individuals functioning in clinical areas have been properly screened and credentialed.

Observer Status

For the purpose of this policy, any individual who comes to the medical center in an “observer” status must abide by the institution’s policies for visitors, even though the observer may be a qualified physician or health care professional. An observer must wear a BIDMC identification badge when on the premises.

The observer agrees not to render patient care:

- He/she may not counsel patients.
- He/she may not perform or participate in the performance of any procedures
- He/she may not scrub into any surgical procedures in the operating room
- He/She may not have access to any of the institution’s clinical systems (i.e. email, CCC, Careweb, etc.)

The patient’s attending staff physician must receive permission from the patient to allow the observer to be present when care is being provided.

Observers, while present at BIDMC, are the responsibility of the sponsoring attending faculty physician and sponsoring Department. Sponsoring attending faculty physicians shall not allow unqualified persons to practice medicine. Unqualified persons, include, but are not limited to, those on observer status, those without a Massachusetts license and those without proper institutional credentials. Permitting an unqualified person to practice at BIDMC is a violation of Medical Staff Bylaws and of regulations of the Board of Registration in Medicine. Such violations may result in the initiation of disciplinary action against the sponsoring physician.

For the purposes of this policy, “Observers” will include, but not be limited to, all visiting physicians, including faculty, residents, and fellows (except as noted in the

“Exception” section below.) This policy does not uniformly apply to medical students, since their approval is processed by the HMS Registrar’s Office; however visiting Podiatry Medical Students need to abide by this policy.

Exceptions

The requirements of this policy do not apply to:

- 1. Visiting Professors who are invited to BIDMC for a period of one (1) week or less.*
- 2. Applicants for faculty or residency/fellowship positions.*
- 3. Medical students seeking to schedule a rotation at BIDMC (must be directly arranged through Harvard Medical School)*

** High School Students are required to contact the Volunteer Office, and they are not permitted in the Operating Room for Observerships.

** College students will be considered on a case by case basis. For Operating Room Observerships, they are required to be presented to the OREC (Operating Room Executive Committee) and follow policy PSM 2001-14.

Any observer who does not meet the GME policy and wants any access to the operating room must be presented to the Operating Room Executive Committee (OREC) and adhere to the PSM 200-14 *Observer in the Operating Room Policy*.

Procedure(s) for Implementation

The observer shall:

- Complete an Observer Data Form (Attachment A) and submit this form, along with a written request for observer status, which includes a description of the proposed educational experience, to the Graduate Medical Education Office.
- Sign and submit to the Graduate Medical Education Office, an Observer Agreement (Attachment B) to indicate understanding of the nature of observer status and agreement with its terms.
- Provide the following to the Graduate Medical Education Office: (1) letter of recommendation from current training institution; (2) curriculum vitae; (3) documentation of eligibility for participation as an observer while in the United States; (4) copy of medical license, if applicable; (5) letter from sponsoring BIDMC faculty physician confirming approval by Medical Staff Department and outlining elements of proposed experience; (6) documentation of health screening clearance by BIDMC Employee/Occupational Health Service.
- Be required to have all of the above documentation accepted by the Graduate Medical Education Office prior to beginning period of observation.
- Wear a BIDMC identification badge at all times.
- Be present in clinical/research areas of BIDMC only when accompanied by the sponsoring attending faculty physician or his/her designee.

Period of Observership

A period of observation **cannot exceed one month (thirty days)**. For extensions

beyond one month, the sponsoring attending faculty member must submit a new request to the GME office. The dates of the observership must be confirmed in the Observation Agreement which is signed by the observer and the sponsoring attending faculty physician.

Vice President Sponsor: Richard M Schwartzstein,MD Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

**Medical Executive Committee: Rich Wolfe, MD; Chair, MEC
05/19/2010**

**Graduate Medical Education Committee Sean P. Kelly, MD; Chair,
GMEC
04/26/2010**

Original Date Approved: 4/17/2003

Revisions: 3/9/06, 11/24/2008, 10/30/2009, 4/26/2010

Next Review Date: 11/24/2011, 4/26/2013

Eliminated:

Title: Remediation and Discipline

Policy: GME-10

Purpose: To delineate guidelines for remediation and disciplinary action for trainees

Policy Statement

The purpose of this policy is to describe procedures by which deficiencies in performance and misconduct of participants in graduate medical education programs at Beth Israel Deaconess Medical Center may be addressed. This policy provides guidance to training program faculty and outlines procedures by which procedural fairness is afforded to trainees subject to disciplinary actions. This policy is applicable to physician trainees in all recognized training programs, whether accredited or non-accredited.

**Part I.
Actions in Response to Performance Deficiencies or
Misconduct**

A. Preliminary Academic Actions

GME Program Directors are encouraged to use the following preliminary measures to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, preliminary measures available to the Program Director shall include notification of the resident in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the trainee to improve his/her performance. If these preliminary measures are unsuccessful or where performance or misconduct is of a serious nature, the Program Director may initiate formal disciplinary action (see below).

The following actions may or may not be used sequentially, and are not subject to the appeal procedure available under Part II of this policy:

1. Counseling Letter

A counseling letter may be issued by the Program Director to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling

letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

2. Notice of Concern

A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. A Notice of concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to additional actions. This action need not follow a counseling letter nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

B. Formal Disciplinary Actions

1. Causes

Formal disciplinary action may be taken for any appropriate reason, including but not limited to any of the following:

- a. Failure to satisfy the academic or clinical requirements or standards of the training program;
- b. Professional incompetence, misconduct or conduct that might be inconsistent with or harmful to patient care or safety;
- c. Conduct that is detrimental to the professional reputation of the Medical Center;
- d. Conduct which calls into question the professional qualifications, ethics, or judgment of the trainee, or which could prove detrimental to the Medical Center's patients, employees, staff, volunteers,

visitors or operations;

- e. Violation of the policies or procedures of the Medical Center, or applicable department, division or training program;
- f. Scientific misconduct.

2. Specific Procedures:

Formal disciplinary action may include, but is not limited to:

a. Probation

Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Program Director.

- i. Probation is a temporary modification of the trainee's participation in or responsibilities within the training program; these modifications are designed to facilitate the trainee's accomplishment of program requirements. Generally, a trainee will continue to fulfill training program requirements while on probation, subject to the specific terms of the probation.
- ii. The Program Director shall have the authority to place the trainee on probation and to determine the terms of the probation. A trainee shall be paid while on probation.
- iii. Probation may include, but is not limited to, special requirements or alterations in scheduling a trainee's responsibilities, a reduction or limitation in clinical responsibilities, or enhanced supervision of a trainee's activities.
- iv. The Program Director shall notify the trainee in writing of the probation. Written notification should include:
 - a) reasons for the probation,
 - b) required method and timetable for correction,

- c) date upon which the decision will be re-evaluated, and
 - d) a statement regarding the trainee's right to request a review of the probation in accordance with the procedures outlined below.
- v. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or other academic sanctions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

b. Suspension

i. The Program Director or his/her designee may temporarily suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee due to seriously deficient performance or seriously inappropriate conduct. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will not be paid while the Trainee is on suspension status.

ii. The suspension will be confirmed in writing by the Program Director, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Written notification should include:

- a. reasons for the suspension
- b. required method and timetable for correction
- c. date upon which the decision will be re-evaluated
- d. a statement regarding the trainee's right to request a review of the suspension in accordance with the procedures outlined below.

This notice shall precede the effective date of the suspension, unless a serious risk to patient care or the

health or safety of an employee warrants immediate suspension, in which case the notice shall be provided at the time of the suspension, or as soon thereafter as is practicable.

iii. To initiate a review of a suspension decision, a trainee must submit a written request for a review of the suspension to the Program Director within three (3) business days of the trainee's receipt of the notification. If the trainee requests review of the suspension, the Program Director shall meet with the trainee within the next three (3) business days and afford the trainee an opportunity to provide any information in his or her defense. After this meeting, the Program Director, following consultations with the appropriate individuals, if any, will render a decision.

The trainee shall receive written notification of the decision of the Program Director and the reasons for and consequences of the decision.

The trainee must seek review of the suspension decision in accordance with this section before initiating the procedure available under Part II of this policy.

c. Requirement that Trainee Must Repeat an Academic Year

A Trainee may be required to repeat an academic year in lieu of dismissal from a Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the discretion of the Program Director, in consultation with funding sources.

d. Denial of Certificate of Participation

If the Program Director decides not to award the Trainee a certificate of participation/completion, the Program Director will notify the Trainee as soon as reasonably practicable of this intent.

e. Termination

The Program Director shall have the authority to terminate a trainee from a training program for reasonable cause,

including but not limited to:

- i. A failure to achieve or maintain programmatic requirements or standards in the GME training program;
- ii. A serious or repeated act or omission compromising acceptable standards of patient care including, but not limited to, an act that constitutes a disciplinary cause or reason;
- iii. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- iv. A material omission or falsification of a GME training program application, a medical record, or a BIDMC document, including billing records.

A termination occurs when a trainee is (i) dismissed during the academic year, and/or (ii) not continued in the program beyond the current academic year because of the trainee's performance, conduct and/or other similar cause. A trainee has the right to request formal review of the termination decision.

A decision not to continue a trainee in a program beyond the current academic year for reasons other than performance and/or conduct does not constitute a disciplinary action, and the trainee shall have no right to appeal such actions.

Written notice of a recommendation of termination from a program including the reasons for the decision and the effective date of termination, shall be provided by the Program Director to the trainee. The notice shall also state that the trainee may request a formal review of the termination in accordance with the procedure described in Part II of this policy.

When appropriate, the Program Director may afford the trainee an opportunity to resign voluntarily.

When a decision has been made not to renew a trainee's contract, whether the reason for non-renewal of the contract is the trainee's performance, conduct or other similar cause or for other reasons unrelated to performance, conduct or similar cause, e.g. loss of financial support, the Program Director must give written notice of nonrenewal of the contract no later than four

(4) months prior to the end of the trainee's current contract period. However, if the primary reason for the nonrenewal occurs during that four (4) month period, as much notice as is reasonably possible under the circumstances should be provided.

Reporting Obligation

The Massachusetts General Laws, Chapter 111, Section 53B and the regulations of the Massachusetts Board of Registration in Medicine require that the Program Director report any formal disciplinary action brought against a trainee.

C. Administrative Actions

1. Automatic Suspension

The trainee will *automatically* be suspended from the graduate medical education (GME) training program for any of the following reasons:

- a. Failure to complete and maintain medical records as required by the medical center or affiliation site, in accordance with the Medical Center's policies; or
- b. Failure to comply with state licensing requirements of the Massachusetts Board of Registration in Medicine; or
- c. Failure to obtain or maintain proper visa status; or
- d. Unexcused absence from the GME training program for more than twenty-four (24) hours.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Program Director or the Trainee's supervisor will promptly notify the Trainee of his/her automatic suspension in writing, providing the facts upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see below).

Whether the basis of the automatic suspension is (a), (b), (c) or (d), the Trainee shall respond by correcting the deficiency when possible and by submitting a written explanation of the reasons for the circumstances resulting in automatic suspension. In all cases, the Trainee shall submit a written response to the Program Director within the ten (10) day suspension period.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will not be paid while the Trainee is on automatic suspension status.

Automatic suspension does not entitle the Trainee to the procedures available in Part II of this policy.

2. Automatic Resignation

The Trainee may be considered to have automatically resigned under the following circumstances:

a. **Failure to Provide Visa or License Verification**

Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the Massachusetts Board of Registration in Medicine during the 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.

b. **Failure to Address Delinquent Medical Records**

Failure to complete medical records or to respond in writing with an acceptable plan to complete delinquent medical records may result in the Trainee's automatic resignation from the GME training program.

c. **Absence without Leave**

A trainee who is absent from the training program for any reason for any period of time must contact his or her supervisor immediately or as soon as feasible.

Trainees must communicate directly with the Program Director in the event he or she is unable to participate in the training program for any period of time in excess of twenty-four (24) hours. The Program Director may grant a leave in times of exceptional circumstances.

If a Trainee is absent without leave for twenty-four (24) hours or more, he or she may be considered to have resigned voluntarily from the program unless he or she

submits a written explanation of any absence taken without leave. This written explanation must be received by the Program Director within ten (10) days of the first day of absence without leave. This ten (10) day period is concurrent with the automatic suspension period. The Program Director or his or her designee will review the explanation and any materials submitted by the Trainee regarding the absence without leave in question. The Program Director or designee will notify the Trainee in writing of his or her decision within ten (10) days of submission of the trainee's written explanation. Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Program Director or his/her designee will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the first day of absence without leave.

Whether due to the trainee's failure to respond to the notice of automatic suspension and intent during the ten (10) day automatic suspension period or to the Program Director's decision after reviewing the trainee's written explanation of the absence without leave or the plan to address delinquent medical records, or due to the trainee's failure to provide verification of appropriate license and/or visa, the program director may consider the trainee to have automatically resigned. The Program Director will provide written notice of the trainee's automatic resignation.

The trainee shall receive payment of his/her usual stipend for a period of twenty (20) days after the effective date of the automatic resignation.

Automatic resignation does not entitle the Trainee to the procedures available in Part II of this policy.

Part II. APPEALS

The following formal disciplinary actions are subject to appeal:

- i) Probation
- ii) Suspension
- iii) Requirement that Trainee repeat an academic year

- iv) Termination from a program
- v) Denial of a Certificate of Participation/Completion of training.

A. Programmatic /Departmental Appeal Procedure

If a trainee desires to appeal a Program Director's adverse action, the trainee may request a review of the decision.

The Trainee must, within ten (10) days from the date of the notice of a disciplinary action that is subject to appeal, provide the Program Director with a written statement detailing the reasons s/he believes s/he should not be placed on probationary status, should not be suspended, should not be required to repeat the academic year, or should be granted a Certificate of Participation/Completion of Training. The Program Director will convene a departmental review committee to review the Trainee's statement within ten (10) days of its receipt. The Trainee must appear at the departmental review committee meeting. Failure to appear in person will be deemed a voluntary dismissal of his/her request for review, acceptance of the adverse action, and waiver of the right to appeal. While attorneys are not allowed to be present at the meeting of the departmental review committee, the Trainee may be accompanied by another person of his/her choice. The committee will notify verbally the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification.

B. Formal Institutional Hearing / Grievance Procedure

The trainee may request a hearing before the Graduate Medical Education Committee to appeal the decision of the departmental review committee. The purpose of this appeal is to allow the matter to be reviewed outside the trainee's department. To request a review of a department's final decision by the Graduate Medical Education Committee, the Trainee must have received the written decision of the departmental review committee and within ten (10) business days from the date of the department's review committee's written decision, provide the Chair of the Graduate Medical Education Committee with a written statement requesting a formal hearing, and detailing the reasons s/he believes s/he should not be placed on probation, should not be suspended, should not be required to repeat the academic year, should not be dismissed, or should be granted a Certificate of Participation/Completion of Training. Failure to request a hearing within the 10 days shall be deemed acceptance of the adverse action and shall constitute a waiver of the right to appeal.

The purpose of the hearing is to allow the trainee an opportunity to

assemble and submit available information to a review committee of the Graduate Medical Education Committee and to enable the Director of Graduate Medical Education to make a recommendation to the Department Chair or Service Chief. The trainee shall receive written notice of the date, time and place of the hearing and shall also be advised of his/her right to appear with counsel and to introduce witnesses or evidence, subject to the limitations set forth below.

If the trainee requests a hearing, the Director of Graduate Medical Education shall appoint a hearing committee which shall consist of not less than three (3) persons, all who are members of the Graduate Medical Education Committee. One member shall be a trainee member of the Graduate Medical Education Committee. No person who has actively participated in the initiation of the adverse action shall be appointed to the hearing committee.

The Chief/Program Director whose adverse action or proposed action occasioned the hearing or his/her designee shall have the initial obligation to present evidence in support of the action or proposed action. Thereafter, the trainee requesting the hearing shall have the burden of providing by clear and convincing evidence that the action or proposed action was arbitrary or capricious, or unsupported by substantial evidence.

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or the presentation of evidence. The hearing committee shall consider such evidence as reasonable persons are accustomed to rely on in the conduct of serious affairs. The hearing committee may take notice of any general, technical, medical or scientific fact within the specialized knowledge of the committee, and shall decide all other procedural matters not specified in this policy.

The trainee may not retry, and the hearing committee and the Medical Center may rely on and accept as true, any finding of fact contained in a final decision by the applicable licensing, certifying, or regulatory authority.

The hearing committee shall issue a written report of its findings of fact and recommendations within ten (10) days of the hearing. A copy shall be sent to the trainee, the Director of Graduate Medical Education, the Program Director and the Department Chief. The Department Chief, after reviewing the report of the hearing committee, shall take action which should be communicated to the Trainee in writing as soon as possible. The decision of the Department Chief is final.

Remedy

If the adverse action is rescinded following appeal, the remedy available to the trainee shall not exceed the restoration of the trainee's stipend payment, benefits, or any rights relative to participation in the training program which may have been lost as a result of the action.

Vice President Sponsor: Richard M Schwartzstein, MD Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

**Medical Executive Committee:
05/19/2010**

Rich Wolfe, MD; Chair, MEC

**Graduate Medical Education Committee
04/26/2010**

Sean P. Kelly, MD; Chair, GMEC

Original Date Approved: November 2, 2003

Next Review Date: 2005-2006, 2010, 4/26/2010

Revised: 1/26/04, 3/9/06, 4/26/2010

Eliminated:

References:

**Beth Israel Deaconess Medical Center
GME Manual**

Title: Residency Closure/Reduction

Policy: GME-11

Purpose: To describe the consequences in the event of a program closure or reduction

Policy Statement:

The Beth Israel Deaconess Medical Center is committed to supporting the education of physicians through its accredited training programs. In the event the institution faces a situation in which the total number of residents is forced to be reduced, either by federal mandate or budgetary restrictions, whenever possible, BIDMC will allow residents already enrolled in a training program to complete that program. If the mandates or restrictions are such that the BIDMC must immediately reduce the number of residents, the BIDMC will assist the resident(s) in enrolling in another ACGME accredited program.

Vice President Sponsor: Richard M. Schwartzstein, Vice President for Education

Approved By:

Graduate Medical Education
9/27/2007

Sheila Barnett, MD, Chair, MEC

Requested By: Graduate Medical Education Committee

Original Date Approved: December 18, 1998

Next Review Date: 2007-2008, 9/27/2010

Revised: 3/9/06

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)**

Title: Trainee Contracts (Interns, Residents, Fellows)

Policy: GME-12

Purpose: To explicitly state hospital rules on trainee contracts.

Policy Statement

- A. The BIDMC GMEC specifies that applicants for GME programs must be informed electronically or in writing of the terms and conditions of employment and benefits.
- B. BIDMC will provide residents with an annual written agreement or contract outlining the terms and conditions of their appointment to an educational program, and will monitor the implementation of these terms and conditions by the program directors.
- C. In instances where a trainee's agreement is not going to be renewed, the resident will receive a written notice of intent not to renew a trainee's agreement no later than four (4) months prior to the end of the Trainee's current agreement. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the trainee will be provided with as much written notice of the intent not to renew as the circumstances will allow.
- D. BIDMC sponsored residency programs will be provided with a standard contract by the GME Office annually. The contract contains all the requirements stipulated by the ACGME.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee: **Rich Wolfe, MD; Chair, MEC**
12/17/2008

Graduate Medical Education Committee **Sean P. Kelly, MD; Chair, GMEC**
11.24.2008

Original Date Approved: 1/8/2004

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Next Review Date: 11/24/2011

**Eliminated:
2008**

Eliminated:

References:

*Beth Israel Deaconess Medical Center
GME Manual*

Title: Restrictive Covenants

Policy: GME-13

Purpose: To delineate policy on restrictive covenants

Policy Statement:

The Beth Israel Deaconess Medical Center strongly supports the policy of the Accreditation Committee on Graduate Medical Education which prohibits the inclusion of any restrictive covenants or non-compete clauses for residents.

It is the policy of the Beth Israel Deaconess Medical Center, in accordance with the laws of the Commonwealth of Massachusetts {MGL Ch. 112, Sec. 12X}, that no residency program will ask for a signature by a resident on a non-compete or restrictive covenant clause as a contingency of Graduate Medical Education training.

Residents are advised to note that it is also improper to sign a non-compete/restrictive covenant clause in conjunction with any Beth Israel Deaconess Medical Center documents.

Procedure(s) for Implementation:

Procedure and Responsibilities

Responsible Party

Program Directors

Action

Ensures that program documentation required for signature by residents does not contain a non-compete or restrictive covenant clause.

Trainees advise the Office of GME of any documents that contain language which could be construed as non-compete or restrictive covenant language.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee: Richard Wolfe, MD; Chair, MEC

3/18/2009

Graduate Medical Education Committee Sean P. Kelly, MD; Chair, GMEC

2/23/2009

Original Date Approved: 2/25/2004

Revisions: 3/9/06, 9/22/2008, 2/9/2009

Next Review Date: 2/9/2012

Eliminated

**Beth Israel Deaconess Medical Center
GME Manual**

Title: Trainee Impairment and Substance Abuse

Policy: GME-14

Purpose: To describe the medical center procedures to handle trainee impairment and substance abuse

Policy Statement:

Beth Israel Deaconess Medical Center (BIDMC) recognizes its obligation to assist interns, residents and fellows (“Trainees”) with health concerns and thereby provide protection to patients. Through its Graduate Medical Education program, the BIDMC establishes a process by which Trainees, who are believed to be impaired or at risk for impairment by physical, emotional, psychiatric illness or by substance use or abuse, will have access to and receive confidential diagnosis, treatment and rehabilitation, as needed.

With regard to substance abuse and the workplace, the BIDMC is committed to a drug-free workplace as described in the policy statement attached below.

Procedure(s) for Implementation:

In implementing the policy and procedures set forth below, the Program Director and Director of Graduate Medical Education should consult with the Employee Relations Office in the Human Resource Department, legal counsel and/or Physician Health Services, as appropriate, to ensure compliance with BIDMC policies, as well as state and federal laws and regulations. Activities conducted in accordance with this policy, and associated communications, will be designated activities and communications of a peer review committee.

Recognition and Immediate Action

If a Program Director reasonably suspects, by means of direct communication from the Trainee, personal observation, reports from others or otherwise, that a physical, or mental impairment, including substance use, is affecting or at risk for affecting a Trainee’s performance, then the Program Director, in consultation with the Director of Graduate Medical Education, shall take immediate steps to ensure that optimal patient care and safety is not compromised. These steps may include temporarily altering the Trainee’s work assignment, placing the Trainee on a leave of absence from work, or taking other immediate action as appropriate.

It is the duty of all BIDMC personnel to report concerns of possible Trainee impairment affecting or at risk for affecting performance, including Trainee use of a controlled substance or use of any other substance in an impairing manner, to a responsible supervisor and ultimately to the Trainee’s Program Director.

Medical /Psychiatric Evaluation

The Program Director, in consultation with the Director of Graduate Medical Education, may determine that a medical evaluation is necessary to establish whether a physical or mental impairment is affecting or at risk for affecting performance, including Trainee use of a controlled substance or use of any other substance in an impairing manner. Medical/psychiatric evaluations may be performed by Physician Health Services, a service of the Massachusetts Medical Society, which provides assistance with assessment and treatment of physicians in matters of individual clinician health, or by another appropriate health care provider. The Program Director or his/her designee will facilitate the referral.

During the period pending the results of a medical/psychiatric evaluation, a Trainee may be given an altered work assignment, may be placed on a leave of absence from work, or other alternative, as appropriate to ensure safety to patients and the trainee.

A Trainee's failure to cooperate in any recommended evaluation or testing will be grounds for disciplinary action, up to and including suspension and/or termination of the Trainee Agreement or other relationship with the BIDMC, in accordance with the Graduate Medical Education *Remediation and Disciplinary Policy*.

Absence from Work/Suspension from Program

While absent from work due to either a reasonably suspected or confirmed impairment affecting or at risk for affecting performance, a Trainee's receipt of pay and/or benefits will be determined in accordance with the Graduate Medical Education *Leave of Absence Policies*.

A Trainee's absence from work due to either a reasonably suspected or confirmed impairment affecting or at risk for affecting performance may be accompanied by disciplinary action, up to and including suspension and/or termination of the Trainee Agreement or other relationship with the BIDMC, in accordance with the Graduate Medical Education *Remediation and Disciplinary Policy*.

Return to Regular Work Assignment/Return to Work from Absence

A Trainee may return to his/her regular work assignment and/or return to work from an absence following confirmation of impairment only after receiving express approval by the Program Director. The Program Director's determination will take into consideration all information that the BIDMC, at its discretion, deems relevant to ensuring optimal patient care and safety, including reports of medical, psychiatric and substance abuse evaluations.

The Program Director's determination may conclude that the Trainee is permitted to return to regular work assignment or return to work from an absence, with or without conditions, or that the Trainee's employment and participation in the Program will be suspended or terminated. If

the Trainee has participated in the Physician Health Services program and the Program Director approves his/her return to regular work assignment or return to work from an absence, conditions for return to work will include any requirement set forth by Physician Health Services.

Education/Prevention

The following programs and resources are available to educate Trainees about physician impairment, including problems of substance abuse. Education on substance abuse will include information concerning signs and symptoms of impairment.

1. Each year during New House Staff Orientation, an educational component addressing this Policy on Trainee Impairment and Substance Abuse, and related services, will be presented.
2. A lecture addressing the impaired physician will be presented at least yearly and will be open to all house staff and faculty.
3. The Massachusetts Medical Society's Physician Health Services provides additional detailed information at www.massmed.org/phs.

Mandatory Statutory Reporting

State law, M.G.L. Chapter 112, Section 5F, requires that any health care provider, including physicians, dentists, nurses, psychologists, social workers, hospitals, clinics and nursing facilities, report to the Board of Registration in Medicine when there is a reasonable basis to believe that a physician is practicing while impaired by a physical or emotional/mental condition or by drugs or alcohol or when a physician is a habitual user of drugs or alcohol. An exception to this duty to report allows the mandated reporter, in certain circumstances, to report to Physician Health Services, rather than to the Board of Registration in Medicine. This exception applies only in the following defined circumstance: (1) drugs or alcohol are involved; (2) no patient harm has been alleged; (3) the physician agrees to participate in Physician Health Services program; and (4) the reporter, within thirty (30) days of the report, receives confirmation from Physician Health Services that the physician is in compliance with the program.

Each health care provider has an individual obligation to determine whether a suspected, specific circumstance of a physician practicing while impaired is reportable. Prior to reporting a Trainee, consultation with the Program Director, Director of Graduate Medical Education, legal counsel and the Director of Risk Management, should be sought. If the BIDMC is required to report a trainee, such report shall be made by the Program Director or his/her designee.

Beth Israel Deaconess Medical Center

Drug-Free Workplace Policy

It is the policy of the BIDMC to maintain an alcohol-free and drug-free workplace. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace. On-the-job consumption of alcohol, and inappropriate use of prescription drugs, also is prohibited in the workplace. Driving a BIDMC vehicle or driving while engaged in BIDMC-related business while under the influence of a controlled substance, alcohol or inappropriate prescription drug use is included in this prohibition. Depending on the circumstances and to the extent permitted by law, following a violation of this policy, the BIDMC may require an employee to complete a drug or alcohol abuse assistance or rehabilitation program approved by a federal or state local health, law enforcement or other appropriate agency. Any violation of this policy also is grounds for disciplinary action up to and including suspension or immediate termination of employment.

It is a condition of employment that each employee abides by this policy. It also is a condition of employment that each employee notifies the BIDMC within (5) days of any criminal drug conviction for a violation occurring in the workplace. The BIDMC has an obligation to notify the appropriate federal agency with ten (10) days of receiving such a notice of a conviction. Further, no later than thirty (30) days of notice of such a conviction, the BIDMC will take appropriate action up to and including requiring that the employee complete a drug or alcohol abuse assistance or rehabilitation program approved by a federal or state local health, law enforcement or other appropriate agency, and/or suspension or immediate termination of employment.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee:
3/18/2009

Rich Wolfe, MD; Chair, MEC

Graduate Medical Education Committee
2/23/2009

Sean P. Kelly, MD; Chair, GMEC

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Next Review Date: 2/9/2012

Eliminated

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)**

Title: Trainee Supervision for Interns, Residents and Fellows

Policy : GME-15

Purpose: To establish guidelines for individual departmental supervision policies

This Policy establishes hospital-wide supervision guidelines for all interns, residents and fellows (Trainees) appointed to graduate medical Education (GME) programs sponsored by the Beth Israel Deaconess Medical Center (BIDMC). It also establishes institutional supervision guidelines for medical students enrolled in courses sponsored by BIDMC.

This Policy is intended to comply with applicable standards set by the Massachusetts Board of Registration in Medicine (BoRM), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), requirements of the Accreditation Council of Graduate Medical Education (ACGME), and provisions of the BIDMC Medical Staff Bylaws.

Supervision by Members of the Medical Staff

All Trainees must be supervised by a member of the medical and/or teaching staff taking care of patients at all training sites, including both inpatient and outpatient experiences and daytime routine and on-call activities. The medical staff member must have a current Full License issued by the Massachusetts BoRM, and be properly credentialed, with appropriate clinical privileges at the institution or facility where the supervision is occurring.

The supervision of Trainees must allow for ‘graduated responsibility’. Trainees should be allowed the opportunity to assume increasing patient care responsibilities according to their level of education, ability, and experience. The level of responsibilities assumed by each Trainee must be determined by the teaching medical staff, and should be based on written descriptions of the roles and responsibilities of trainees. Trainees should receive regular evaluations that include an assessment of their ability to assume increasing levels of clinical responsibilities.

Faculty and Trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects

Program Responsibilities

1. Each GME program is required to supplement this Policy with written, program specific policies regarding supervision of Trainees. The program policy should describe the supervisory responsibilities of the faculty and the Trainee. In any situation in which a program-specific policy conflicts with the GME Policy, the terms of the GME Policy # 15 shall prevail.

2. Each program must define the general responsibilities for each PGY level, including supervisory responsibilities, medical/surgical procedures or orders that require direct supervision or countersignature, in emergency and non-emergency situations.
3. Each program director must define the levels of responsibility for each Trainee by preparing a description of the types of clinical activities each Trainee may perform with and without direct supervision and those for which the Trainee may act in a teaching/supervisory capacity and will communicate the defined levels of responsibility to each Trainee.
4. Trainees should receive regular evaluations that assess their competency. The assessment of a Trainee's competence shall serve as the basis for determining the minimum level of supervision required for different activities.
5. On-call schedules for attending physicians shall provide for supervision that is readily available to a Trainee on duty 24 hours per day, 7 days per week. The program director must ensure and document adequate supervision of Trainees at all times. Trainees must be provided with rapid, reliable systems for communicating with supervising faculty.
6. Programs should define standard indications and principles to guide Trainees in determining the need for communication with the attending physician in all circumstances.
7. Under certain circumstances determined by the program, urgent judgments by highly experienced physicians are required, and for these specialties attending physicians must be immediately available on site at all times. Under other circumstances, attending physicians can provide adequate supervision off site as long as their physical presence within a reasonable time can be assured in case of need.
8. The Program Director must assure that a schedule with the name and contact number of the responsible attending physician is available at all times to program Trainees. Faculty schedules must be structured to provide Trainees with continuous supervision and consultation.
9. All patients seen by Trainees on an outpatient basis must be seen by, discussed with, or reviewed by the responsible attending physician.
10. Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, Trainee feedback, attending physician feedback, risk management reports and quality improvement reports.

Attending Physician Responsibilities

1. An attending physician is responsible for and actively involved in the care provided to each patient, both inpatient and outpatient.
2. An attending physician directs the care of each patient and provides the appropriate level of supervision for a Trainee is based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the resident being supervised.
3. The attending physician, in consultation with the program director, accords a Trainee progressive responsibility for the care of the patient based on the Trainee's clinical experience, judgment, knowledge, technical skill, and capacity to function.
4. The attending physician advises the program director if he/she believes a change in the level of the Trainee's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.
5. The attending physician fosters an environment that encourages questions and requests for support or supervision from the Trainee, and encourages the House officer to call or inform the attending physician of significant or serious patient conditions or significant changes in patient condition.

Trainee Responsibilities

1. A Trainee's responsibilities shall include patient care activities within the scope of his/her clinical privileges, attendance at clinical rounds and seminars, timely completion of medical records, and other responsibilities as assigned or are required of all members of the Medical Staff.
2. Each Trainee will take action as necessary to remain knowledgeable of the clinical status of all patients assigned to him/her, and discuss any significant changes in clinical status with the attending as soon as possible.
3. In life-threatening emergencies (e.g., code situations), Trainee's may initiate or modify major diagnostic and therapeutic actions consistent with their level of ability and training.
4. In case of an emergency, the Trainee may ask another health care provider to immediately contact the attending physician while the Trainee initiates emergency interventions but must inform the attending as soon as possible and receive additional instruction as indicated.

5. Prior to performing an invasive procedure on a patient, Trainees must have approval of the attending physician, and follow the attending physician's directions regarding supervision, consistent with residency policy.

Supervision of Medical Students

Trainee's Responsibilities in Medical Student Instruction:

- a) All Trainees in BIDMC Sponsored Residency Programs are expected to provide guidance, instruction and evaluation for medical students and any other medical personnel or its students who may be in training on the service.
- b) Trainees may be delegated responsibility for medical student supervision by an attending physician.
- c) Trainees may be delegated the responsibility by an attending to review, correct and countersign the medical records presented to them by medical students.

Faculty Responsibilities in Medical Student Instruction

- a) Harvard Medical School, through its faculty governance process, will outline responsibilities for teaching and supervision of medical students.
- b) The attending physician is ultimately responsible for the supervision of a medical student, however, a Trainee may be delegated such responsibility by a faculty member.
- c) Attending physicians should endeavor to remain aware of the activities and performance of any medical student(s) assigned to them for supervision.

Medical student responsibilities

- a) To participate in clinical learning experiences, medical students must be enrolled in the specific course related to the clinical activity.
- b) Medical students are expected to be appropriately dressed, and have an appropriate name identification card.
- c) Medical students are expected to properly identify themselves to patients, by name and level of training
- d) Medical students must communicate with the attending physician, or supervising Trainee, prior to initiating any procedure or implementing any changes in the treatment plans.
- e) Medical students may enter information into the medical record, i.e., history and physical, discharge summary, and progress notes. *However, any such entries must be countersigned by a physician.* Each participating hospital sets its own policies about what a student may enter into the medical record.

Monitoring and Reporting on Trainee Supervision

Any alleged infractions of the supervision policy should be reported to the Trainee’s Program Director or his/her designee.

The Program Director or his/her designee is responsible to investigate and if possible resolve the issue.

If not resolved, the problem should be brought to the attention of the Chair of the department and other relevant house staff committees.

Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, Trainee feedback, attending physician feedback, risk management reports and quality improvement reports.

Supervision policies and the adequacy of supervision will be addressed during each Internal Review conducted by the GME office in compliance with ACGME regulations as well as through regular ACGME surveys.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee: **Rich Wolfe, MD; Chair, MEC**
12/17/2008

Graduate Medical Education Committee **Sean P. Kelly, MD; Chair, GMEC**
11.24.2008

Original Date Approved: 1/8/2004

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Next Review Date: 11/24/2011

Eliminated:

**Beth Israel Deaconess Medical Center
GME Manual**

Title: Trainee Moonlighting

Policy : GME-16

Purpose: To describe the guidelines for moonlighting

The ACGME stipulates that: “Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care.” For this reason moonlighting activities must be monitored by individual programs.

All Trainees at the Beth Israel Deaconess Medical Center (BIDMC) must comply with the ACGME Common Program and Institutional requirements in addition to the requirements specified below. For the purpose of this policy ‘Trainee’ refers to residents and fellows enrolled in educational programs at BIDMC.

1. Moonlighting must not interfere with ability of a Trainee to achieve the goals and objectives of the training program.
2. Trainees must not be required to engage in moonlighting.
3. Trainees require a prospective, written statement of permission from the program director. This letter must be part of the Trainee’s permanent file.
4. All hours engaged in moonlighting activities that occur within the training program and/or the sponsoring institutions or non-hospital sponsor’s primary clinical site(s) must be counted with the Trainee’s duty hours. The total hours - including both the regular and the moonlighting hours can not exceed the weekly maximum of allowable hours. This is 80 hours per week, unless a duty hour exception has been granted by the ACGME. If an exception has been approved, the total hours cannot exceed that number approved by the RRC for the individual program. In addition the Trainee must be insured at least one full day per seven days free of any clinical responsibilities.
5. The Program Director is responsible to monitor all Trainees that engage in moonlighting. Non compliance with the duty hour regulations may lead to withdrawal of permission to moonlight by the Program Director.
6. The Program Director is responsible to monitor the Trainees’ performance for the effect of moonlighting. Adverse effects may lead to withdrawal of permission at the discretion of the Program Director or designee.

7. Trainees are responsible to ensure malpractice coverage for all moonlighting activities. This may require the completion of both an institutional waiver form and the CRICO Confirmation of Extended Professional Liability Checklist signed by the Program Director or chief. Copies of these documents must be kept as part of the trainee's permanent file.
8. In addition to the above policy, Trainees must follow the individual departmental moonlighting policy.

Vice President Sponsor: Richard M. Schwartzstein, Vice President for Education

Approved By:

- | | |
|---------------------------------------------------------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Council of Program Directors
3/16/2009 | Sean P. Kelly, MD, Chair, CPD |
| <input checked="" type="checkbox"/> Medical Executive Committee
3/18/2009 | Richard Wolf, MD, Chair, MEC |
| <input checked="" type="checkbox"/> Graduate Medical Education Committee
3/23/2009 | Sean P. Kelly, MD, Chair, MEC |

Requested By: Graduate Medical Education Committee

Original Date Approved: March 22nd, 2002

Revised: 4/25/05, 3/9/06, 3/23/2009

Next Review Date: 3/2012

Eliminated:

References:

**Beth Israel Deaconess Medical Center
GME Manual**

Title: Resident Eligibility & Selection

Policy : GME-17

Purpose: To ensure that all enrolled trainees are eligible and that the selection process for trainees is fair and without prejudice.

Policy Statement:

The Beth Israel Deaconess Medical Center (the Medical Center) Graduate Medical Education Committee monitors the compliance of each program with these policies and procedures:

1. Resident or Trainee Eligibility:

Applicants with one of the following qualifications are eligible for appointment to accredited residency or fellowship programs sponsored by the Medical Center:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- c. Graduates of medical schools outside the United States and Canada
 - i. who hold a valid certificate from the Educational Commission for Foreign Medical Graduates and / or
 - ii. Have a full and unrestricted license to practice medicine in a US jurisdiction.
- d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions:
 - i. Have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;
 - ii. Have studied at a medical school outside the United States and Canada but listed in the *World Health Organization Directory of Medical Schools*;
 - iii. Have completed all the formal requirements of the foreign medical school except internship and /or social service;
 - iv. Have attained a score satisfactory to the sponsoring medical school on a screening examination

v. Have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

2. Resident Selection

- a. Medical Center programs must select from among eligible applicants on the basis of the applicant's 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.
- b. All sponsored programs participate in an organized matching program, where available, such as the national Resident Matching Program (NRMP).

3. Enrollment of noneligibles

The enrollment of noneligible residents may be a cause for withdrawal of accreditation of the involved program. The Graduate Medical Education Committee annually reviews each sponsored program's intern and resident selection procedures to insure compliance with the above policies and procedures.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee:
05/19/2010

Rich Wolfe, MD; Chair, MEC

Graduate Medical Education Committee
04/26/2010

Sean P. Kelly, MD; Chair, GMEC

Original Date Approved: December 10, 1998

Next Review Date: 2007-2008, 5/21/2010, 4/26/2013

Revised: 3/9/06, 5/21/07, 4/26/2013

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education
Tracking Policy**

Title: *Departmental Tracking for Harvard Medical School Continuing Medical Education Credits*

Policy #: *GME- 18*

Purpose: This policy will serve to outline the policy for the tracking of Harvard Medical School (HMS) Continuing Medical Education credits for physicians at Beth Israel Deaconess Medical Center (BIDMC).

Policy Statement:

This document describes the recommended procedures for tracking physician Continuing Medical Education (CME) credits obtained through participation in BIDMC departmental educational sessions. This policy refers only to activities that are approved for CME credit by the HMS Continuing Medical Education Committee. These guidelines do not apply to CME credits awarded for public courses offered through the CME department at HMS or elsewhere.

Background:

Physician CME credit for educational events e.g. Departmental Grand Rounds, within a BIDMC Department may be awarded through the HMS CME committee. In order to obtain CME credit, the HMS CME office must approve the educational event conducted at BIDMC. The approval may be for an individual lecture or more commonly for a recurring lecture series. The HMS CME office awards the number and type of CME credits for the educational event. The CME office provides approval for the academic year; CME approval for educational events must be renewed annually.

Individual BIDMC Departments and/or Divisions are responsible for:

1. Submitting a renewal request for authorization for CME credit to the CME office at HMS annually for educational activities – activities may be a series of lectures or individual events.
2. **The submission of your application can be done through the following web link:**
<http://ecommons.med.harvard.edu/>
 - I. If you don't have a log-in set up you can create one by clicking on "Obtaining an Account" along the top of the page. Click on "Applications" in the upper left hand corner, then scroll down the list to "IHC" and click. If you click "View," you can specify BIDMC as the institution and search for your programs.
3. Submitting an initial request for authorization for CME credits to HMS CME office for new educational activities.
4. Tracking physician attendance for departmentally sponsored CME activities during the academic year. Attendance records should include the physician's full name, department and number of credits awarded for each event attended. It is recommended that the information is tabulated using a database such as an Excel program.
5. Printing a record of attendance for out-of-department physicians attending departmental CME activities upon request. This should include the name of the educational event, date it occurred and the number and type of CME credits provided.
6. Providing an individual annual summary sheet for each department member recording the CME credits gained over the academic year for the department's approved educational activities.
7. Submitting an annual summary of the departmental attendance records to the Department of Graduate Medical Education (GME). This should be compiled as a single document. This list submitted to the GME office must indicate:
 - Academic Year for which credits are requested
 - Course Number
 - Course Name

- Number of CME credits approved for each activity e.g. 1 or 1.5 CME
- Names of physicians in alphabetical order
- Total number of credits earned per physician – this must be tabulated for the entire year

The GME office can not accept sign in sheets; the office will only accept annual attendance summaries. The GME office does not manage or issue any CME credits for physicians.

Graduate Medical Education (GME) Office Staff

The HMS CME office requires an annual institutional summary that includes a list of all individual faculty credits received through the HMS approved activities. The HMS CME committee has requested that the annual institutional report is submitted from a single agent.

1. The GME office will act as the agent between HMS CME Committee and the BIDMC. It does not handle any credits for other disciplines such as for nurses, education specialists or psychologists.
2. Upon receipt of the total annual departmental CME summary sheet, the GME office will collate all departmental lists and create a year end institutional summary report.

The annual report will include:

- Current Academic Year
 - Names of physicians in alphabetical order
 - Number of individual CME credits for each physician by course number
3. The annual Institutional summary is then forwarded to the HMS CME office.

CME Credit Tracking Policy Rules and Regulations

1. Departments should not send their attendance lists individually to the HMS CME office. The HMS CME office will only accept complete institutional reports from the GME office, which acts as the CME contact agent for BIDMC.
2. Only the individual departments that have registered the CME authorized activity can generate CME certificates of attendance.
3. Each department is solely responsible to ensure timely renewal or new registration of HMS CME activities.
4. **The GME office is not able to provide CME attendance certificates to individual physicians. These physicians will be referred back to the host department.**

Vice President Sponsor: Ken Sands, M.D., Vice Health Care Quality

Requestor: Sean P. Kelly, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

Medical Executive Committee: Richard Wolfe, MD; Chair, MEC
3/18/2009

Graduate Medical Education Committee Sean P. Kelly, MD; Chair, GMEC
2/23/2009

Original Date Approved: 02/22/2006

Revisions: 2/10/2009

Next Review Date: 02/23/2013

Eliminated:

**Beth Israel Deaconess Medical Center
BIDMC Manual**

Title: Multidisciplinary Pain Management Policy

Policy: GME- # 20

Purpose: The purpose of this policy is to ensure that the educational training experience for the sponsored pain medicine program complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored. Disciplines involved include Neurology, Physical Medicine and Rehabilitation, Psychiatry, and Radiology, in addition to sponsoring Anesthesiology program.

Background

The Beth Israel Deaconess Medical Center provides support to one Anesthesiology-sponsored Pain Medicine training program. Pain management requires a multidisciplinary approach to a common problem, and the AGCME requires that there be an institutional policy governing the educational resources committed to pain medicine.

Effective July 2007 a Pain Multidisciplinary Fellowship Committee must be established to regularly review the program's resources and its attainment of its stated goals and objectives. The Anesthesiology Pain Management Program Director is responsible for scheduling regular meetings and maintaining minutes of the proceedings.

Monitoring and compliance

Under the guidance of the Pain Management Program Director, the program will perform an annual review of program effectiveness. The Pain Multidisciplinary Fellowship Committee must also regularly review program resources and attainment of goals and objectives.

Deficiencies will be addressed by the program director and Designated Institutional Official (DIO) if needed. The (DIO) and the GME Committee (GMEC) will monitor educational resources committed to the pain medicine training program through the Internal Review process.

If difficulties in the distribution of resources committed to pain medicine training are identified, the DIO will meet with members of the program and multidisciplinary committee to assess the issues and to recommend corrective action. The DIO will report these findings to the GMEC and if necessary the Medical Executive Committee (MEC) which may meet with the pain medicine training director and other hospital/institutional officials. The MEC's recommendations will be forwarded for approval to the GMEC.

Any request for program changes in pain medicine would be reviewed through customary ACGME processes.

Approved By: Sheila Barnett, M.D. and GMEC Committee

- ✓ ***Graduate Medical Education Committee: 1.14.2008 Sheila Barnett, MD, Chair GMEC***
- ***Medical Executive Committee : N/A***

Requested By: Graduate Medical Education Committee

Original Date Approved: 1.14.2008

Revisions: 1.15.2008

Next Review Date:: 1/14/2011

**Beth Israel Deaconess Medical Center
BIDMC Manual**

Title: Anesthesia and Surgical Critical Care Multidisciplinary Policy

Policy: GME- # 21

Purpose: The purpose of this policy is to ensure that the educational training experience for the sponsored Critical Care training programs complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

Background

The Beth Israel Deaconess Medical Center provides support to one Anesthesiology sponsored Critical Care training program and one Surgery sponsored Critical Care training program. Critical Care requires a multidisciplinary approach, and the ACGME requires that there be an institutional policy governing the educational resources committed to critical care. This policy ensures cooperation of all disciplines involved in critical care medicine.

Monitoring and compliance

The program will perform an annual review of program effectiveness. Deficiencies will be addressed by the critical care program director and Designated Institutional Official (DIO) if needed. The Designated Institutional Official (DIO) and the GME Committee (GMEC) will monitor educational resources committed to the pain medicine training program through the Internal Review process.

If difficulties in the distribution of resources committed to Critical Care training are identified, the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The DIO will report these findings to the GME Committee and if necessary the Medical Executive Committee (MEC) which may meet with the Critical Care program directors and other hospital/institutional officials. The MEC's recommendations will be forwarded for approval to the GMEC.

Any request for program changes in the Critical Care training programs would be reviewed through customary ACGME processes

Approved By: Sheila Barnett, M.D. and GMEC Committee

- ✓ **Graduate Medical Education Committee: 1.14.2008 Sheila Barnett, MD, Chair**
- **Medical Executive Committee : N/A**

Requested By: Graduate Medical Education Committee

Original Date Approved: 1.14.2008

Revisions:

Next Review Date: 1/14/2011



**Beth Israel Deaconess Medical Center
BIDMC Manual**

Title: Graduate Medical Education Guidelines for Program Affiliation Agreement Signatures

Policy #: GME- 22

Purpose: The ACGME requires program agreements between all ACGME programs with rotating residents and fellows. These program agreement documents may or may not include a financial section. The following guidelines describe the sign-offs required by the GME office.

These recommendations apply to affiliations that the BIDMC sponsors as well as programs that BIDMC participates in as the affiliated or participating institution.

General Principles.

Affiliations or letters of agreement are required according to the guidelines set forth by the ACGME. www.acgme.org

BIDMC Affiliation Agreements (i.e. Sponsoring)

Non-Financial: All BIDMC affiliation agreements must include the following signatures:

- BIDMC Program Director (or Associate Program Director as indicated)
- BIDMC Designated Institutional Official (DIO)
- Program Director at the affiliated hospital
- Optional DIO or Director of Education at affiliate

Financial: All BIDMC affiliation agreements with financials must include the following signatures

- BIDMC Program Director (or Associate Program Director as indicated)
- BIDMC Designated Institutional Official (DIO)
- BIDMC Chief Financial Officer (CFO)
- Program Director at the affiliated hospital
- DIO or Director of Education at affiliate
- Optional affiliate CFO

When the BIDMC is the sponsoring program, programs should use **standard program affiliations that are available on the BIDMC GME website only.**

Non-BIDMC Affiliation Agreements (i.e. combined, participating or affiliated)

- When BIDMC is the affiliated institution, the agreement is drafted by the sponsoring hospital.
- The BIDMC requires the same signatures from the BIDMC **even if the affiliate does not require them.**

Vice President Sponsor: Richard Schwartzstein, MD, VP BIDMC Education

Approved By:

GME Committee: 10/29/07

Sheila Barnett, MD -Chair

Medical Executive Committee: 11/21/2007

**Mary Anne Badaracco, MD
Chair, MEC**

Requestor Name: Richard Schwartzstein, MD

Original Date Approved: 10/29/2007

Revised: 11/21/2007

Next Review Date: 11/21/2011

Eliminated:

References:

Title: Disaster-Patient Interruption Policy

Policy #: GME- 23

Purpose: In the event of a disaster causing a sustained interruption of patient care that impacts on the Graduate Medical Education programs sponsored by BIDMC, GMEC establishes this policy relative to the continuation of the educational experiences of residents.

The definition of a disaster will be determined by the Accreditation Council for Graduate Medical Education (ACGME) as defined in the ACGME Policies and Procedures. The Designated Institutional Official (DIO) will be the primary Medical Center contact with the ACGME regarding disaster determination as well as response planning and implementation.

1. Overview

ACGME is committed to assisting in reconstituting and restructuring residents' educational experiences as quickly as possible after a disaster.

2. Definition of Disaster

An event or set of events causing significant alteration to the residency experience at one or more residency programs. Hurricane Katrina is an example of a disaster.

3. ACGME Declaration of a Disaster

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

4. Resident Transfers and Program Reconfiguration

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, it must: arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or assist the residents in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion. Within 10 days after the declaration of a disaster (see above), the designated institutional official of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person if the institution determines that the designated institutional

official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs:

- (1) to submit program reconfigurations to ACGME, and
- (2) to inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

If within the 10 days, the ACGME has not received communication from the designated institutional official(s), ACGME will attempt to establish contact with the designated institutional official(s) to determine the severity of the disaster, its impact on residency training, and next steps.

5. ACGME Website

On its website, ACGME will provide, and periodically update, information relating to the disaster.

6. Communication with ACGME from Disaster Affected Institutions/Programs

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. In general, *Designated Institutional Officials* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.

Program Directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

Residents should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

ACGME Policies & Procedures (June 9, 2008) Addressing Disasters Page 2
ACGME Policies & Procedures (June 9, 2008) Addressing Disasters Page 3

7. Institutions Offering to Accept Transfers

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website. The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and

make and communicate decisions.

8. Changes in Participating Sites and Resident Complement

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- the addition or deletion of a participating site;
- change in the format of the educational program; and,
- change in the approved resident complement.

9. Temporary Resident Transfer

At the outset of a temporary resident/fellow transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must so inform each such transferred resident/fellow.

10. Site Visits

Once information concerning a disaster-affected program's condition is received, ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sheila Barnett, MD

Director, Graduate Medical Education, Designated Institution Official

Approved By:

- Medical Executive Committee:** **Rich Wolfe, MD; Chair, MEC**
- Graduate Medical Education Committee** **Sean P. Kelly, MD; Chair, GMEC**
9/22/2008

Original Date Approved: 9/22/2008

Revisions:

Next Review Date: 9/22/2011

Eliminated:

GME 24 Statement of Commitments

Title: Statement of Commitment

Policy #: GME – 24

Purpose: The Beth Israel Deaconess Medical Center (BIDMC) recognizes that medical education is a continuum marked at various stages by the degree of Doctor of Medicine, completion of an accredited graduate medical education (GME) program, and subsequently a continuing life-long interest in professional self-improvement and education.

With respect to GME specifically, the BIDMC is committed to providing the appropriate resources to assure the highest quality of training.

Educational Resources

The institution is committed to providing a scholarly milieu in which the resident physician interacts with a diverse group of other learners and teachers. This group includes medical students, nursing students, graduate students, and faculty.

Resources include, but are not limited to, a patient population that is appropriate in size and diversity of medical problems, technological support including computer management of patient records and care, and research opportunities, in both the clinical and basic sciences.

Financial Resources

All residents are compensated and receive fringe benefits including health insurance, disability insurance and professional liability insurance. Additionally they are eligible to enroll, at their discretion, in other group benefits programs offered by the medical center.

Every department receives financial resources from the medical center to support educational endeavors. Additionally, the medical center created and maintains an infrastructure to supervise and coordinate graduate educational activities through the GME office and personnel.

Human Resources

All physicians practicing at the BIDMC hold an academic appointment at Harvard Medical School. Additionally, a portion of the full-time faculty member's salary is predicted on an obligation to teach. The institution also is committed to the support staff within the GME office to implement graduate education policies.

Sponsored by the Following:

- | | |
|---------------------------------------------------------------------------------|--------------------|
| <input checked="" type="checkbox"/> Chairman Board of Directors
1/5/2010 | Stephen Kay |
| <input checked="" type="checkbox"/> President and CEO
1/5/2010 | Paul Levy |
| <input checked="" type="checkbox"/> Chief Academic Officer
1/10/2010 | Vikas Sukhatme, MD |
| <input checked="" type="checkbox"/> Designated Institute Official
12/28/2009 | Sean P. Kelly, MD |

Title: National Provider Identifiers (NPIs) for all ACGME and NON-ACGME Trainees (Interns, Residents, Fellows & Rotators)

Policy: GME-25

Purpose: The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers.

Policy Statement: The NPI is a unique 10-position numeric identifier to be used for electronic claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, and remittance advices. The NPI remains the same throughout a physician's professional career. Physicians will be required to continuously maintain their NPI information, including name changes, additional taxonomy codes, etc. Physicians should maintain their own logon and password information.

The procedure to apply include the following:

- To apply, visit <https://nppes.cms.hhs.gov/NPPES> and provide the information listed below.
- Important Note: please select "Individual" – Do not select "organization"
- You will then be asked to fill in the following information about yourself **or the individual for whom you are applying** (Note that currently Medicare insists only the provider should access the NPPES system for their information):
 - Interns, Residents, and Clinical Fellows who are pending licensure should **use Taxonomy Code: 390200000X** – (Student in Organized Health Care Education/Training Program)
 - Provider Name
 - SSN
 - Provider Date of Birth
 - Country of Birth
 - State of Birth (if Country of Birth is U.S.)
 - Provider Gender
 - Mailing Address
 - Practice Location Address and Phone Number
 - Provider Type (Report specialty you are training in at this time, if applicable)
 - State License Information (if issued)
 - Contact Person Name (self)
 - Contact Person Phone Number and Email (self)

The Graduate Medical Education office will require that all trainees obtain an NPI number and notify their program coordinator with the number within 14 days of starting a trainee program.

Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)

Title: Accommodations for Trainees with Disabilities

Policy: GME-26

Purpose: To provide a procedure to identify the need for and provide reasonable accommodations for Trainees with disabilities in compliance with the American with Disabilities Act.

Policy Statement:

Beth Israel Deaconess Medical Center (BIDMC), as the institutional sponsor for graduate medical education (GME) programs, acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the American with Disabilities Act (ADA) and is committed to considering requests for reasonable accommodations made by Trainees with known disabilities who can meet the clinical and academic requirements of their residency program. BIDMC maintains certain minimum technical standards that applicants to GME programs and Trainees appointed to GME programs must possess.

It is the responsibility of BIDMC's residency and fellowship program directors to select individuals who are best qualified to meet certain residency program requirements and who are the most likely to become competent, independent physicians. Trainees must gain the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Scope and Responsibility

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME) accredited GME programs sponsored by BIDMC.

It is the responsibility of all program directors and BIDMC's GME Committee to comply with this policy.

Eligibility Criteria and Program Requirements

GME programs require applicants accepted into the program (Trainees) to develop competence in six areas: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice, Interpersonal Skills and Communication, and Professionalism.

Toward this end, GME programs, in accordance with the ACGME Institutional and Program Requirements, define the specific knowledge, skills, and personal attributes to be achieved by Trainees, and provide educational experiences necessary for their Trainees to demonstrate competency in each area.

In order to achieve competency in these six areas, qualified applicants and Trainees, at a minimum, must have aptitude and abilities in the following areas: (1) observation; (2)

communication; (3) sensory and motor coordination and function; (4) conceptual, integrative abilities; and (5) behavioral and social attributes.

Observation requirements

observe demonstrations and participate in clinical care and in basic and clinical sciences as determined by the respective faculty; and

observe a patient accurately at a distance and at close hand, noting non-verbal as well as verbal signals.

Communication requirements

speak intelligibly, hear adequately, and observe patients closely in order to elicit and transmit information, describe changes in mood, activity and posture, and perceive non-verbal communications;

communicate effectively and sensitively with patients;

communicate effectively and efficiently in oral and written English with all members of the health care team;

possess reading skills at a level sufficient to accomplish curricular requirements and provide clinical care for patients; and

complete appropriate medical records and documents and plans according to protocol and in a complete and timely manner.

Sensory and Motor Coordination and Function Requirements

possess sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers;

be able to execute motor movements reasonably required to provide general care and emergency treatment to patients;

have somatic sensation and the functional use of the senses of vision and hearing;

have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out required activities;

be able to consistently, quickly, and accurately integrate all information received by whatever senses are employed; and

possess sufficient sensory and motor coordination and functional capacity to meet the specific requirements of any specialty training program in which the Trainee participates.

Intellectual, Conceptual, Integrative and Quantitative Abilities

be able to identify significant findings from history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, prescribe appropriate

medications and therapy and retain and recall information in an efficient and timely manner;

possess the ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans; and

possess good judgment in patient assessment and in diagnostic and therapeutic planning.

Behavioral and Social Attribute Requirements

possess the emotional health required for full use of intellectual abilities, the exercise of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients;

exhibit the development of mature, sensitive and effective relationships with patients, colleagues, clinical and administrative staff, and all others with whom the accepted applicant interacts in the professional or academic setting, regardless of their race, ethnicity, gender, religion, age or other attributes or affiliations that may differ from that of the Trainee;

tolerate physically taxing workloads and function effectively when stressed;

be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients; and

Applicants with Disabilities

Under Federal and State law, BIDMC must provide reasonable accommodations to otherwise qualified applicants and Trainees with disabilities unless to do so would cause an undue hardship. A qualified applicant or Trainee with a disability is someone who has the requisite skill, experience, education to meet the Program Requirements and to perform the essential functions of the Trainee's position, with or without reasonable accommodation.

An applicant is not disqualified from consideration due to a disability and is not required to disclose the nature of his/her disability during the application and/or interview process.

Trainees with disabilities are responsible for requesting reasonable accommodations. When the disability, the need for and/or the type of accommodation is not obvious, the Trainee is responsible for providing medical documentation to Human Resources and Occupational Health appropriate to verify the existence of the disability and or the appropriateness of the requested accommodation. The Program Director will work with the Trainee to help to identify and assess potential reasonable accommodations. A request for accommodation may be made at any time during residency training. In order for a Trainee to receive maximum benefit from his/her residency training time, requests for accommodation should be made as early in the training process as possible. All requests for reasonable accommodation should be directed to the Program Director at BIDMC and/or the sponsoring institution. The Program Director(s), working with representatives from Human Resources, Occupational Health, and the requesting Trainee, will determine whether the requested accommodation is reasonable or would impose an undue hardship, or whether an alternative accommodation would be as

effective as the requested accommodation.

Some of the aptitudes, abilities, and skills described in the ACGME Requirements can be attained by some Trainees with technological compensation or other reasonable accommodation. However, Trainees using technological supports or other accommodations must be able to perform in a reasonably independent manner. The use of trained intermediaries to carry out essential functions described in the ACGME Requirements will not be permitted by the BIDMC. Intermediaries, no matter how well trained, are applying their own powers of selection and observation, which could affect the judgment and performance of those to whom they are providing their intermediary services. Therefore, BIDMC will not permit third parties to be used to assist a Trainee in the clinical training area in accomplishing curriculum requirements. Other accommodations will be given due consideration, and reasonable accommodations will be made where consistent with curriculum objectives and legal requirements applicable to BIDMC and its sponsored programs.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Requestor: Sean P. Kelly MD

Director, Graduate Medical Education, Designated Institutional Official

Approved By:

Medical Executive Committee: Richard E. Wolfe, MD; Chair, MEC
3/18/2009

Graduate Medical Education Committee Sean P. Kelly, MD, Chair, GMEC
3/23/2009

Council of Program Directors Sean P. Kelly MD, Chair
3/16/2009

Original Date Approved:

Revisions:

Next Review Date:

Eliminated: