

Beth Israel Lahey Health



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

GME Trainee Manual

2025

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Introduction

The Graduate Medical Education (GME) Committee has developed and approved a series of policies related to the education and well-being of all house staff. These policies cover a broad range of topics from resident eligibility and selection to what happens in the event of a substantial disruption in operations.

Although many policies are required by the ACGME, we believe that these policies do more than just fulfill requirements. Our policies have been carefully written to assist housestaff and program leadership in tackling complex issues that may come up during training. These policies can provide guidance to our graduate medical education community, allowing programs to provide a superior educational experience that respects the rights of the individual residents or fellows while also supporting their program leadership.

For questions surrounding these policies please contact: gme@bidmc.harvard.edu

For access to additional GME and/or hospital-wide policies visit the BIDMC portal: <https://portal.bidmc.org> and search the PPGD Directory or pose a question to the ChatPPGD.

Lastly, for all current and prospective (post-match) BIDMC trainees you also have access to a wealth of internal resources you'll find on the housestaff internal resources page: www.shapiroinstitute.org/gme-internal-resources

Once accepted in the program, you will see the link and password on your Medhub home page or you can reach out to your program coordinator for access.

2024 Benefit Plan Overview

Beth Israel Lahey Health



Beth Israel Deaconess Medical Center—House Officers



At BILH, we do all we can to support the well-being of employees and family members with comprehensive Total Rewards programs and resources. The following is an overview of our 2024 benefits.

Our 2024 benefits program is generally available for employees regularly scheduled to work 20 or more hours per week and is designed to provide you the flexibility to choose the benefits that best meet the needs of you and your family. You have 30 days to enroll, and benefits are effective as of your date of hire. Please be advised, benefits can differ between Accredited GME's (ACGME) & non-Accredited GME's (non-ACGME).

Health Benefits

Medical Plan Options

We understand the importance of good health as the foundation for a productive life at home and at work. You can choose from **three medical plan options** through Harvard Pilgrim Health Care (HPHC): Domestic & Community HMO, HMO Plus and Tiered POS. If you enroll, you will receive prescription drug coverage. See the chart below for a high-level summary of what each medical plan offers.

Save Money!

Note that you pay less when you use BILH providers for medical care, and you can save on prescription drugs by using a BILH pharmacy.

Medical Plans*				
	Preventive Care	Office Visit with PCP or Specialist	Emergency Admission	Inpatient Hospital Services
Domestic & Community HMO (two tiers)	100% coverage (no copay)	\$0 - \$65 copay (based on tier where care is received)	90% coverage	90% coverage for Tier 1, 70% after deductible for Tier 2
HMO Plus (three tiers)	100% coverage (no copay)	\$0 - \$120 copay (based on tier where care is received)	Tier 1 deductible, then no charge	50% - 100% coverage after deductible (based on tier where care is received)
Tiered POS (three tiers plus out-of-network coverage)	100% coverage in-network (no copay)	\$0 - \$100 in-network copay	Tier 1 deductible, then no charge	50% - 100% coverage after deductible (based on tier where care is received)

* For more details on the medical plans, including deductibles and copays, see the Beth Israel Lahey Health Benefits Comparison.

Prescription Drug Copays			
When you elect one of the BILH health plans, you are automatically enrolled in prescription drug coverage.	BILH Pharmacy & Home Delivery (includes retail BILH, Lahey, or BIDMC pharmacy and Pharmacy Direct Home Delivery)		CVS Retail Network Pharmacy
	30-Day Supply	90-Day Supply	Up to 30-Day Supply Only
You Pay (copay)	\$5	\$10	Generic: \$20 Preferred Brand: \$65 Non-Preferred Brand: \$100
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family		

Health Benefits (continued)

Dental Coverage

You can choose from two dental plan options through Delta Dental.

Note that both plans include the “Right Start 4 Kids Program” that covers 100% of the cost for diagnostic, preventive, basic, and major restorative (in High Option) care for children up to age 13.

Dental Coverage		
	Low Option (In-Network Benefit)	High Option (In-Network Benefit)
Annual Deductible	\$25 individual/\$75 family	\$50 individual/\$150 family
Plan Year Maximum	\$1,000 Per Individual	\$5,000 Per Individual
Preventive	100%, no deductible	100%, no deductible
Basic Restorative Services	60% after deductible	80% after deductible
Major Restorative Services	Not Covered	50% after deductible
Orthodontia Coverage (for dependents to age 19)	Not Covered	Covered at 50% up to a separate lifetime maximum of \$1,000

Vision Coverage

You can choose from two vision plan options through EyeMed Vision Care: the Low Option and the High Option.

Both plans cover eye exams, frames, lenses, and contact lenses as well as offer a variety of discounts on services and materials. (If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.)

Flexible Spending Accounts

You have two FSA options as a smart and convenient way to stretch your benefit dollars:

- 1

Health Care Spending Account: Used to pay for eligible out-of-pocket medical, dental and vision care expenses for yourself and your eligible dependent(s). You may contribute pre-tax dollars up to \$3,050 per year.
- 2

Dependent Care Spending Account: Used to pay for eligible expenses for the care of a dependent child under age 13 (e.g. preschool, child day care) or a dependent adult (e.g. elder day care). You may contribute pre-tax dollars up to \$5,000 per family per year.

If you want to participate in an FSA, IRS rules require that you enroll each year (FSA elections do **NOT** carry over to the next year) and elect an annual amount. You must use the amount you set aside in your account by the annual deadline or you will lose any remaining funds.

Disability and Life Insurance

Short-Term Disability (STD)

STD coverage protects your income in the event of an illness, injury, or during maternity leave.

ACGMes are automatically enrolled in the Trainee Short-Term Disability Salary Continuation Plan at no cost on your first day of training. Generally, the plan will pay 100% of your regular base pay for 12 weeks if you are out or work and unable to perform all the duties of your job due to a non-work related injury. For maternity leave, this is a salary continuation policy and would provide you with compensation as outlined above for 12 weeks.

Non-ACGMes can elect to purchase optional STD insurance coverage. The cost is based on the coverage level and elimination period (waiting period) you select as well as your salary and age as of your date of hire. You can purchase coverage equal to either 60% or 75% of your base pay (weekly base earnings), up to \$3,000 per week for up to 26 weeks while you remain unable to work due to a qualifying non-work-related illness or injury.

Long-Term Disability (LTD)

The LTD plan will replace a portion of your salary if you are disabled and out of work for more than 180 days due to a covered disability. We automatically provide eligible employees with Core LTD coverage equal to 60% of their monthly pay (maximum of \$10,000 per month) at no cost. If you would like additional coverage, you may elect the Optional LTD Buy-Up (for a total of 66 2/3% coverage up to a monthly maximum of \$15,000)—paid for on an after-tax basis.

Basic Life Insurance

Basic group term employee life insurance coverage is provided at no cost to you through Voya. The amount of coverage is one times your annual eligible base pay, up to a maximum (combined with Supplemental Life) of \$2,250,000.

Supplemental and Dependent Life Insurance

You may purchase additional life insurance for yourself through Voya from 1 times up to 8 times your annual base pay (in 1/2 increments), up to a maximum of \$2,250,000 (combined with Basic Life). You may also purchase life insurance coverage for your spouse and dependent children. For your spouse, you may purchase \$10,000 to \$300,000 of coverage in \$10,000 increments; for your children, \$10,000 or \$15,000 per child. This coverage cannot exceed 100% of the approved employee supplemental life insurance amount.

Note: Evidence of insurability may be required for certain amounts of supplemental employee and spouse life insurance.

Accidental Death & Dismemberment (AD&D)

You may purchase Accidental Death & Dismemberment Insurance from one to six times your annual base pay (in 1/2 pay increments) to a maximum of \$1,500,000. For your spouse, you may purchase \$10,000 to \$300,000 of coverage in \$10,000 increments; for your children, \$10,000 or \$15,000 per child. Spouse and child AD&D coverage cannot exceed 100% of the approved employee Accidental Death & Dismemberment benefit.

Voluntary Benefits

You have an opportunity to purchase additional insurance options to supplement your benefits:

Accident Insurance

Accident insurance provides benefits in the event of an injury due to an accident including fractures, burns, lacerations, dislocations and more. You can elect coverage for you, your spouse and your children.

Critical Illness Insurance

Critical illness insurance can help cover the extra expenses associated with a severe, life-threatening illness, including COVID-19. You can elect coverage for you, your spouse, and your children.

Hospital Indemnity Insurance

If you are admitted or confined to a hospital due to an accident, illness or pregnancy, hospital indemnity insurance benefits can help pay for out-of-pocket costs such as health insurance deductibles and copays—or for anything that you see fit. The plan provides a higher benefit if you use a BILH facility.

Legal Insurance

Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

Well-Being Benefits

Employee Assistance Program (EAP)

The EAP provides free and confidential counseling, referral information, and help for many other life and family issues 24/7 to employees and their adult family members.

Care.com

This service can help you find caregivers for your whole family, including your child(ren), parents/grandparents and/or pet(s) as well as your home. In addition, you have access to subsidized backup childcare.

BenefitHub

BenefitHub is a centralized website with access to benefits and discounts specifically for employees, like auto and home insurance, pet insurance, identity theft insurance, and more.

Retirement Benefits and Additional Benefits

Retirement Benefits

You may save and invest pre-tax and/or after-tax Roth money (up to the annual IRS limit) in the 401(k) Plan through Fidelity Investments. BIDMC makes an annual core contribution to the 401(k) Plan based on age and years of service to eligible employees after one year of service. The contribution is made each year in January to eligible employees who are employed on the last day of the plan year. You don't need to contribute to the plan to be enrolled and receive the employer annual core contribution.

You may also save and invest pre-tax and/or after-tax Roth money (up to the annual IRS limit) in the 403(b) Plan.

Note: There is no matching contribution to the 401(k) or 403(b) plan.

This summary is intended to assist you in understanding the employee benefits program. If there is any difference between the information presented in this summary and the official plan documents, the plan documents will govern. This statement does not constitute an employment contract, nor does it provide a guarantee of future employment. BILH reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time. For those employees covered by a collective bargaining agreement, if any, the terms of the applicable collective bargaining agreement shall apply absent agreement by BILH and your union.

Additional Benefits

- **Commuter Program:** BIDMC offers parking and commuter options to employees. Please contact our Commuter Services Department at commuterservices@bidmc.harvard.edu for additional information.
- **HIV Supplemental Benefit Plan:** This plan, fully paid by BIDMC, provides financial assistance and other services if you become HIV positive as the result of a work-related incident.
- **Travel Accident Insurance:** We provide a travel accident insurance policy with limits up to \$500,000. This coverage is for accidental death or dismemberment while away on any company business anywhere in the world.
- **Direct Deposit Services:** You can sign up for direct deposit of your paycheck to a maximum of five different accounts.
- **Workforce Development:** The Office of Workforce Development provides free career and academic counseling, college placement testing, onsite pre-college prep courses, and on-site English for non-native English speakers.
- **Discounts:** You will have access to a number of discounts as a BIDMC employee, including:
 - Discount movie tickets, ski tickets, and water park tickets available through the BIDMC Gift Shops
 - Zipcar and BlueBike membership discounts
 - Wireless discounts for certain cell phone providers are administered by the Telecommunications Office
 - The Perks at Work and BenefitHub programs offer discounts on a wide variety of products and services
 - As the Official Hospital of the Boston Red Sox, employees can use their ID badges to obtain up to two tickets for \$5 each on game days. Tickets are available 30 minutes after the start of any home game and based on availability.

Health and Well-Being Resources for BIDMC Residents and Fellows

Clinician Health Services

Contact **Dr. MacKenzie Brigham** at mbrigham@bidmc.harvard.edu

- ✓ Self-referral service for all physicians
- ✓ Up to 3 confidential psychiatric consultations; referrals made to outside providers as needed
- ✓ No online records kept, and insurance is not billed
- ✓ Contact Dr. Brigham directly, response can be expected within 1 business day

KGA Employee Assistance Program

KGA: https://my.kgalifeservices.com/?org_code=bilh
855-760-BILH (2454), KGA mobile (App Store)

- ✓ Learn about the range of services offered in this [short video](#)
- ✓ Call for 24/7, Free and Confidential support from a licensed counselor
- ✓ [Offers mental health resources](#), [in the moment counseling](#), financial/legal consultations, childcare resources, career coaching, [fertility specialist consultation](#)
- ✓ Short-term telehealth counseling is free and confidential. For longer term counseling or psychopharmacology, KGA helps locate a specialist with availability and insurance coverage

Primary Care

Make an appointment with primary care provider using an [online scheduling tool](#)

- ✓ If no appointment is available for your schedule, see a listing of all BILH primary care locations [here](#)
- ✓ Remember to check in with your program leadership and chief residents for scheduling help

Health and Fitness

- ✓ Check out the **Peloton** bikes (no membership required), weight and yoga mats at the East Campus resident lounge in Reisman 0240. The room also has a fridge, coffee, couches, and workstations.
- ✓ **Simmons Gym:** Located across from East Campus, the Simmons University Holmes Sports center offers gym membership for BIDMC employee for \$50 or less per month, and day passes for \$8.
- ✓ **Bodyscapes Fitness:** We have partnered with Bodyscapes (in NRB near East campus) to offer **\$83/month** membership and **daypasses for \$10 per day**. Just present your BIDMC badge!
- ✓ **Free Fitness Membership - Ompractice:** Ompractice offers free unlimited membership for you and your spouse! See online live and recorded classes on strength training, pilates, yoga, meditation and more!
- ✓ **Free Yoga:** We have partnered with **JP Centre Yoga** to bring free in-person and streaming yoga classes for BIDMC Housestaff for up to **24 classes per year**. Access the [full schedule here](#), create an account, and use discount code **BIMEDYOGA24** for in-person or live-streaming classes. This code is **only** for current BIDMC GME trainees.
- ✓ **HPHC Fitness Reimbursement:** If you are enrolled in a HPHC medical insurance plan through BIDMC, you are eligible for **\$150 reimbursement per year for gym membership**.
- ✓ **Health Insurance:** Questions about Harvard Pilgrim coverage? Visit [this guide](#)
- ✓ **SilverCloud** (code BILH): On-demand virtual behavioral and mental health care
- ✓ **BILH Living Well:** A well-being resource for BILH employees. Includes:
 - ✓ Two-way online yoga classes, mindfulness classes, healthy living guides and webinars
 - ✓ Discounts on complementary medicine services (acupuncture, chiropractic care, etc)
 - ✓ [Behavioral health tools](#) including access to AbleTo (provides 1:1 virtual therapy) and Valera Health (helps to connect with psychiatrist or therapist)

Self-Screening Tool

Well-Being Index: <https://www.mywellbeingindex.org/signup> Code: 85793KT

- ✓ Anonymous self-assessment tool available on Medhub with national resources on well-being

To learn more about GME Wellness initiatives at BIDMC, please contact Ritika Parris, MD
rparris@bidmc.harvard.edu

Work/Life Well-Being Resources for BIDMC Residents and Fellows

GME Wellness Committee

GME-Wide Trainee Wellness Committee

- ✓ Trainee-led interdepartmental committee supports trainee wellness across BIDMC, focusing on community building, career and professional development, healthy lifestyle, and promotion of resilience skills
- ✓ Meets monthly at 6:30pm via Zoom
- ✓ Email mlie@bidmc.harvard.edu or ballar@bidmc.harvard.edu for more information

Community of Hobbies: The wellness committee helps connect residents who have similar interests and want to participate in those hobbies with other co-residents. [Sign up here](#) - GME funding is available to support activities!

Childcare and Family Resources

BIDMC Resident/Fellow Support Group: A place for BIDMC trainees who are parents (and their support networks!) to exchange ideas, tips, and items that their kids may have outgrown. This network is also an opportunity to coordinate meet-ups/playdates with GME funding available. Join the [WhatsApp group!](#)

Care.com: Visit bilh.care.com to activate your Care@Work benefits, including:

- ✓ Subsidized back-up care from vetted providers
- ✓ Use **Expert Assistance** from a Care.com specialist to find care more efficiently

Reserved childcare slots available at [Longwood Medical Area Childcare Center](#)

HMFP Child Family Newsletter: Stay informed of resources and tips with this newsletter through HMFP.

- ✓ Email HMFPbenefits@bidmc.harvard.edu to sign up

KGA (see page 1) offers family planning, parenting, and childcare resources. [HPhC](#) and [Ovia](#) benefits also available for fertility and family planning

Peer Support Program

Peer Support Program:

- ✓ Trained volunteers offer support to peers after a stressful event
- ✓ Page psychiatric nurse specialists Leslie Ajl or Joanne Devine or view list of supports on the Portal

Professionalism Concerns

Share any concerns regarding professionalism or respect and dignity:

- ✓ **Program leadership:** Program directors, APDs, Chief residents are available to troubleshoot any concerns
- ✓ **BIDMC GME Ombudsperson:** GMEOmbudsman@bidmc.harvard.edu
- ✓ **Speak Up Hotline:** 24/7 confidential line 1-888-753-6533 and <https://bidmccompliance.alertline.com>
- ✓ **BIDMC Human Resources, Employee Relations** 617-632-9326 and azaglin@bidmc.harvard.edu
- ✓ **STARS:** Report respect and dignity concerns via STARS Safety Tracking and Reporting System on the Portal

Harvard/BIDMC Badge Perks

Harvard ID: Learn about perks that you can access with your Harvard ID, including admission to museums, mortgage perks, insurance coverage, and more [here](#) and [here](#).

BIDMC ID Red Sox Tickets: With your BIDMC badge, you can access up to two same-day tickets to see the Red Sox at Fenway for only \$5. Details can be found on the [Portal](#).

Facilities Resources for BIDMC Resident and Fellows

Call Rooms

Call rooms are available overnight from **4pm to 9am**.

- Reminders: please do not use these rooms for storage or office space, and please remove your belonging by 9am, so that the room can be cleaned and prepared for use again the following night.

To reserve a call room **as needed call room overnight**:

- For West campus: Call **617-754-3339** and leave a message 24/7. Messages are reviewed during normal business hours.
 - Keys can be picked up in Rosenberg lobby from 7am-7:30pm, after which time they are available at Public Safety (Farr Building)
- For East or West campus: Present in person to **Feldberg or Rosenberg Lobby** between 7am-7:30pm to reserve a room. Keys are available at time of reservation.

Lactation Rooms

Lactation Rooms are available at the following locations:

East Campus:

Feldberg 217 (1 station)
Gryzmish 217 (3 stations)
CLS 436 (2 stations)

West Campus:

Palmer 505 (3 stations) *Klarman building*: 06338, 07213
RB 4 (1 station) 08213, 09213, 10213

- Rooms have hospital grade Medela pumps, mini fridges, and sinks.
- You can bring your own pump or use a [Medela Symphony Pump Kit](#)
- For access or questions, please email [Sarah Quinones-Myers](#).

Parking

On-site parking is available to trainees at a subsidized rate.

- To sign up, please email [Commuter Services](#).
- Garage assignment is based on availability.

Interested in **night/weekend parking**?

- On nights, weekends and holidays, trainees have access to Feldberg, Shapiro, and Pilgrim garages. **Overnight hours are 5pm – 10am**, Mon-Thur. Weekend hours are Friday 5pm - Monday 10am. This rate/access requires enrollment in a night/weekend parking program for \$10/two weeks, deducted from payroll. To sign up for this, email [Commuter Services](#).
- Trainees can also park for **\$5 flat fee per park** on nights/weekends from **6pm-10am** without being enrolled in any of the above parking programs.
- Trainees already enrolled in on-site parking do not pay any additional charge for nights/weekends.

Shuttle service is available from 7pm to 12am, 365 days a year from Feldberg, Farr, and Rosenberg lobbies to any on-site parking garages, including New Research Building. Call Service Response at x5-9700.

Overnight Food Access

Free hot food is available to residents and fellows working overnight shifts. These meals can be found at the following locations:

East Campus:
Reisman 0240

West Campus:
Deac 300 RB 251
RB 539

To learn more about these resources or to share feedback, please contact [Ritika Parris, MD](#)

**Beth Israel Deaconess Medical Center
BIDMC Manual**

Title: Principles Guiding Medical Education at BIDMC

Policy #: MS-13

Purpose: The Beth Israel Deaconess Medical Center recognizes medical education as central to its mission. This statement outlines the principles supported by the BIDMC community to support and strengthen “a culture of education” at this medical center.

General Principles. All faculty and trainees can expect:

To advocate for his/her patients’ best interests, and to provide compassionate, appropriate, equitable and effective patient care and education.

To participate in high quality educational experiences in an institution committed to the development of competent, compassionate, ethical physicians.

To teach and learn in a safe and humane environment where education is a primary goal, without compromising patient care.

To be treated fairly, respectfully, and without bias related to their age, race, gender, and sexual orientation, disability, religion or national origin.

To uphold ethical norms of integrity, honesty, behavior, and reliability, and to cultivate the practice of professionalism.

To identify and develop their own practices of life-long and systems-based learning.

To fulfill his/her responsibilities as a member of the health care team.

To communicate freely with faculty and trainees.

To contribute to the design of the educational process and the evaluation of educational programs.

To participate in the Medical Center community in ways which enhance the academic and social environment.

To have adequate teaching, learning, and testing environments, with access to appropriate technologies.

To promote a safe environment by reporting unprofessional conduct or any behavior affecting

patient care to the appropriate individual or authority, without fear of reprisal.

In addition to the General Principles, all trainees (interns, residents, fellows and students) can expect:

To be governed by clearly stated and justifiable academic procedures, rules and regulations.

To be informed of educational goals and objectives at the outset of the course/program.

To be taught how to deliver culturally competent care and have the opportunity to interact with and care for individuals of different backgrounds (gender, age, race/ethnicity, religion, socioeconomic status, and sexual orientation).

To be informed at the outset of the course/program of grading and evaluation criteria and the processes by which grades and evaluations are completed.

To receive unbiased, fair assessments based on direct observation to include: formative evaluation at specified times during the educational experience regarding academic and clinical performance, summative evaluation in writing, and the opportunity to discuss evaluations in person with faculty without fear of retribution.

To be informed of institutional policies and procedures.

To receive individual guidance and assistance in matters of career and professional development.

To have resources made available for support in matters pertaining to medical and psychological health.

Adequate resources such as on-call rooms, bed and shower facilities, and 24-hour access to food.

In addition, all interns, residents and fellows can expect:

To be treated as professional colleagues and junior members of the faculty in the care of patients and in the academic community.

To have meaningful and significant representation at their institutions and in state/national organizations on matters concerning all aspects of their training.

Medical students can expect:

To be treated as with respect and as contributing members of the health care team.

In addition to the General Principles, faculty members can expect:

Time for teaching, acknowledgement of their teaching contributions on an annual basis, and formal communication about the remuneration processes for their teaching efforts, according to methodologies determined by BIDMC and HMS administrators responsible for education.

The support of BIDMC and HMS (as represented by their Department Chair, Course/Program Director(s), and BIDMC Education Center) as they present their teaching contributions in the context of their teaching portfolio in consideration for academic promotion.

Access to, and support for, faculty development and continuing medical education activities.

All trainees have the responsibility:

To ask questions that promote their understanding of their discipline and their care of patients.

To know and act in accordance with one's own cognitive, physical, and emotional limitations.

To take steps to act on constructive criticism.

To acknowledge their own mistakes and take steps to correct them.

To devote appropriate time and effort to self-care.

To be respectful of their colleagues, nurses, and teachers.

To ask for help when needed.

Faculty members have the responsibility:

To be appropriate role models in providing compassionate patient care.

To teach trainees as junior colleagues and future professionals, at a level appropriate to the trainee's learning needs.

To contribute to the establishment of a learning environment that fosters mutual trust and inquiry.

To foster an inclusive educational environment that promotes and honors diversity and values learners for who they are.

To provide appropriate supervision for trainees.

To be familiar with the curricular context of the course/program(s) in which they participate.

To be aware of the goals and objectives of the educational experience, and the criteria for grading and performance evaluation, and to communicate these to trainees.

To be accessible to trainees, and responsive to trainee questions and needs.

To communicate problems with a learner's knowledge, skills, and behaviors to the learner and, when appropriate, to other educators who share responsibility for the learner's education (e.g., Society Advisor, Course/Clerkship/Program Director). This feedback should be given in a timely and constructive manner that provides guidance or instruction for remediation.

To provide mentorship and advising, formally and informally.

To serve the academic community in matters of curriculum planning and related committee work.

To update his/her own knowledge and skills, and to incorporate this new learning into teaching.

To be actively involved in the intellectual discussions of the profession, particularly as a member of the research and health care teams.

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

Approved By:

☒ **Medical Executive Committee: 7/21/21**

**Daniel Talmor, MD
Chair, MEC**

☒ **Graduate Medical Education Executive Council: 4/26/21 Carrie Tibbles, MD
Director, GME**

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 12/15/2004

Revisions: 2/2008, 2/2011, 5/2014

Next Review Date: 7/24

Eliminated:

References:

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

Title: Policy for 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

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 night float more than six consecutive nights, averaged over four weeks.
- d. PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night, when averaged over a four week period.
- e. 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.
- f. Duty periods cannot last for more than 24 hours, although residents may remain on duty for four additional hours to transfer patients, maintain continuity of care or participate in educational activities.
 - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
 - Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
 - Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00PM and 8:00AM, is strongly suggested.
 - It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish

these tasks; however, this period of time must be no longer than an additional four hours.

- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - In unusual circumstances, residents, on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention of the needs of a patient or family.
 - Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
- g. 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
- h. Residents must have adequate time for rest between work periods.
- PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
 - Intermediate-level residents should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods, within the context of the 80-hour, maximum duty period length and the 1 day off in 7 standards.
- i. 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.
- e. 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.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off duty period”.

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, or externally 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.
 - d. PGY-1 residents are not permitted to moonlight
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 three times 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

Approved By:

☒ **Graduate Medical Education Committee**

Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee**

Daniel Talmor, MD, Chair, MEC

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

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Next Review Date: 8/16/2025

Eliminated:

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

Title: Policy and Procedure for 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 (GMEC) at the time of each program’s Annual Program Review (APR).

1. Trainees

The Program Director must appoint the Clinical Competency Committee (CCC), composed of, at a minimum, three members of the program faculty. There must be a written description of the responsibilities of the CCC.

The CCC should:

- a. Review all resident evaluations semi-annually
- b. Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME

- c. Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Formative Evaluation:

- a. 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.
- b. 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.
- c. 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.
- d. Evaluations should document progressive performance improvement appropriate to educational level
- e. 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.
- f. All evaluations must be made available for review by the individual trainee.
- g. Trainees should be evaluated against the same criteria when assigned to outside rotations at facilities affiliated with the GME program.

Summative Evaluation:

- a. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.
- b. 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.
- c. The summative evaluation must be accessible for review by the trainee.
- d. 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.

2. Faculty

- a. Trainees should evaluate the faculty in writing. This must occur annually at a minimum.
- b. 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:

1. Criteria

- a. 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.
- b. 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.
- c. The trainee's progress should be documented during regular evaluation meetings (described above).
- d. The GMEC reviews the overall promotion process of the program each time the program undergoes an APR.

2. Notification

- a. 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.
- b. 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 trainee to the next level.
- c. 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.
- d. 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.
- e. 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.
- f. 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 trainee 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 he/she 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 resident's 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 GMEC. 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 GMEC, the trainee must provide the Chair of the GMEC 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 he/she 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 GME shall appoint a committee which shall consist of not less than three (3) persons, all whom are members of the GMEC. One member shall be a trainee member of the GMEC.

The purpose of the hearing is to allow the trainee an opportunity to assemble and submit available information to a review committee of the GMEC and to enable the Director of

GME 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 GME, 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, he/she may file a grievance with their program. See GME-05 policy for details.

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

Approved By:

<input checked="" type="checkbox"/> Graduate Medical Education Committee	7/1/22
Carrie Tibbles, MD, DIO/Director, GME	
<input checked="" type="checkbox"/> Medical Executive Committee	7/20/22
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 3/24/2004

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Next review: 7/25

References: www.acgme.org

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

Title: Policy for 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.

1. 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.

2. 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.

3. 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:

☒ **Graduate Medical Education Committee** **7/1/22**

Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** **7/20/22**

Daniel Talmor, MD, Chair, MEC

Requestor Name: Graduate Medical Education Committee

Original Date Approved: 11/22/2004

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Eliminated:

References: www.acgme.org

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) 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-10 policy.

- 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 (GME-10 Policy).

1. 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 GME 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 GME.

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 GME.

2. 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 GME 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 GME will notify the trainee and department chair in writing confirming that the complaint has been received.

If the Director of GME 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 GME will suggest available alternative steps.

For complaints that fall under the Grievance policy appropriately, the Director of GME 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:

1. 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 GME will select a Grievance Committee composed of two (2) trainee members, two (2) program directors and an Associate Director of GME. No members of this Grievance Committee will be members of the aggrieved trainee's department. The Director of GME 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 GME 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 GME will send a copy of the trainee's written grievance to each member of the Grievance Committee.

2. Grievance Committee Procedures

a. 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.

b. 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.

c. 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.

d. Legal Representation

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

e. 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.

f. Decision

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.

g. 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 GME Office.

3. Final Decision of the Grievance Committee

The Grievance Committee will provide the aggrieved trainee, the department chair, and the Director of GME 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 GME. 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.

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

Approved By:

<input checked="" type="checkbox"/> Graduate Medical Education Committee	7/1/22
Carrie Tibbles, MD, DIO/Director, GME	
<input checked="" type="checkbox"/> Medical Executive Committee	7/20/22
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 5/17/2004

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Next Review Date: 7/25

References: www.acgme.org

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

Title: Vacation and Leave of Absence Policy

Policy: GME-06

I. PURPOSE

To provide guidance on vacation and leaves of absence for all residents/fellows who are enrolled in graduate medical education (“GME”) programs sponsored by Beth Israel Deaconess Medical Center (“BIDMC”).

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy for vacation and leaves of absence, consistent with applicable laws, which provides residents with a minimum of six (6) weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during a program, starting the day the resident is required to report. This policy must also provide residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s eligibility to participate in examinations by the relevant certifying board(s).

III. POLICY

A. General

This Policy applies to residents enrolled in both accredited and non-accredited GME programs sponsored by BIDMC.

There may be circumstances when a resident is unable to attend work, including but not limited to, due to fatigue, illness, family emergencies, and medical, parental or caregiver leave. Each program shall have policies, consistent with this Policy, which allow a resident unable to perform patient care and/or training responsibilities to take an appropriate leave of absence. These policies and procedures must be implemented without fear of negative consequences to the resident who is unable to provide the clinical work.

Program policies must set forth the program’s procedures for submitting requests for vacations and leaves of absence, including appropriate timing for such requests (generally at least 30 days’ advance notice, absent illness or extenuating circumstances) and to whom the resident must submit his/her written request for leave, typically the Program Director and Program Coordinator. Written requests

for a leave of absence should include the reason for leave, dates requested for the leave and any additional information required by the program. Program Directors should timely approve or reject resident requests. Each program's policy/procedures on requesting planned leaves should be communicated and made available to residents.

To the extent possible, residents should work with their Program Directors and other clinical supervisors to minimize disruption to clinical care for any vacation or non-urgent paid time off. When advance notice is not possible (due to illness or other reasons), the resident must provide notice as soon as practicable and in accordance with any additional program procedures or policies. Any resident absences from a program must be recorded appropriately in MedHub.

Program policies should also specify the program's policy for resident attendance at outside professional conferences (funding and amount of time allowed), and time away for job or fellowship interviews.

B. Paid Time Off

Each resident, per academic year, will be provided with a minimum of [21] paid vacation days (15 weekdays plus six (6) weekend days). In general, vacation should be scheduled as a week with the weekend prior to or after included. Programs may provide additional vacation days or paid time off to residents at their discretion.

Each resident, per academic year, is also provided with seven (7) additional days of paid time off for unexpected absences (bereavement; an acute illness of the resident or family member; personal or childcare emergencies; elective healthcare appointments; or other reasons). [Except for absences taken under the Family and Medical Leave Act ("FMLA"), Massachusetts Paid Family and Medical Leave Law ("PFMLL"), and/or Massachusetts Parental Leave Act ("MPLA"), addressed below, these additional days of paid time off are to be used in lieu of the benefits provided in BIDMC policy 11, Employee Leaves of Absence Policy and/or in other BIDMC policies.]

Unused paid time off cannot be carried over into subsequent academic years.

C. Medical, Parental, Caregiver Leaves of Absence

BIDMC provides residents with medical, parental, caregiver leaves of absence as set forth below. Eligibility for the following medical, parental, caregiver leaves of absence will be determined consistent with this Policy, other BIDMC policies/procedures, ACGME Requirements, and applicable state or federal law.

1. Paid Medical, Parental and Caregiver Leave for Residents in ACGME-accredited Programs

Each resident in an ACGME-accredited and approved program shall be provided, **up to 12 weeks** (and a minimum of six (6) weeks) **paid medical, parental, and caregiver leave of absence per academic year** for qualifying reasons that are consistent with applicable ACGME Requirements and law, including FMLA, PFMLL and MPLA, starting on the day the resident is required to report.

Paid medical, parental, or caregiver leave shall be provided at an equivalent of 100 percent of the resident's salary. One (1) week of paid time off shall also be reserved for use outside of paid leave during the academic/appointment year that a resident takes a paid medical, parental or caregiver leave. Health and disability insurance benefits for residents and their eligible dependents during any approved, qualifying medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave. BIDMC will continue to deduct the employee portion of benefit premiums from the resident's salary continuation.

With the exception of unforeseen circumstances, approval of paid medical, parental and caregiver leave shall be requested in writing, in advance, and in accordance with program policies/procedures on requesting leave, with sufficient time to allow programs to coordinate patient care and rotation schedules. Additional information on the process for requesting approval for paid medical, parental, and caregiver leaves of absence is provided to residents with their benefit information at the time of onboarding and detailed in program and BIDMC policies.

Residents in programs which are not BIDMC-sponsored ACGME accredited programs are not eligible to receive paid medical, parental, and caregiver leave in accordance with this section.

This policy constitutes a paid family and medical policy within the meaning of 458 CMR 2.12(6)(d)(2). Paid leave under this section of the Policy will run concurrently with – not in addition to – any other family or medical leave available under state or federal law or other BIDMC policy.

2. *Family Medical Leave Act, Massachusetts Paid Family and Medical Leave Law, and Massachusetts Parental Leave Act*

Residents may be eligible for leave or additional leave for their own serious health condition, to care for a family member with a serious health condition, or for family bonding/parental leave under BIDMC policies relating to the FMLA, PFMLL, and MPLA. Any period of family or medical leave under state or federal law or BIDMC policy that does not qualify for salary continuation under section C.1 of this Policy will be subject to BIDMC's PM-11, Employee Leaves of Absence and/or PM-40, Massachusetts Paid Family and Medical Leave Law Policy, as applicable. This includes with respect to residents' ability to elect to use vacation time concurrent with any such leave and the maintenance of benefits during such leave.

During any leave of absence that is unpaid by BIDMC, health insurance coverage and other benefits will continue as if the resident worked continuously during the leave period, provided that residents continue to pay their share of the premiums, as applicable. Residents should contact the BIDMC Benefits Department for more information about maintenance of benefits during an unpaid leave of absence.

Residents seeking to take leave under BIDMC's PM-11, Employee Leaves of Absence and/or PM-40, Massachusetts Paid Family and Medical Leave Law Policy should contact Human Resources for more details regarding eligibility for and initiating leaves under these policies.

D. Effect on Training

Leaves of absence may impact a resident's training. This Policy does not consider minimum training or competency requirements of programs, departments, the ACGME, ACGME Review Committees, state licensing boards, or any other authority as to the adequacy of medical training and should not be construed as altering minimum attendance or any of these other requirements.

Residents should be aware that any leave, including any medical, caregiver, family leave, may require extension of his/her training in a program or making up certain aspects of the program as required by ACGME accreditation, specialty board certification requirements, or other applicable requirements. The Program Director, based on program requirements, board requirements and state licensing policies for the specialty, shall provide the resident with a timely, accurate written notice regarding the effect of a proposed extended leave of absence, both for completing the program and with respect to the resident's eligibility to participate in specialty board examinations. As necessary, this notification should detail the required length of additional training and the time period over which it should occur. Residents should review and discuss this written notification prior to starting any leave of absence and finalize it in writing, within thirty (30) days of returning to work.

Additional information on resident extensions of training may be found in GME-04, Policy for Extension of Training.

E. Institutional Oversight

In fulfilling institutional oversight responsibilities, the GMEC will monitor program compliance with this Policy and with program policies and procedures regarding vacations and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually.

Resident questions about this policy may be directed to BIDMC Human Resources, the resident's Program Director, or the Administrative Director of Graduate Medical Education. This policy does not constitute a contract between BIDMC and its residents.

Adopted and approved by:

Graduate Medical Education Committee:

Original Date: 10/28/2024

Next Review Date: October, 2025

Medical Executive Committee on behalf of BIDMC: 11/20/2024

Previously

Institutional Vacation Policy, Original Date: 12/18/2023; and

Paid Family and Medical Leave Policy for Graduate Trainees in ACGME Programs: Original Date: 1/26/2004

Revised: 05/17/2004, 03/09/2006, 05/24/2006, 03/16/2009, 05/19/2014, 01/04/2017, 04/24/2021

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 (BIDMC) 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:

1. 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:

a) 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.

b) 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.

2. Formal Disciplinary Actions

a) Causes

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

- 1) Failure to satisfy the academic or clinical requirements or standards of the training program;
- 2) Professional incompetence, misconduct or conduct that might be inconsistent with or harmful to patient care or safety;
- 3) Conduct that is detrimental to the professional reputation of the Medical Center;
- 4) 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;
- 5) Violation of the policies or procedures of the Medical Center, or applicable department, division or training program;
- 6) Scientific misconduct.

b) Specific Procedures

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

1) 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:
 - reasons for the probation,
 - required method and timetable for correction,
 - date upon which the decision will be re-evaluated, and
 - 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.

2) 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:
 - reasons for the suspension
 - required method and timetable for correction
 - date upon which the decision will be re-evaluated
 - 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.

3) 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.

4) 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.

5) 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 continuing 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.

6) 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.

3. Administrative Actions

a) Automatic Suspension

The trainee will *automatically* be suspended from the GME training program for any of the following reasons:

- 1) Failure to complete and maintain medical records as required by the medical center or affiliation site, in accordance with the Medical Center's policies
- 2) Failure to comply with state licensing requirements of the Massachusetts Board of Registration in Medicine
- 3) Failure to obtain or maintain proper visa status
- 4) 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 their 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 1), 2), 3), or 4), 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.

b) Automatic Resignation

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

- 1) 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.
- 2) 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.
- 3) 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:

- Probation
- Suspension
- Requirement that Trainee repeat an academic year
- Termination from a program
- Denial of a Certificate of Participation/Completion of training.

1. 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 he/she believes he/she 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.

2. Formal Institutional Hearing/Grievance Procedure

The trainee may request a hearing before the GMEC Executive Council 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 GMEC Executive Council, 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 GMEC with a written statement requesting a formal hearing, and detailing the reasons he/she believes he/she 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 GMEC and to enable the Director of GME 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 GME shall appoint a hearing committee which shall consist of not less than three (3) persons, all who are members of the GMEC Executive Council. One member shall be a trainee member of the GMEC Executive Council. 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 GME, 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.

3. 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: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

☒ **Graduate Medical Education Executive Council** **7/1/2022**
Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** **7/20/2022**
Daniel Talmor, MD, Chair, MEC

Original Date Approved: 11/2/2003

Revised: 1/26/04, 3/9/06, 4/26/2010, 5/19/10, 10/19/2015

Next Review Date: 7/25

Eliminated:

References:

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

Title: Policy and Procedure for BIDMC Closure or Program Closure/Reduction

Policy: GME -11

I. PURPOSE

To describe the procedures in the event of a closure or reduction in size of a program, or closure of the Sponsoring Institution.

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy that addresses reductions in size or closure of any of its programs, or closure of the Sponsoring Institution that includes the following: (i) notification of the GMEC, DIO, and residents/fellows as soon as possible when there is a decision to reduce the size of or close one or more programs, or when it is decided to close the Sponsoring Institution; (ii) allowance of residents already in an affected program to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education; and (iii) GMEC oversight of the process.

III. POLICY AND PROCEDURE

Beth Israel Deaconess Medical Center (“BIDMC”) is committed to supporting the education of physicians through its accredited training programs. In the event of a closure of BIDMC, or if BIDMC intends to reduce the size of or close a program, BIDMC will notify the GMEC, DIO, Program Directors and residents as soon as possible. The GMEC, in collaboration with the DIO, must oversee all processes related to the reductions in size or closures of programs and BIDMC.

In the event of a proposed program closure or reduction in the size of a program, BIDMC will allow residents already enrolled in the affected training program to complete their education when reasonably possible. If it is not reasonably possible for residents to complete their education at BIDMC, due to an unplanned closure or a situation in which BIDMC must reduce the size of or close the program prior to resident completion of training, BIDMC will assist the resident(s) in enrolling in another ACGME-accredited program to continue their education.

Requested and Approved By: Graduate Medical Education Committee: 10/28/2024

Medical Executive Committee: 11/20/2024

**Daniel Talmor, MD
MEC Chair**

Original Date: 12/18/1998

Revised: 3/9/2006, 3/28/2011, 5/19/2014, 9/2/2014, 1/4/2017, 10/28/2024

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

Title: Policy and Procedure for 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:

1. 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, MD, Vice President of Education

Approved By:

<input checked="" type="checkbox"/> Graduate Medical Education Committee	7/1/2022
Carrie Tibbles, MD, DIO/Director, GME	
<input checked="" type="checkbox"/> Medical Executive Committee	7/20/2022
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

Revisions: 3/9/2006, 9/22/2008, 2/23/2009, 5/19/2014, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated

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

Title: Policy and Procedure for Trainee Supervision for Interns, Residents and Fellows

Policy: GME-15

Purpose: To establish guidelines for individual departmental supervision policies

Policy Statement:

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.

General Principles:

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

The below is the section from the ACGME Common Program Requirements:

VI.D.3. Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:

VI.D.3.b).(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

VI.D.3.b).(2) with direct supervision available – the supervising physician is not physically

present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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

The 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. The program director must evaluate each trainee's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

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. The program 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. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents.
3. An attending physician directs the care of each patient and provides the appropriate level of supervision for a Trainee, 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.
4. 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.

5. 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.
6. 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:

1. 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.

2. 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.

3. 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, MD Vice President for Education

Approved By:

☒ **Graduate Medical Education Committee** **7/1/2022**
Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** **7/20/2022**
Daniel Talmor, MD, Chair, MEC

Original Date Approved: 1/8/2004

Revisions: 3/9/06, 11/24/2008, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated:

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

Title: Policy for Trainee Moonlighting

Policy : GME-16

Purpose: To describe the guidelines for moonlighting

Policy Statement:

The Accreditation Council for Graduate Medical Education (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. Noncompliance 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, MD, Vice President for Education

Approved By:

<input checked="" type="checkbox"/> Graduate Medical Education Committee	7/1/2022
Carrie Tibbles, MD, DIO/Director, GME	
<input checked="" type="checkbox"/> Medical Executive Committee	7/20/2022
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 3/22/2002

Revised: 4/25/2005, 3/9/2006, 3/23/2009, 5/10/2014, 9/2/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

Eliminated:

References:

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

I. Trainee Eligibility

- A. Applicants with one of the following qualifications are eligible for appointment to accredited residency or fellowship programs sponsored by the Medical Center:
 - 1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - 2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - 3. Graduates of medical schools outside the United States and Canada
 - a) who hold a valid certificate from the Educational Commission for Foreign Medical Graduates and/or
 - b) Have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in the applicant's current ACGME specialty-/subspecialty program.
- B. All applicants must meet Massachusetts Board of Registration in Medicine licensure requirements including successful completion of the following exams:
 - 1. USMLE Steps 1 and 2; or
 - 2. COMLEX Levels 1 and 2; or
 - 3. All parts of MCCQE (LMCC).
- C. Additionally, all programs must comply with ACGME Residency and Fellowship Common Program Requirements and Specialty Specific Requirements currently in effect at the time of appointment.

II. 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).

III. Enrollment of Noneligibles

The enrollment of noneligible residents may be a cause for withdrawal of accreditation of the involved program. The GMEC 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, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

☒ **Graduate Medical Education Executive Council** 12/18/23

Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** 11/20/24

Daniel Talmor, MD, Chair, MEC

Original Date Approved: 12/10/1998

Revised: 3/9/2006, 5/21/2007, 5/19/2010, 11/28/2011, 10/19/2015, 12/18/23

Next Review Date: 12/25

Eliminated:

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

Title: Disaster-Patient Interruption Policy

Policy: GME- 23

Purpose: In the event of a disaster causing a sustained interruption of patient care that impacts the GME 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.

Overview:

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

1. 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.

2. 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.

3. Trainee Transfers and Program Reconfiguration

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its trainees 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 trainees, or assist the trainee 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 trainee, the preferences of each trainee must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each trainee will complete the year in a timely fashion.

Within 10 days after the declaration of a disaster (see above), the Designated Institutional Officer (DIO) 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:

- a) to submit program reconfigurations to ACGME, and
- b) to inform each program's trainees of trainee 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 DIO(s), ACGME will attempt to establish contact with the DIO(s), to determine the severity of the disaster, its impact on training, and next steps.

4. ACGME Website

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

5. 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:

- a) *DIOs* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.
- b) *Program Directors* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.
- c) *Trainees* 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 trainee 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

6. 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 trainees. 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 trainee complement from non-disaster affected programs to accommodate trainee transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

7. 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:

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

8. Temporary Trainee Transfer

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

9. 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 DIO(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, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

☒ **Graduate Medical Education Executive Council** **7/1/22**

Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** **7/20/22**

Daniel Talmor, MD, Chair, MEC

Original Date Approved: 9/22/2008

Revisions: 11/28/2011, 10/19/2015

Next Review Date: 7/25

Eliminated:

**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, 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.

1. Observation requirements

- a. observe demonstrations and participate in clinical care and in basic and clinical sciences as determined by the respective faculty; and
- b. observe a patient accurately at a distance and at close hand, noting non-verbal as well as verbal signals.

2. Communication requirements

- a. 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;
- b. communicate effectively and sensitively with patients;
- c. communicate effectively and efficiently in oral and written English with all members of the health care team;
- d. possess reading skills at a level sufficient to accomplish curricular requirements and provide clinical care for patients; and
- e. complete appropriate medical records and documents and plans according to protocol and in a complete and timely manner.

3. Sensory and Motor Coordination and Function Requirements

- a. possess sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers;
- b. be able to execute motor movements reasonably required to provide general care and emergency treatment to patients;
- c. have somatic sensation and the functional use of the senses of vision and hearing;
- d. 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;
- e. be able to consistently, quickly, and accurately integrate all information received by whatever senses are employed; and
- f. possess sufficient sensory and motor coordination and functional capacity to meet the specific requirements of any specialty training program in which the Trainee participates.

4. Intellectual, Conceptual, Integrative and Quantitative Abilities

- a. 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;
- b. possess the ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans; and
- c. possess good judgment in patient assessment and in diagnostic and therapeutic planning.

5. Behavioral and Social Attribute Requirements

- a. 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;
- b. 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;
- c. tolerate physically taxing workloads and function effectively when stressed;
- d. 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, MD, Vice President for Education

Approved By:

<input checked="" type="checkbox"/> Graduate Medical Education Executive Council	7/1/22
Carrie Tibbles, MD, DIO/Director, GME	
<input checked="" type="checkbox"/> Medical Executive Committee	7/20/22
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 9/2/2014

Revised:

Next Review Date: 7/25

Eliminated:

References:

Beth Israel Deaconess Medical Center
BIDMC Manual

Title: Clinician Health and Impairment

Policy: MS 32

Purpose: The purpose of this policy is to provide guidance to identify, respond to, and support members of the Medical Staff (herein, “Clinicians”) who have a behavioral health, physical health, or substance use disorders that results in an impairment while caring for patients at Beth Israel Medical Center that interferes with the provision of quality patient care.. This policy identifies the resources and processes for ensuring that matters related to the impairment of Clinicians receive timely and appropriate attention, including, where appropriate, support, rehabilitation, and medical treatment. A goal of this policy is to offer Clinician’s a supportive approach to identify and address functional impairment concerns to ensure safe patient care.

Policy Statement: Beth Israel Deaconess Medical Center (“BIDMC” or “Medical Center”) is committed to supporting and assisting its Clinicians who may be impaired because of a condition related to a behavioral health, physical health, or substance use disorder. BIDMC is responsible for providing a safe healthcare environment for patients, staff, and visitors, and an environment in which any Clinician with a functional impairment can receive treatment, support and rehabilitation.

The Medical Center and the Medical Staff are committed to assisting members of the BIDMC community with health issues so they may practice safely and competently. The Medical Staff, in collaboration with the Office of Professional Staff Affairs and Human Resources, provides education to members of the Medical Staff and employees that address the prevention of physical, psychiatric, emotional, or substance abuse related illnesses. BIDMC also is committed to a process, described in this policy, which facilitates the confidential diagnosis, treatment, and rehabilitation of members of the medical staff who suffer from a potentially impairing condition. Medical Staff will be informed about this policy through various means which include medical staff or department newsletters, resources for clinicians available on the BIDMC Portal, and annual medical staff core training curriculum.

Scope

This policy applies to members of the Medical Staff, as defined by the Medical Staff Bylaws (herein, “Clinicians”).

Definitions

“Health Issue” means any behavioral health, physical health, or substance use disorder that could adversely affect an individual’s ability to practice safely. Examples of Health Issues that could give rise to impairment may include, but are not limited to, the following:

(a) substance use disorder;

(b) use of any medication, whether prescription or over-the-counter, that can affect alertness,

judgment, or cognitive function;

- (c) temporary or ongoing behavioral health condition;
- (d) medical condition (e.g., stroke or Parkinson's disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;
- (e) infectious/contagious disease that could compromise patient safety or jeopardize other health care workers; and
- (f) dementia or other cognitive impairment.

“Impairment” or “Impaired” means the functional inability, of a Clinician to function in a manner that conforms to the standards of acceptable and prevailing safe practices for that health profession in the work environment due to:

- (a) Behavioral health disorder;
- (b) physical illness or condition, including but not limited to those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
- (c) substance use disorder including abuse and dependency of drugs and alcohol.
- (d) The presence of or treatment of a potentially impairing illness or other condition does not necessarily imply Impairment.

“Acute Impairment” means evidence of behavioral health, physical health, or substance use disorder that places patients and staff at *immediate* risk of harm.

“Physician Health Services (PHS)” is a confidential resource for physicians and medical students who may benefit from help addressing stress, burnout, work-life balance issues, and a variety of physical and behavioral health concerns that sometimes arise in today's hectic health care environment. These include substance use difficulties, cognitive issues, psychiatric problems, the stress of medicolegal situations, and interpersonal challenges at work or at home.

“Evaluation” is an assessment of the potentially Impaired practitioner performed by a professional and/or a treatment facility or center outside of the Medical Center.

“Monitoring” is the regular observation of the Clinician's behavior and job competency as it relates to the monitoring agreement.

“Monitoring Agreement” is an agreement between the Clinician and the Medical Center concerning the terms of the Clinician's return to patient care due to an Impairment, or Acute Impairment. This agreement is considered a binding agreement between, the Medical Center or Medical Staff, and the Clinician.

“Senior Leader” means an individual at the Medical Center who has supervisory and/or administrative responsibilities, including, but not limited to, department chief, division chief, director or manager.

“Supervisor” means the person responsible for supervising an individual pursuant to an employment relationship or under the Medical Staff Bylaws. , A Supervisor may be a department chief, division chief, director, or manager.

“Employee Health” is BIDMC Employee Health Management which is responsible for the managing and evaluating the return to patient care and return to work for employees of BIDMC and HMFP, as well as, members of the Medical Staff.

Procedure

I. Self-Reporting Health Issues that Likely will Give Rise to Impairment

Clinicians are required to inform Employee Health if they have a Health Issue that will likely give rise to Impairment. Employee Health will work with the Clinician to determine if the Clinician should receive an Evaluation from the Clinician’s medical providers, and based on that Evaluation, whether the Clinician should take a leave of absence from the medical staff. In the event that it is determined that a leave of absence from the Medical Staff is necessary and appropriate, Employee Health will inform the Department Chief, who should inform the Chief Medical Officer and the Office of Professional Staff Affairs. Before returning to patient care, Employee Health must approve and clear the Clinician to safely return to patient care. The decision to return the Clinician to patient care will be facilitated by Employee Health and informed by the Clinician’s medical team and/or PHS. Unless required by applicable law or regulation, the Medical Center will not report to the Board of Registration of Medicine self- reporting of Health Issues, participation in the Employee Health process, and following recommendations to take a medical leave of absence.

II. Reporting and Responding to Concerns of Clinician Impairment

A. Anyone with knowledge of or reason to believe that a Clinician is Impaired must contact their own Supervisor (department chief, division chief, manager or director) for assistance. In the event an individual feels uncomfortable or unable to report a concern of Impairment to their own Supervisor, the individual should report the concern to a Senior Leader (department chief, division chief, manager or director). The Supervisor or Senior Leader should gather information from the reporter to understand the concern of Impairment. The reporter’s Supervisor, or the Senior Leader, should then contact the Supervisor of the Clinician who may have a potential Impairment. Evidence of Impairment may include, but is not limited to the following:

1. Patterns of excessive fatigue, deterioration in personal hygiene and appearance, multiple physical complaints;
2. Mood changes or mood lability, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, manic behavior, flat affect, paranoid beliefs, and nihilistic or fatalistic comments;

3. Unprofessional behavior including unexplained absences, increase/pattern of tardiness, unprofessional behavior, decreasing quality or interest in work, avoidance of interaction with other staff, and inadequate professional performance; and
 4. Writing controlled substance prescriptions for oneself or family members.
 5. Clear evidence of a physical limitation which interferes with patient care responsibilities.
- B. Upon receipt of a report of Impairment or observations of a pattern of potential Impairment while caring for patients at Beth Israel Medical Center, the Clinician's Supervisor should confirm that there is no immediate risk to patients or staff, attempt to verify the information reported, and contact the Clinician to discuss the concerns. The presence or treatment of a potentially impairing illness or other condition does not necessarily imply Impairment. If confirmed, the Supervisor should notify the Chief Medical Officer, and the Department Chief, and share the initial report, as well as the response from the Clinician. The Chief Medical Officer, Department Chief and Clinician's Supervisor may determine that the report is inaccurate or made in bad faith and that there is no concern of Impairment, in which case, nothing further needs to be done.
- C. The Chief Medical Officer, Department Chief, and the Clinician's Supervisor may determine that an Evaluation through Employee Health is appropriate. The Clinician's Supervisor should contact Employee Health concerning the Clinician's Evaluation. As a result of an initial discussion with the Supervisor or subsequent Evaluation through Employee Health, the Clinician
- D. relieved of patient care duties.
- E. After an initial Evaluation, Employee Health may refer the Clinician to their own medical providers and /or PHS for further Evaluation, diagnosis, or treatment. Employee Health will coordinate with the Clinician's medical providers and/or PHS, as well as the Clinician's Supervisor, to develop a plan for the Clinician to safely return to patient care responsibilities, which may include further Evaluation, Monitoring, Treatment, reduced responsibilities, and/or education. In the event that it is determined that a leave of absence from the Medical Staff is necessary and appropriate, and the Clinician agrees to the leave of absence, the Clinician and Employee Health will notify the dept chief who will notify Chief Medical Officer, Department Chief and Office of Professional Staff Affairs. Before returning to patient care, Employee Health must approve and clear the Clinician to safely return to patient care. The decision to return the Clinician to patient care will be made by the Clinician's medical team and/or PHS.
- F. If the Clinician refuses to participate in the above-described Evaluation process or refuses to accept the recommendations of the Supervisor and Employee Health, pursuant to Article VI of the Medical Staff Bylaws, the Supervisor, Department Chief, or Chief Medical Officer may request disciplinary action against the Clinician by the Medical Executive Committee. The Chief Medical Officer, Department Chief and Supervisor will determine whether the evidence of Impairment presents a patient safety risk, and if so, the Clinician may voluntarily suspend patient care duties or the Chief Medical Officer may request that the Chair of the Medical Executive Committee or President of the Medical Center summarily suspend the Clinician's

medical staff privileges pursuant to the Medical Staff Bylaws.

III. Reporting and Responding to Concerns of Acute Impairment

- A. Acute Impairment places patients and staff at immediate risk, and anyone with knowledge or reason to believe a Clinician suffers from Acute Impairment must immediately notify their own Supervisor. In the event an individual feels uncomfortable reporting or is unable to report a concern of Impairment to their own Supervisor, the individual should report the concern to a Senior Leader. Concern for Acute Impairment may include some or all of the following: physical, cognitive or psychiatric dysfunction; intoxication; grossly impaired judgement/unprofessional behavior; or any condition that places patients, employees or staff in immediate danger.
- B. The reporter's Supervisor, or Senior Leader, should immediately notify the Clinician's Supervisor, who will involve the Department Chief and Chief Medical Officer, and during off hours, the Administrator On Call, Department Chief and/or Chief Medical Officer, of concerns of Acute Impairment. The Chief Medical Officer, Department Chief, Administrator on Call, and/or Clinician's Supervisor will attempt to verify the report, and the Clinician should immediately be relieved of duty, removed from patient care areas, and the following interventions or alternatives that similarly protect patients, the Clinician and staff should be implemented:
 - 1. In the event there are indications for an urgent medical or psychiatric evaluation, the Clinician should be escorted to the Emergency Department for immediate Evaluation and Treatment.
 - 2. For non-urgent medical or psychiatric evaluation, the Clinician should be referred to Employee Health
 - 3. All Anesthesia providers must follow the mandatory drug testing procedure pursuant to the BIDMC Anesthesia Department Drug Guideline.
 - 4. Establish a plan for coverage of the Clinician's duties.
 - 5. If an immediate medical evaluation is not appropriate, the Clinician will be relieved of patient care duties..
- C. After any imminent risk to patients or staff has been addressed, the Clinician must receive an Evaluation by Employee Health. The Clinician's Supervisor should contact Employee Health concerning the Clinician's Evaluation. Employee Health will coordinate with the Clinician's medical providers and/or PHS, as well as the Clinician's Supervisor, to develop a plan for the Clinician to safely fulfill patient care responsibilities, which may include further Evaluation, Monitoring, Treatment, reduced responsibilities, and/or education. In the event that it is determined that a leave of absence from the Medical Staff is necessary and appropriate, and the Clinician agrees to the leave of absence, the Clinician and Employee Health will notify the Clinician's Supervisor, Department Chief, Chief Medical Officer and Office of Professional Staff Affairs. Before returning to patient care, Employee Health must approve and clear the Clinician to safely return to patient care. The decision to return the Clinician to patient care will be made by the Clinician's medical team and/or PHS.

- D. In the event that the Clinician refuses to participate in the above-described Evaluation process, or refuses to accept the recommendations of the Supervisor and Employee Health, pursuant to Article VI of the Medical Staff Bylaws, the Supervisor, Department Chief, or Chief Medical Officer may request disciplinary action against the Clinician by the Medical Executive Committee. The Chief Medical Officer, Department Chief and Supervisor will determine whether the evidence of Impairment presents a patient safety risk, and if so, the Clinician may voluntarily suspend patient care duties or the Chief Medical Officer may request that the Chair of the Medical Executive Committee or President of the Medical Center summarily suspend the Clinician's medical staff privileges pursuant to the Medical Staff Bylaws.

IV. Reporting Clinician Impairment Matters to the Medical Executive Committee

On an annual basis, Employee Health will provide an anonymized report to the Medical Executive Committee of the cases involving reports of Clinician Impairment. The report will include details of return to work plans. In its report, Employee Health will take every measure to protect the confidentiality and privacy of the Clinicians. The Medical Executive Committee will review the report to evaluate the processes and standards applied to support the involved Clinicians and protect patients.

V. Statutory Reporting Obligations

While it is the intention to keep matters as confidential as possible, in Massachusetts, the law requires certain forms of reporting to the Board of Registration in Medicine (“BORIM”). The Medical Center is required to report to the BORIM certain types of disciplinary actions taken against physicians that relate to the physician’s competency to practice medicine or a complaint or allegation that the physician violated a law or regulation. The Chair of the Medical Executive Committee, Chief Medical Officer, and Department Chief, with guidance from the BIDMC Office of the General Counsel, will be responsible for determining the Medical Center’s obligations to report to the BORIM.

Also, in Massachusetts, the law mandates health care providers to report to the BORIM when there is reasonable basis to believe that a physician is practicing medicine while impaired by drugs or alcohol, or when a physician is a habitual user of drugs or alcohol. The law does recognize an exception to the reporting requirement if all of the following conditions are met: (1) reasonable basis to believe that the physician has not violated any other BORIM statute or regulation; (2) no allegations of patient harm; and (3) direct confirmation of compliance with a drug or alcohol treatment program. M.G.L. c. 112, § 5F, 243 CMR 1.00 through 3.00. If you have questions concerning your reporting obligations, please contact the BIDMC Office of the General Counsel.

VI. Resources for Clinician Health include:

BIDMC Clinician Health Service

The mission of the Clinician Health Service (CHS) in the Department of Psychiatry is to promote clinician health within the Beth Israel Deaconess Medical Center. The services of CHS include confidential evaluation of self-referred clinicians; clinician health education within individual clinical departments; and consultation to Department Chiefs and Service Directors.

Clinicians may directly and confidentially contact the CHS, which will expeditiously provide the clinician with an opportunity to discuss health concerns, to seek assistance with problem solving, and to receive recommendations for ongoing treatment, if needed. These services will be available to the clinician for a maximum of three sessions. If further treatment is indicated, appropriate referrals will be made.

Clinicians may access the CHS through the internet portal by selecting “Clinician Health Service”, and then contacting one of the identified CHS providers. Appointments with the CHS provider are

scheduled directly by the clinician seeking assistance. There is no cost for this service. An EMR (electronic medical record) note will NOT be created in order to ensure privacy of information, and insurance claims will not be submitted. A record of the visit will be kept in the office of the Department of Psychiatry.

This service is NOT considered as part of a disciplinary process of any kind. Information will only be shared with others with the permission of the clinician, except when disclosure is necessary to protect the Clinician himself/herself or a third party from harm.

To contact this service call 617-667-0651 or email ppeck@bidmc.harvard.edu

Additional information about this service can be found at: www.bidmc.org/ClinicianHealthServices

Employee Assistance Program (EAP):

Employees of BIDMC are encouraged to seek help by contacting the BIDMC EAP program. The EAP provides free, professional counseling to assist employees with personal or work-related problems. All counseling services offered by EAP are confidential. The EAP has several office locations throughout the Boston area. For a confidential consultation or to make an appointment, please call (800) 451-1834.

Physician Health Services:

Physician Health Services, Inc. (PHS), affiliated with the Massachusetts Medical Society, is a confidential resource for physicians and residents that provides assistance with behavioral health, physical health, or substance use disorders. PHS provides a safe environment for physicians to talk to their peers about the stress and demands of medical practice. Anyone is welcome to contact PHS on their own behalf. PHS receives referrals from colleagues, family members, friends, hospitals, medical schools, and from the Board of Registration in Medicine. Services of the PHS include expert consultation and assessment designed to encourage physicians and medical students to obtain help for behavioral health, physician health or substance use disorders. Physician Health Services can be contacted by calling 781-434-7404; or toll free at 800-322-2303, ext. 7404

References:

Reporting, Investigation, and Resolution of Compliance Issues - Policy: ADM-30

Prohibition Against Retaliation - Policy: PM-22

Drug-Free Workplace - Policy: PM-26

Requestor Name: Bettina Siewert, MD; Sugantha Sundar, MD

Vice President Sponsor: Tony Weiss, MD

Approved By:

☒ **Medical Executive Committee: 11/20/24**

Daniel Talmor, MD
MEC Chair

Original Date Approved: Rewritten 9/15/21

Revised 11/23

Next Review: 11/27

**Beth Israel Deaconess Medical Center
 Discrimination and Harassment Policy**

Human Resources policies by their nature are constantly under review as they are affected by changes in applicable laws, economic conditions and Beth Israel Deaconess Medical Center business (BIDMC). BIDMC reserves the right to revise or terminate policies at any time and diverge from existing policies when it deems appropriate. Nothing in this Policy is intended to constitute a contract between BIDMC and any employee, or create a promise by BIDMC of any kind, regardless of what this Policy states. Unless an employee has a written agreement for continued employment signed by the employee and an authorized representative of BIDMC, the employee is an at-will employee and either the employee or Beth Israel Deaconess Medical Center may terminate employment at any time, with or without cause and/or notice.

Title: Discrimination and Harassment

Policy: Beth Israel Deaconess Medical Center – PM 24

Purpose: To provide Beth Israel Deaconess Medical Center’s policy regarding preventing, reporting, and investigating complaints of harassment and discrimination in the workplace, including preventing retaliation in response to any complaints of harassment or discrimination in the workplace.

Applicability: All employees of Beth Israel Deaconess Medical Center.

Policy Owner: Human Resources

Effective Date:

Revised:

Introduction:

Beth Israel Deaconess Medical Center is strongly committed to providing a workplace free of harassment and discrimination and where all employees are treated with respect and dignity. Harassment and discrimination of employees occurring in the workplace or in other settings in connection with an employee’s work is unlawful and will not be tolerated by BIDMC. Further, any retaliation against an employee who has complained about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is unlawful and will not be tolerated. To achieve the Medical Center’s goal of providing a workplace free from harassment and discrimination, the conduct that is described in this policy will not be tolerated and BIDMC has provided procedures by which inappropriate conduct will be dealt with.

Beth Israel Deaconess Medical Center takes allegations of harassment and discrimination seriously and will respond promptly to such complaints. If BIDMC determines that inappropriate conduct has occurred, it will act promptly to eliminate the conduct and use corrective action as necessary.

While this policy sets forth the Medical Center's goals of promoting a workplace free of harassment and discrimination, this policy is not designated or intended to limit BIDMC's ability to use corrective action in response to workplace conduct deemed to be unacceptable or inappropriate, regardless of whether or not that conduct satisfies the definition of harassment and/or sexual harassment and/or unlawful discrimination.

The prohibition against harassment and discrimination in the workplace also applies to patients, visitors, contractors, and others on Beth Israel Deaconess Medical Center property. Harassment and discrimination outside of the workplace (i.e. not on Beth Israel Deaconess Medical Center property) and in work related settings (including work related meetings, work sponsored events and trips) is prohibited and will not be tolerated.

Definitions:

Beth Israel Deaconess Medical Center prohibits harassment and discrimination of its workforce based on any protected category, including race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, handicap (disability), marital status, pregnancy, pregnancy-related conditions, active military or veteran status, genetic information, participation in a discrimination complaint or related activities, or any other basis protected by applicable law ("protected characteristics"). The Medical Center also prohibits harassment and discrimination based on the perception that an individual has a protected characteristic or is associated with a person who has or is perceived to have a protected characteristic.

"Sexual harassment" is defined as sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- (a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or
- (b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a manager or supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female employees may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- (a) Unwelcome sexual advances - whether they involve physical touching or not;
- (b) Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- (c) Displaying sexually suggestive objects, pictures, cartoons;
- (d) Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- (e) Inquiries into one's sexual experiences; and
- (f) Discussion of one's sexual activities

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by the Medical Center.

Consensual Relationships and Relationships in the Workplace:

Please refer to PM-25 "Family Members and Relationships in the Workplace" which addresses family members working at Beth Israel Deaconess Medical Center and other relationships in the workplace.

Reporting Complaints of Harassment and Discrimination:

If an employee believes they have been subjected to harassment or discrimination, the employee has a right to file a complaint with Beth Israel Deaconess Medical Center either in writing or orally. Employees should immediately file a complaint with their manager, direct a complaint to any other leader's attention, or to Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel.

If an employee witnesses harassment or discrimination, or learns about harassment of another individual or discriminatory conduct towards another individual, the employee should immediately notify their manager, any other leader or Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel.

No Retaliation:

Retaliation against an individual who has complained in good faith about harassment or discrimination, and retaliation against individuals for cooperating in good faith with an investigation of a harassment or discrimination complaint, is unlawful and will not be tolerated by this organization. Specifically with regard to disability and veteran status, applicants, employees, and medical staff shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have filed a complaint, assisted in an investigation, or opposed any practice made unlawful by Section 503 of the Rehabilitation Act of 1973, as amended, or the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA), as amended.

Investigations and Disciplinary Action:

All complaints of harassment or discrimination or other violations of this Policy will be investigated thoroughly and promptly. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. If it is determined that inappropriate conduct has occurred, appropriate action will be taken, including eliminating the offending conduct and where it is appropriate, impose disciplinary action. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action deemed appropriate under the circumstances.

State and Federal Remedies:

In addition to the above, if an employee believes that they have been subjected to harassment or discrimination, the employee may file a formal complaint with either or both of the government agencies set forth below. Using Beth Israel Deaconess Medical Center's internal complaint process does not prohibit an employee from filing a complaint with these agencies as well. Each of the agencies has a short time period for filing a claim (EEOC – 300 days; MCAD – 300 days).

1. The United States Equal Employment Opportunity Commission ("EEOC"), John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203, Tel. (800) 669-4000, Facsimile (617) 565-3196, TTY (800) 669-6820.
2. The Massachusetts Commission Against Discrimination ("MCAD"), One Ashburton Place, Sixth Floor, Room 601, Boston, MA 02108, Tel. (617) 994-6000, TTY (617) 994-6196.

Manager's Responsibilities:

All managers and leaders have an obligation to immediately bring any complaint or concern regarding harassment or discrimination (or any other violation of this Policy) to Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel. This obligation exists even if the conduct was not

reported to the manager or leader. If the employee who raised the complaint or concern requests that the situation not be reported or investigated, the manager must explain to the employee that the manager has an obligation to bring the complaint to the attention of Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel so that the complaint can be investigated. Managers must:

Take all complaints or concerns of alleged or possible harassment or discrimination seriously no matter how minor the complaint or who is involved (and whether or not there has been a written or formal complaint); · Ensure that harassment or inappropriate sexually oriented conduct or discrimination is immediately reported to Joanne T. Ayoub, BIDMC HR VP Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel so that a prompt investigation can occur; and · Take appropriate action to prevent retaliation in response to any complaint or investigation of alleged harassment or discrimination. Managers who knowingly allow or tolerate harassment, discrimination, or retaliation, including the failure to immediately report such misconduct to Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel, are in violation of this policy and subject to disciplinary action.

Employee Responsibilities:

It is the responsibility of all employees to ensure that the workplace is free from any form of harassment and discrimination. If an individual feels they have been harassed or suffered discrimination, has witnessed harassment or discrimination, or heard of harassment or discrimination in the workplace, Beth Israel Deaconess Medical Center expects the employee to immediately report this to their manager or Human Resources.

Vice President Sponsor: Joanne T. Ayoub, Vice President, Human Resources

Approved By:

☒ Senior Management Team 12/12/22

Peter Healy, President

Requestor Name: Andrew Zaglin, Director Employee Relations

Original Date Approved: 10/01 BI/LH 12/12/22

Next Review Date: 12/25

Revised:

References: