<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GME 01</td>
<td>Resident/Fellow Eligibility &amp; Selection</td>
</tr>
<tr>
<td>GME 02</td>
<td>Resident/Fellow Supervision</td>
</tr>
<tr>
<td>GME 03</td>
<td>Resident/Fellow Evaluation</td>
</tr>
<tr>
<td>GME 04</td>
<td>Resident/Fellow Review of Faculty &amp; Training Program</td>
</tr>
<tr>
<td>GME 05</td>
<td>Resident/Fellow Promotion</td>
</tr>
<tr>
<td>GME 06</td>
<td>Resident/Fellow Duty Hours</td>
</tr>
<tr>
<td>GME 07</td>
<td>Internal Review of Residency/Fellowship Programs</td>
</tr>
<tr>
<td>GME 08</td>
<td>Resident/Fellow Program Reduction/Closure</td>
</tr>
<tr>
<td>GME 09</td>
<td>Resident/Fellow Non-Renewal of Contract</td>
</tr>
<tr>
<td>GME 10</td>
<td>Resident/Fellow Dismissal</td>
</tr>
<tr>
<td>GME 11</td>
<td>Resident/Fellow Appeal of Adverse Action</td>
</tr>
<tr>
<td>GME 12</td>
<td>Resident/Fellow Grievance</td>
</tr>
<tr>
<td>GME 13</td>
<td>Resident/Fellow Non-Harassment</td>
</tr>
<tr>
<td>GME 14</td>
<td>Resident/Fellow Family/Medical/Personal Leave</td>
</tr>
<tr>
<td>GME 15</td>
<td>Making up Leave Time</td>
</tr>
<tr>
<td>GME 16</td>
<td>Resident/Fellow Professional Leave</td>
</tr>
<tr>
<td>GME 17</td>
<td>Resident/Fellow Off-Site Rotations</td>
</tr>
<tr>
<td>GME 18</td>
<td>Resident/Fellow Probation/Dismissal for Academic Deficiency</td>
</tr>
<tr>
<td>GME 19</td>
<td>Resident/Fellow Impairment and Substance Abuse</td>
</tr>
<tr>
<td>GME 20</td>
<td>Resident/Fellow Access to GME Policies</td>
</tr>
<tr>
<td>GME 21</td>
<td>Resident/Fellow Moonlighting</td>
</tr>
<tr>
<td>GME 22</td>
<td>Communication with the ACGME</td>
</tr>
<tr>
<td>GME 23</td>
<td>Policy for Granting Duty Hours Exceptions</td>
</tr>
<tr>
<td>GME 24</td>
<td>Verification of Resident/Fellow Procedure Competencies</td>
</tr>
<tr>
<td>GME 25</td>
<td>Annual Internal Review</td>
</tr>
<tr>
<td>GME 26</td>
<td>Disaster Policy</td>
</tr>
<tr>
<td>GME 27</td>
<td>Resident/Fellow Fatigue</td>
</tr>
<tr>
<td>GME 28</td>
<td>Vendor Policy</td>
</tr>
<tr>
<td>GME 29</td>
<td>DIO Designate/Communication/Responsibilities</td>
</tr>
<tr>
<td>GME 30</td>
<td>Accommodating Residents/Fellows with Disabilities-EOE</td>
</tr>
<tr>
<td>GME 31</td>
<td>Resident/Fellow Educational Funds</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>GME 32</td>
<td>Resident/Fellow Dietary Expenditures</td>
</tr>
<tr>
<td>GME 33</td>
<td>Resident/Fellow Research Policy</td>
</tr>
<tr>
<td>GME 34</td>
<td>Resident/Fellow Clinical Competency Committee</td>
</tr>
<tr>
<td>GME 35</td>
<td>Program Evaluation Committee</td>
</tr>
<tr>
<td>GME 36</td>
<td>Transitions of Care and Handoffs Policy</td>
</tr>
<tr>
<td>GME 37</td>
<td>International Rotation</td>
</tr>
<tr>
<td>GME 38</td>
<td>Smartphone Policy</td>
</tr>
<tr>
<td>GME 39</td>
<td>J-1 Mandatory Insurance Requirements</td>
</tr>
<tr>
<td>GME 40</td>
<td>Quality Improvement/Patient Safety</td>
</tr>
</tbody>
</table>
Purpose
To establish guidelines for selecting applicants admitted to Conemaugh Memorial Medical Center (CMMC) residency/fellowship programs.

Applies To
All CMMC Graduate Medical Education (GME) residency/fellowship programs.

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

A physician who has completed residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ASGME-accredited program may be advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is no required for entry. (CR-III.A.1.b)

Definitions
Not applicable

Procedure
A. Resident/Fellow Selection
1. Programs should select residents/fellows from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, and communication skills.
2. Programs will not discriminate with regard to race, age, religion, color, national origin, disability, or veteran status.
3. Programs will participate in the National Residency/Fellowship Matching Program (NRMP)
4. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be effect at the time of his/her eventual appointment. (IR-IV.A.3)
5. Although the process of screening and interviewing applicants may be shared with members of the faculty, the final responsibility for resident/fellow selection rests with the program directors.

B. Resident/Fellow Eligibility

Applicants with one of the following qualifications are eligible for appointment to the residency/fellowship programs:

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

C. Resident/Fellow Requirements

1. All applicants are required to meet the requirements for and obtain Pennsylvania training licensure before the start of training. In general this requires passage of USMLE or COMLEX 1 and 2 and obtaining necessary visas.
2. Failure to obtain licensure on time will result in a hardship for the residency program and may result in the program petitioning for a waiver of NRMP commitment.

D. GMEC Oversight

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

1. Completed one or more years in a residency/fellowship program,
2. Do not fully meet the program’s applicant requirements,
3. Other exceptions (such as off-cycle residents or those unsuccessful at another program).

Attachments
Not applicable

References
CR-III.A.1.b (Eligibility Criteria)
IR-IV.A.3 (Resident/Fellow Recruitment)

GMEC Revision: 10/2012, 1/2016
GMEC Review: 5/2009
Purpose
The Conemaugh Memorial Medical Center (CMMC) Residency/Fellowship Programs follow the principle that resident/fellow supervision is required at all levels in order to insure optimal educational benefit as well as patient safety. As medical educators, we recognize the need for graduated responsibility and opportunity to make decisions in order to develop judgment by residents/fellows at every level. The principle of graduated responsibility under supervision begins in the PGY-1 year with resident/fellow credentialing in basic patient evaluation and care skills and progresses from specific to general supervision. As residents/fellows gain knowledge, proficiency in manual and problem solving skills and begin to demonstrate good judgment, the intensity of supervision decreases to foster independent decision-making. Patient safety remains our primary concern followed by the facilitation of education and learning.

Principles
A. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient’s care.
B. Clinical responsibilities must be conducted in a carefully supervised and graduated manner, allowing housestaff to assume progressively increasing responsibility in accordance with their level of education, ability, and experience.
   1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident or fellow must be assigned by the program director and faculty members after assessment of relevant competencies
   2. The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific criteria or milestones.
   3. Senior residents or fellows should be given the responsibility for supervising junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
C. Supervision of residents and fellows should foster humanistic values by demonstrating a concern for each housestaff member’s well-being and professional development.
   1. Supervision must include timely and appropriate feedback and residents and fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
   2. Supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility.
D. Faculty members functioning as supervising physicians should delegate portions of care to residents and fellows, based on the needs of the patient and the skills of the resident or fellow. Residents, fellows and faculty members should inform patients of their respective roles in each patient’s care.
E. 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.

Policy
The CMMC Residency/Fellowship Programs recognize the ACGME’s three classifications or levels of supervision:

A. **Direct Supervision** - the supervising physician is physically present with the resident/fellow and patient

B. **Indirect Supervision:**
   1. **With direct supervision immediately available** - the supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.
   2. **With direct supervision available** - the supervising physician is not physically present within the confines of the site of the patient care, but is immediately available via phone and/or electronic modalities and is available to provide Direct Supervision.

C. **Oversight (Informal Supervision)** - the supervising physician is available to provide review of procedure/encounters with feedback provided aftercare is delivered.

Procedure
A. Each Program sponsored by CMMC shall develop and maintain appropriate supervision policies, compliant with ACGME/AOA Program Requirements, including an explicit description of the supervision for each activity or rotation and for each level.

B. The following site-specific faculty supervision requirements are applicable.
   1. Inpatient Services: A patient care team that may include medical students, interns, residents and fellows, under the supervision of a faculty physician, shall care for patients admitted to the service. Decisions regarding diagnostic tests and therapeutics, although initiated by housestaff, shall be reviewed with the responsible faculty member during patient care rounds.

   Patients shall be seen by the responsible attending and their care shall be reviewed at appropriate intervals. The attending shall document his/her involvement in the care of the patient in the medical record. Housestaff members are required to promptly notify the patient’s faculty physician in the event of any controversy regarding patient care or any serious change in the patient’s condition.

   Faculty members or their designees (covering physicians) are expected to be available, by telephone or pager, for housestaff consultation 24 hours per day for their term on service, on-call day or for their specific patients.
2. Emergency Departments: In the Emergency Departments, a faculty member must be on-site 24 hours per day.

3. Clinics and Consultation Services: In clinics and consultation services, a faculty member must review overall patient care rendered by housestaff.

4. Intensive Care Units: In intensive care units, housestaff decisions regarding patient care, including admission, discharge, treatment decisions, performance of invasive procedures and end-of-life decisions are to be discussed and reviewed by faculty.

5. Supervision of Housestaff in Operating Suites: In the operating suites, a surgical faculty member is responsible for the supervision of all operative cases. A surgical faculty member shall be present in the operating room with housestaff during critical parts of the procedure. For less critical parts of the procedure, a surgical faculty member must be immediately available for direct participation.

Monitoring Compliance
A. The quality of housestaff supervision and adherence to supervision guidelines and policies shall be monitored through annual review of the housestaff’s evaluations of their faculty and rotations, review of ACGME surveys and the GMEC’s internal reviews of programs. When necessary, during the Special Reviews of programs, the GMEC shall request that each program provide a description of the procedures to ensure supervision in the program’s clinical settings (including nights and weekends), an explanation as to how the program monitors compliance with its supervision policies, a description as to how the program becomes aware of and responds to exceptions or critical instances of breakdown of supervision and the mechanisms the program has in place to ensure accessibility and availability of faculty.

B. For any significant concerns regarding housestaff supervision, the respective program director shall submit a plan for its remediation to the GMEC for approval and the program director may be required to submit progress reports to the GMEC until the issue is resolved.

References
CR-VI.D (Supervision of Resident)
IR-IV.1 (Supervision)

GMEC Revised: 1/2016
GMEC Reviewed: 5/2013
Approved: 7/2013
Purpose
To assure that the performance and progress of residents/fellows are monitored on a regular basis and they receive timely and appropriate feedback from faculty and their program directors.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education residency/fellowship programs.

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

Definition
Not applicable

Procedure
1. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
2. Areas to be evaluated will include, but are not limited to, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
3. The program must document progressive resident performance improvement appropriate to educational level.
4. Additional evaluations of a resident/fellow’s performance may be obtained, if necessary, from a fellow, senior resident, a junior resident, a medical student, allied health personnel, and patients.
5. Summaries of a resident/fellow’s performance should be compiled on an ongoing basis and discussed at least twice year.
6. Cumulative reports with feedback from all evaluations will be communicated to the resident/fellow in a timely manner and at least twice a year by the program director or his/her designee in a private meeting.
7. Record of evaluations, summaries, results of any examinations, and/or other appropriate written performance assessments, will be kept in a permanent file by the program director until the resident/fellow leaves the program. After residents/fellows leave the program, permanent records will be kept as proscribed by medical education accrediting organizations.
8. Residents/fellows will have appropriate access to their evaluation files.

Attachments
Not applicable
References
CR-VA.2.A, VA.2.B.1, VA.2.b).(3) (Formative Evaluation)

GMEC Revision: 6/07, 1/2016
GMEC Review: 4/09
Purpose
To assure that residents/fellows anonymously provide written anonymous feedback regarding faculty performance and the quality of their training programs on an annual basis.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Graduate Medical Education training programs will ensure that residents/fellows can anonymously evaluate faculty performance and the quality of their training program, in writing, on an annual basis.

Definition
Not applicable

Procedure
A. Residents/fellows will have the opportunity to anonymously evaluate the faculty, program director, and their residency/fellowship training programs, in writing, at least once a year.
B. These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
B. Resident/fellow evaluation is ensured anonymity.
C. The program director provides the faculty with resident/fellow feedback during the annual evaluation of faculty performance.
D. Resident/fellow evaluations of faculty are a part of the faculty’s performance assessment.
E. Appropriate action is taken on faculty or program issues identified by residents/fellows during the evaluation process.
F. The residents/fellows will receive feedback on resolution of issues identified by their anonymous feedback.

Attachment
Not applicable

References
CR-V.B.2 (Faculty Evaluation)

GMEC Revision: 8/2006, 1/2016
GMEC Review: 5/2009
Purpose
To establish guidelines for the promotion of residents/fellows in the Conemaugh Memorial Hospital resident/fellowship programs.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Graduate medical education programs will use recommended standards/criteria for promotion of residents/fellows.

Procedure
A. The final responsibility for the decision to promote the resident/fellow rests with the program director.
B. The program director will make the decision to promote the resident/fellow using performance criteria including:
   1. Written evaluations of rotations
   2. Proficiency exam scores
   3. Input from faculty, and
   4. Input from other appropriate sources.
C. The program director will consider guidelines set by:
   1. The appropriate educational accrediting organizations,
   2. Specialty board guidelines,
   3. Institutional resources,
   4. Relative merit of individual compared to other trainees, and
   5. Program guidelines in making the decision.
D. A program must provide a resident/fellow with a written notice of intent when that resident’s/fellow’s agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training or when that resident/fellow will be dismissed.
E. If a resident/fellow may be or has been judged ineligible for promotion, he/she may be offered options that include:
   1. Promotion with probation and a remedial plan that includes an outline of the perceived deficiencies,
   2. A remediation plan with specific goals and objectives,
   3. A timeline for reaching performance objectives,
   4. Specified outcomes with regard to removing the probation status, and
   5. Additional time at the current PGY level in order to achieve the required level of proficiency for promotion. This would include a remedial plan (such as specified above).
F. The Executive Committee of the GMEC will be notified ASAP if a resident/fellow requires additional training at the current PGY level in order to achieve the required
level of proficiency for promotion. The program director must present appropriate documentation to the Executive Committee for review and discussion at least two months prior to any further action.

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

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

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

Attachment
Not Applicable

References
IR-IV.C.1.a (Promotion, Appointment Renewal and Dismissal)

GMEC Revision: 2/2001, 1/2016
GMEC Review: 5/2009
Purpose
The purpose of this policy is to ensure that all residency/fellowship programs at Conemaugh Memorial Medical Center meet the accrediting organizations’ requirements for resident/fellow duty hours and will support the physical and emotional well being of all residents/fellows while fostering an educational environment that promotes patient care. Duty hour assignments recognize that faculty and residents/fellows collectively have responsibility for the safety and welfare of patients, including a process for residents/fellows to follow if their patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of either the resident/fellow or of patient care during or following on-call periods.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education (GME) residency/fellowship programs.

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

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

B. **In-house Call** is defined as those duty hours beyond the normal workday when residents/fellows are required to be immediately available in the assigned institution. PGY1 Residents may not take call.

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

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

1. All residency/fellowship programs have established written policies and procedures regarding resident/fellow duty hours and working environments consistent with the Institutional and Program Requirements.

2. Resident/Fellow duty hours and on-call periods are in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules focus on the needs of the patient, continuity of care, and the educational needs of the resident/fellow.

3. All programs ensure that the residents/fellows are provided with appropriate back-up support when patient care responsibilities are especially difficult or prolonged.

4. All programs monitor duty hours and call schedules, and adjustments are made as necessary to address excessive service demands and/or resident/fellow fatigue.

5. Work that is extraneous to the resident/fellow educational programs is minimized.

B. Monitoring

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

C. Duty Hour Requirements

1. Duty hours are limited to a maximum 80 hours per week, averaged over a 4 week period. This includes all in-house and at-home call (actual time called into the hospital only) along with all moonlighting activity.

2. First-year residents are limited to a maximum duty hour period of 16 hours.

3. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

4. Internal and external moonlighting must be counted toward the 80-hour per week limit.

5. No home call is allowed on a resident/fellow’s day off.

6. PGY-1 residents and intermediate –level residents (as defined by the Review Committee) should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

7. Residents in the final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

a. While it is desirable that residents in their final year of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
b. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

8. Residents/fellows must have 14 hours off after working a 24-hour shift.
9. Night float is limited to a maximum of six consecutive nights.
10. Residents/fellows cannot staff continuity clinic or engage in other clinical duties after a 24-hour shift.
11. Residents/fellows must have 1 day off in 7 averaged over four weeks (ACGME) or 1 day off in 7 (AOA).
12. It is essential for patient care 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.
13. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
   a. appropriately hand over the care of all other patients to the team responsible for their continuing care
   b. document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
   c. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

D. Call Activity

1. In-house call for PGY-2 residents and above is not more than every 3rd night, averaged over a four-week period.
2. While the frequency of at-home call is not subject to every 3rd night limitations, it is not so frequent as to preclude rest and reasonable personal time.
3. Residents/fellows taking at-home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
4. When residents/fellows are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.
5. The Program Director and faculty monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

E. Resident/Fellow Fatigue

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

Programs must encourage residents to use alertness management strategies in context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

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

F. Moonlighting

1. Moonlighting that occurs within the residency/fellowship program and/or sponsoring institution or the non-hospital sponsor’s primary clinical site(s), i.e., internal or external moonlighting, must be counted toward the 80-hour weekly limits on duty hours.
2. Resident/fellow moonlighting must be approved, in writing, by the appropriate Program Director in advance of such activity. Such approval must be maintained in the resident/fellow’s file. Residents/fellows must possess a permanent license to moonlight. Some programs prohibit residents/fellows from engaging in moonlighting.
3. Residents/fellows are not required to moonlight.
4. PGY1 Residents are not permitted to moonlight.

G. Duty Hour Exception

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

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

Attachment
Not Applicable
References
CR: VI G (Resident Duty Hours)
IR: IV J (Duty Hours)

GMEC Revision: June 2011, 1/2016
GMEC Review: July 2011
GRADUATE MEDICAL EDUCATION - POLICY 07
SPECIAL REVIEW PROCESS

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

**Purpose**
To define underperforming residency and fellowship programs, special review processes, and methods to oversee and resolve the issues.

**Applies To**
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

**Policy**
The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

**Definition**
Not applicable

**Procedure**
The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following:

A. **Program attrition**
   1. Change in program director more frequently than every 2 years.
   2. Greater than 1 resident/fellow per year resident attrition (withdrawal, transfer or dismissal) over a 2 year period

B. **Loss of major education necessities**
   1. Changes in major participating sites
   2. Consistent incomplete resident complement
   3. Major program structural change

C. **Recruitment performance**
   1. Unfilled positions over three years

D. **Evidence of scholarly activity** (excluding typical and expected departmental presentations)
   1. Graduating residents – minimum of 50% scholarly activity
   2. Faculty (Core) – minimum of 80% scholarly activity

E. **Board pass rate** – acceptable by ACGME specialty standards

F. **Case logs/Clinical experience** – acceptable by ACGME specialty-specific standards

G. **ACGME surveys**
1. Resident survey – Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year.

2. Faculty survey – minimum of 60% completion rate

H. Non-compliance with responsibilities
   1. Failure to submit milestones data to the ACGME and to the GMEC
   2. Failure to submit data to requesting organizations or GMEC (ACGME/ABMS)

I. Inability to demonstrate success in the CLER focus areas
   1. Patient Safety
   2. Health Care Quality
   3. Care Transitions
   4. Supervision
   5. Duty Hours, Fatigue Management and Mitigation
   6. Professionalism

J. Inability to meet established ACGME common and program specific requirements

K. Notification from RRC requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions

Special Review
A special review will occur when:

A. A program has met enough criteria established to be an outlier among GME programs

B. A severe and unusual deficiency in any one or more of the established criteria (focused to full review)

C. There has been a significant complaint against the program, (focused to full review)

D. The program is applying for accreditation (review of the application) and again approximately one year after the ACGME has accredited the program (full review)

E. Transferred programs (full review)

F. An annual report was not submitted

G. As periodically determined by the DIO

The GMEC will schedule a Special Review once a program has been identified as underperforming.

The Special Review Committee will include the Chair and/or Vice Chair of the GMEC acting as Chair of the Special Review Committee, an administrative member of the GME Committee, a staff member from the GME Office and, as determined by the DIO or designee, faculty members and residents or fellows who are not members of the program under review.

The members of the program to be interviewed should include, but are not limited to, the program director, other key faculty members and peer selected residents/fellows. The Chair of
the department and other individuals as determined by the Special Review Committee also could be interviewed.

The Special Review Committee will determine materials and data to be used during the Special Review.

The Special Review Committee will conduct the special review through review of materials, data and other information provided by the program and through interviews with identified individuals.

The Special Review Committee will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns,
2. A description of the corrective actions to address identified concerns and
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

Monitoring of Outcomes
The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

Attachments
Not Applicable

References
IR: I.B.5, I.B.6 (AIR)

GMEC Revision: 02/2011, 1/2016
GMEC Review: 5/2009
Purpose
To establish guidelines for placing residents/fellows in another program in the event of the closure or reduction in their current residency/fellowship training program.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Graduate Medical Education programs will use recommended standards/criteria for displaced residents/fellows.

Definition
Not Applicable

Procedure
If the decision is made to reduce the size or to close a residency/fellowship program, the institution, the Program Director, and the Department of Medical Education should:
  A. Inform the affected residents/fellows at the earliest possible time.
  B. Make every effort to develop mechanisms to allow current residents/fellows to complete the program.
  C. Make every effort to assist the residents/fellows affected by a reduction in size or closure of a program and to identify a program where they can continue training.

Attachments
Not Applicable

References
IR: I.B.4.a).(5); IV.N

GMEC Revised: 1/2016
GMEC Review: 5/2009
Purpose
To provide the resident/fellow with appropriate notice of non-renewal of contract.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
All Graduate Medical Education programs will use standard criteria to provide the resident/fellow with written notice of the intent not to renew the resident’s/fellow’s contract.

Definition
Not applicable

Procedure
A. It is the responsibility of the institution to ensure that the program provides the resident/ fellow with a written notice of intent not to renew the resident’s/fellow’s contract.

B. It is required that the resident/fellow receive written notice of non-renewal of the his/her contract no later than four months prior to the end of the resident/fellow’s current contract.

C. If the primary reason(s) for non-renewal of a contract occur(s) within the four months of the end of the resident/fellow contract, it is the responsibility of the institution to provide the resident/fellow as much advance written notice of non-renewal as the circumstances will allow prior to the end of the resident/fellow’s contract.

D. The resident/fellow must be allowed to implement the institution’s Appeal of Adverse Action (GME Policy #11) when the resident/fellow receives written notice of the intent not to renew the resident/fellow’s contract.

Attachments
Not Applicable

References
IR: IV.C (Promotion/Appointment Renewal/Dismissal)

GMEC Revised: 1/2016
GMEC Review: 8/03, 8/04, 10/05, 12/06
Approved by GMEC: 8/03
Purpose
To establish standardized criteria for dismissal of residents/fellows.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Graduate Medical Education (GME) programs will use established criteria for dismissal of residents/fellows.

If the cause for suspension or dismissal is a legal issue, the applicable statute supersedes GME policy. If the cause for suspension or dismissal is a Human Resources policy the applicable statute supersedes GME policy.

Procedure
A resident/fellow may be dismissed by the Program Director for conduct that is unacceptable for a resident/fellow. Such conduct includes, but is not limited to, the following:

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

B. Personal misconduct:
   1) Unethical conduct
   2) Conviction of a felony
   3) Substandard performance that has not responded to comprehensive departmental remediation efforts

C. If the issue is health or psychologically related, it may handled through the Conemaugh Employee Health Service and in consultation with the Human Resources Department. (for GMEC review)

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

E. A resident/fellow dismissed for just cause has the right to invoke the appeals process.

Attachment
Refer to Resident/fellows Appeal of Adverse Action Process (GME Policy #11).

References
IR: IV.C. (Promotion/Appointment Renewal/Dismissal
Purpose
To offer an appeal and review process to a resident/fellow Physician whose professional conduct or academic performance has resulted in an adverse action described below.

Applies To
All interns/residents/fellows in Conemaugh Memorial Medical Center (CMMC) Graduate Medical Education (GME) Training Programs.

Policy
To ensure that all GME programs offer standard appeals procedures as approved by GMEC for the following adverse actions; residents/fellows who have been suspended, dismissed from the residency/fellowship program during the contract year or whose contract is not renewed, not graduated from the residency/fellowship program upon completion of the program, or not recommended for Board certification for training completed.

If the cause for suspension or dismissal is a legal issue, the applicable statute supersedes GME policy. If the cause for suspension or dismissal is a Human Resources policy the applicable policy supersedes this GME policy.

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

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

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

B. At the time a resident/fellow is notified of an adverse action decision, the Program Director will also advise him/her of the right to an unbiased appeal by invoking the Appeals Procedure GME Policy 11. The written notice of the adverse action decision will include both a copy of this Procedure and the specific charges against the resident/fellow which resulted in the adverse action. At this time the resident/fellow will be required to turn his/her hospital ID Badge to the Program Director of his/her designee.
C. To activate the Appeals Procedure, the resident/fellow must make a written request within five (5) working days of the issuance of the adverse action decision. The written request is made to the DIO/and or the Medical Director of GME. The Human Resources representative will be regularly informed of the status of the appeal. Failure of the resident/fellow to request the Appeals Procedure within five (5) working days constitutes a waiver of the right to an appeal and review.

D. An appeal will be scheduled within ten (10) working days of the receipt of the resident/fellow’s request.

E. In the period between the request for an appeal and the actual appeal, the resident/fellow is allowed to examine pertinent records in order to prepare a response. The DIO, with input from a Human Resources representative, will assist the resident/fellow and Program Director in making pertinent records available.

F. Appeal Panel Procedure:
   An Appeals Panel is established to meet and review information, question individuals, and consider all information that resulted in the adverse action. The Panel consists of five members: three faculty physicians and two residents/fellows. Three members of the Panel are chosen by the Medical Director of Medical Education, and one by the resident/fellow, and one by the Program Director. The resident/fellow makes his/her choice known first, followed by the Program Director. The DIO and/or Medical Director of GME select the remaining Panel members. The Panel members may include one Program Director from a residency/fellowship other than that of the grievant. Panel members cannot have been involved directly with the incident(s) that resulted in adverse action. The Panel elects a Chair to conduct the appeal and to present the Panel’s decision to the resident/fellow and Program Director. The DIO serves as staff to the Panel to coordinate the appeal and provide guidance on the process.

1. The resident/fellow and Program Director are given an opportunity to appear before the Panel to answer questions, respond to the information, question key individuals, and to present witnesses and pertinent documentation. Both the resident/fellow and Program Director may be present during the fact-finding portion of the Appeal and shall have the opportunity of presenting written submissions in support of their respective positions. The Panel reserves the right to determine whether the information presented on behalf of the resident/fellow or the Program Director is pertinent to the proceeding and whether the Panel should consider it.

2. The resident/fellow is permitted to be accompanied by his/her faculty advisor or another physician of his/her choice to advise him/her and counsel him/her during the appeals, provided that the physician is a resident/fellow or member of the Medical Staff of Conemaugh Memorial Medical Center. Neither the
resident/fellow nor the Program Director is entitled to have legal counsel present during the Appeal.

3. The decision of the Panel is based solely on information presented at the Appeal. Neither the resident/fellow, the physician who accompanied him/her to the Appeal, nor the Program Director is present during the Panel deliberations. The Panel is authorized to uphold, reject, or modify the adverse action decision. The decision is made by majority vote of the Panel through secret ballot.

4. The Panel has ten (10) working days to conduct and conclude the Appeal and report its decision to the DIO and/or Medical Director of GME who will forward the report to the resident/fellow, Program Director via certified mail or in person, and also communicate the status to the Human Resources Representative.

5. A record of the Appeal testimony is produced and retained, and a copy is available to the resident/fellow.

6. In the event the Panel returns a decision that is unfavorable to the resident/fellow or to the Program Director, either has the right to request the second step of the Appeals Procedure (which is a review).

G. Review Panel Procedure

1. A request for a review must be made by the resident/fellow or Program Director to the representative of the Human Resources Department within five (5) working days after receiving notice of the unfavorable decision by the Panel. Failure to request a review within that time period is considered a waiver of the right to a review and an acceptance by the resident/fellow or Program Director of the decision of the Appeals Panel.

2. A review is scheduled within ten (10) working days of the receipt of the resident/fellow or Program Director’s request.

3. The Review Panel consists of three members who may be faculty members or resident/fellows at Conemaugh Memorial Medical Center; one selected by the resident/fellow, one selected by the Program Director and one by the DIO and/or Medical Director of GME. The resident/fellow makes his/her choice known first, followed by the Program Director, and then the DIO and/or Medical Director of GME. The Panel members may include one Program Director. Panel members cannot have been involved directly with the incident(s) that resulted in adverse action and cannot have been involved in the first appeals hearing.

4. The Panel selects a Chair from among themselves to conduct the review and to present the decision to the resident/fellow and Program Director. The DIO serves as staff to the Panel to coordinate the review and provide guidance on the process.
The Review Panel is established to examine the record of the Appeal Panel hearing, written information submitted and produced at the appeals hearing as well as to consider any written statement by the Resident/fellow or Program Director which he/she may prepare in response to the Appeal Panel’s decision. Neither the resident/fellow nor the Program Director is permitted to make any presentation to the Review Panel. Nor are they permitted to review each other’s statement to the Review Panel. No new information may be introduced to the Review Panel.

5. The decision of the Review Panel is based solely on information considered at the Appeals Panel hearing and any written submission by the resident/fellow or Program Director to the Review Panel. Neither the resident/fellow nor the Program Director is present during the deliberations. The decision to uphold, reject, or modify the adverse action is made by majority vote of the Panel through secret ballot.

6. The Review Panel has five (5) working days to conduct and conclude the review, and has three (3) working days to report decision to the DIO and/or Medical Director of GME who will forward the report to the resident/fellow and Program Director directly or via certificated mail, and also communicate the status with the Human Resources representative.

7. In the event the Review Panel returns a decision that is unfavorable to the resident/fellow or to the Program Director, either has the right to request the final step of the Appeals Procedure, a review by the CMO of MMC for final determination.

A request for a review by the CMO of CMMC must be made by the resident/fellow or Program Director to the DIO and/or Medical Director of GME within five (5) working days after receiving notice of the unfavorable decision by the Review Panel. Failure to request a review within that time period is considered a waiver of the right to a review and an acceptance by the resident/fellow or Program Director of the decision of the Review Panel.

8. All information from the initial Appeals Panel and the Review Panel will be forwarded to the CMO of CMMC for his/her final review and determination. Neither the resident/fellow nor the Program Director can present new information to the CMO.

9. The final decision - Within (5) business days of receipt of the record, the final decision of the CMO will be forwarded to the DIO and/or Medical Director of GME who forwards the report to the resident/fellow and Program Director directly or via certified mail, return receipt requested.

10. TIME LIMITS: The limits identified in this policy may be reasonably extended by the Panels, CMO, resident/fellow or Program Director, as needed.
All requests for extensions are presented to the respective party for its review and decision.

11. INDEMNIFICATION: Any person serving on either the Appeal Panel or Review Panel at the request or direction of the institution, are protected by the insurance coverage of the institution with respect to the liability arising out of such service.

12. PANEL ATTENDANCE: All members of both Panels must be in attendance for meetings to be conducted.

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

Attachments
Not Applicable

References

GMEC Revised: 1/2016
Approved by GMEC: 8/2003, 11/2008
Purpose
To provide a forum for residents/fellows to grieve a claim they dispute.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education (GME) training programs.

Policy
A claim or dispute by a resident/fellow against Conemaugh Memorial Medical Center concerning the interpretation of the resident/fellow contract, rules, regulations or written policies.

Definition
The grievance policy may be invoked for serious claims other than suspension, dismissal or non-recommendation for Board certification for training completed.

Procedure

Step 1. The resident/fellow shall discuss the grievance with the Department Chairman within five business days after the occurrence of the event, or action giving rise to it. The Department Chairman shall answer the grievance within five business days.

Step 2. If the grievance is not resolved at Step 1, the resident/fellow may appeal and submit the grievance, in writing, to the Medical Director of GME or the DME/DIO within seven days. The Medical Director of GME will schedule a meeting with the resident/fellow within five days. A decision will be communicated to the resident/fellow within five days after the meeting.

Step 3. If the grievance is not resolved at Step 2, the resident/fellow may appeal the decision, in writing, to a Grievance Committee within ten days of the meeting with the Medical Director of GME or the DME/DIO. The Grievance Committee will have five members. The composition of the Grievance Committee includes one representative faculty, PD or resident/fellow from a program other than that of the resident/fellow involved selected by the grievant, one representative faculty, PD or resident/fellow from a program other than that involved selected by the resident/fellow, two representatives (faculty, Program Director or resident/fellow from a program other than that of the resident/fellow involved) and one administrator designated by the Medical Director of GME or, in his absence, the DIO.

The Resident/Fellow and Program Director (or Grievant) will be asked to meet with the Grievance Committee within seven business days. The Grievance Committee will issue its decision, in writing, within seven business days.
following the meeting. The committee may contact (or request meet for clarification purposes with) the Resident/Fellow or Program Director during its deliberations. The decision of the Grievance Committee shall be final and binding.

Attachments
Not applicable

Reference
GME policy

GMEC reviewed: 1/2016
Approved by GMEC: 9/1999
GRADUATE MEDICAL EDUCATION - POLICY 13
NON-HARASSMENT

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

Applies To
All Conemaugh Memorial Medical Center (CMMC) residency/fellowship training programs.

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

Procedure
A. The Graduate Medical Education (GME) at CMMC has adopted the following definition and description of sexual harassment adapted from the “Sexual Harassment and Exploitation Between Medical Supervisors and Trainees” report of the American Medical Association Council on Judicial and Ethical Affairs:

“Sexual harassment may be defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic success, (2) submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such an individual, or (3) such conduct has the purpose or effect of interfering with an individual’s work or academic performance or creating an intimidating hostile or offensive work or academic environment.

Examples of sexual harassment include: unwelcome sexual advances, favoritism based upon gender, sexist jokes or slurs, the exchange of rewards for sexual favors, and malicious gossip or rumors. Sexual harassment also encompasses the use of sexist teaching materials, denied opportunities or poor evaluations because of gender, and punitive measures based upon the refusal of sexual advances.”

B. Faculty Responsibility
It is the responsibility of everyone in academic administration to abide by this policy and the CMMC Organizational Policy.

C. Reporting
A resident/fellow or student who believes he or she has been the subject of sexual harassment is to follow the reporting mechanism found in the Human Resources policy and/or may make use of the Grievance Policy of the Department of Medical Education.

D. Corrective Measures
Corrective measures will follow the procedure outlined in the corporation policy.

E. Educational Measures
The Department of Medical Education will educate resident/fellows/faculty by:
1. Referencing the sexual harassment policy in the resident/fellows’ contracts.
2. Distributing this policy to all resident/fellows.
3. Referencing this policy during resident/fellows’ orientation.
4. Providing conferences on sexual harassment as needed.

Follow the CMMC Human Resource Policy titled “Non-Harassment”

References
IR: IV.H. (Harassment)

GMEC revised: 1/2016
Approved by GMEC: 8/2003
Purpose
To clarify family, medical or personal leave for residents/fellows.

Applies To
All Conemaugh Memorial Medical Center residency/fellowship training programs.

Policy
Residents/fellows must follow set procedure when requesting family; medical or personal leave from their programs.

Procedure
A. Notification of Program Director
   1. Residents/fellows are responsible for notifying their Program Director of pending request for leave of absence in order to allow time for the consideration of program needs.
   2. Residents/fellows are responsible for completing any leave of absence forms required by the Human Resources Department and routing the completed form to the Program Director to review and sign.
   3. Residents/fellows are responsible for scheduling appointments with the Benefits Staff of Human Resources to arrange for benefits coverage during the leave.

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

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

Follow the CMMC Human Resource Policy titled “Leave of Absence”

References
IR: IV.G. (Vacation/Leave of Absence)
GRADUATE MEDICAL EDUCATION - POLICY 15
MAKING UP LEAVE TIME

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

Applies To
All Conemaugh Memorial Medical Center residency/fellowship training programs.

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

Procedure
A. Residents/fellows may have to make up time missed from training in order to be eligible for full credit toward their boards. Any absence beyond a total of the specific RRC’s allotted time (including vacation and other paid time off) in any given year will require an extension in his/her contract in order for the resident/fellow to receive credit for the year. Extensions for making up time are routinely up to 12 weeks. Longer periods would be determined on a case by case basis by the program director.
B. Residents/fellows are informed and acknowledge that additional training after a leave of absence may be needed for successful completion of program requirements and/or board certification requirements. The amount of sick leave, leave of absence, or disability time that will prolong the training time for the resident/fellow shall be determined by the program director and the requirements of the pertinent RRC and/or certifying board. The program will provide residents/fellows with information about how the time lost while on leave of absence could affect meeting criteria for completion of the residency/fellowship program and its impact on their eligibility for their specialty board certification exams.
C. During such an extension, resident/fellow will be paid but not accrue PTO. Salary and other benefits will continue during the predetermined make-up time period.
D. Upon returning from leave, resident/fellow will assume usual night-call responsibilities. Night call missed during the leave may not accumulate. The program director will address any work issues during the make-up period.
E. If a resident/fellow on leave does not return to work on the agreed date, the program director may send a registered letter advising the resident/fellow of his/her status. Any resident/fellow failing to respond within three days of receipt of such a letter is considered to have abandoned his/her residency/fellowship program, and any prior commitment for reinstatement is rescinded.

Attachments
Not Applicable

References
IR: IV.G.2. (Vacation/Leave of Absence)

GMEC Revised: 1/2016
Approved by GMEC: 10/2003
Purpose
To clarify guidelines for educational activities outside the program.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Residency/fellowship training programs will utilize standards and criteria to clarify professional leave requirements and responsibilities.

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

Procedure
1. Residents/fellows may attend educational activities outside their programs with permission from their Program Directors.
2. Educational activities should be consistent with the goals and objectives of the Resident/fellow’s training program.
3. The Resident/fellow may request paid time off, as appropriate for professional leave.
4. All requests are subject to the needs of the training program.

Attachments
Not Applicable

References
IR: IV.G.(Vacation/Leave of Absence)

GMEC Revised: 1/2016
Approved by GMEC: 10/2003
Purpose
To establish guidelines and requirements to ensure resident/fellow off-site rotations comply with educational accrediting organizations requirements and receive appropriate oversight and benefits from their home institution during the rotation.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education (GME) training programs.

Policy
Residency/fellowship training programs will utilize standards and criteria to ensure resident/fellow off-site rotations comply with the policies of applicable educational accrediting organizations as well as the Conemaugh GME Policy.

Procedure
A. Resident/fellow will follow the procedure set forth in his/her department for presenting off-site requests to the Program Director. After the Program Director has approved the request, it should be forwarded to the GME office for the appropriate Program Letter of Agreement to be obtained. Off-site rotation requests must be submitted to the GME office three (3) months prior to the rotation date and must include the following:
   • Contact information for sponsoring institution
   • Supervising faculty
   • Curriculum of rotation
   • Goals and objectives of rotation
   • Statement of educational justification
B. The resident/fellow is responsible for meeting the licensure requirements in the state where the rotation occurs.
C. The resident/fellow and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the off-site rotation. Under the policy obtained by Conemaugh Memorial Medical Center, resident/fellow is covered anywhere in the Continental United States.
D. During the elective rotation, Conemaugh Memorial Medical Center will continue to pay the resident/fellow’s salary, benefits, and malpractice insurance as currently provided.

Attachments
Not applicable.

References
CR: I.B (Participating Sites)
Purpose
To establish guidelines for resident/fellow probation/dismissal.

Applies To
This policy applies to all Conemaugh Memorial Medical Center residency/fellowship training programs.

Policy
To ensure that all Graduate Medical Education (GME) programs adhere to the GMEC approved policy for resident/fellow probation as stated below:

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

Procedure
A. If a resident/fellow’s performance of duties is below acceptable standards, he/she shall be informed in a private meeting with his/her program director or designee.
B. After the resident/fellow is informed, he/she shall be given written notice of probation status including an explanation of the deficiencies and proposed length of probation.
C. The probationary period will begin with the date of the notice.
D. Written suggestions for a plan of corrective action to improve the resident/fellow’s performance shall be given to the resident/fellow.
E. During the probationary period, efforts shall be made to advise, mentor, and otherwise assist the resident/fellow in correcting deficiencies with the acknowledged goal of keeping him/her in the program.
F. It is the resident/fellow’s responsibility to correct the deficiencies.
G. If the resident/fellow’s performance continues to be deficient, the program director or designee will give him/her written notice of the deficiencies.
H. After the resident/fellow receives such notice, he/she may respond, in writing or informally in person, and provide an explanation for such deficiencies.
I. After the resident/fellow has responded (or failed to respond) within one week, the program director or designee may take any of the following actions:
   1. Remove the resident/fellow from probationary status.
   2. Extend the probationary period.
   3. Recommend dismissal of the resident/fellow from the training program.
J. The program director or designee shall inform the medical director of GME and the DIO of the decision. If the decision is a recommendation of dismissal, the resident/fellow will have 72 hours to elect one of two alternatives:
   1. Resign, effective at a mutually acceptable date, consistent with this procedure; or
   2. Request an initiation of the GME Policy 12 - Grievance Policy.
Attachments
Not Applicable

References
IR: IV.C. (Promotion/Appointment/Dismissal)

Approved by GMEC: 4/1989
Purpose
To establish guidelines and requirements for resident/fellow supervision.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
It is the policy of Conemaugh Memorial Medical Center (CMMC) and Conemaugh Health System (CHS) that employees, volunteers, students of CMMC educational programs and affiliate schools, hereafter referred to as “students,” contract personnel, physicians, and residents/fellows be physically and mentally fit. The effects of controlled substance and alcohol abuse, i.e., physical and psychological dependence and impaired behavior, adversely affect personal safety and performance, as well as become a threat to the safety of fellow employees, patients, and others. This policy serves to address these concerns and commitments.

Procedure
Follow the CMMC Human Resource Policy titled “Drug and Alcohol Free Workplace”

References
IR: IV.H. (Resident Services)

GMEC Revised: 1/2016
Purpose
To establish guidelines and requirements for ensuring residents/fellow access to Graduate Medical Education (GME) policies.

Applies To
All Conemaugh Memorial Hospital Graduate Medical Education training programs.

Policy
Residency/Fellowship training programs will ensure residents/fellows are provided with access to policies.

Procedure
Residents/fellows will be provided access to GME policies in the following ways:
A. On the GME portion of the Conemaugh website
B. On the Conemaugh intranet in the Sharepoint Section entitled Graduate Medical Education
C. Presented and discussed at resident/fellow orientations.
D. Included in Resident/Fellow Handbook. (On the intranet in the Sharepoint Section entitled Graduate Medical Education
E. Copies of policies will available for residents/fellows at the GME Office or Program Coordinator’s Office upon request.

Attachments
Not applicable.

References
GME policy

GMEC Revised: 1/2016
Purpose
To provide guidelines and requirements for residents/fellows who wish to engage in paid medical employment outside their residency/fellowship programs.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Residents/fellows with unrestricted licensure from the state of Pennsylvania may only engage in moonlighting activities by obtaining written permission, in advance, from their program directors and DME, for AOA programs; and if it is not restricted by ACGME or AOA Program Requirements.

The program director is responsible for monitoring the ongoing performance of those residents/fellows engaging in moonlighting by means of observation, evaluations and feedback from faculty and other residents/fellows.

Procedure
1. Only residents/fellows with unrestricted licensure from the state of Pennsylvania may engage in moonlighting activities by obtaining written permission, in advance, from their program directors and DME, if applicable.
2. Residents/fellows are not required to engage in moonlighting.
3. PGY-1 residents are not permitted to moonlight.
4. The performance of these residents/fellows will be monitored by the program director.
5. Moonlighting must be considered part of the 80-hour weekly limit on duty hours including one day in seven free from all educational and clinical responsibilities, and a 10-hour time period provided between all daily duty periods and after in-house call and moonlighting duties.
6. Moonlighting hours must be included in the resident’s/fellow’s weekly duty hour log and must be monitored by the Program Director.
7. If it is established that a resident/fellow is engaged in employment outside their training programs without the written permission of their program director and/or DME he/she will be subject to disciplinary action up to and including dismissal. (In such a case resident/fellow will be given a copy of the Grievance Policy.)
8. Residents/fellows’ performance will be monitored for the effect of moonlighting and adverse effects will lead to withdrawal of permission. Residents/fellows may have their moonlighting privileges revoked at the discretion of their program directors.
9. Residents/fellows who are in the U.S. on J-1 or H-1 visas are not allowed to engage in moonlighting activities.
10. Residents that moonlight within the Conemaugh Health System at Miners Medical Center and/or Meyersdale Medical Center are provided professional
liability insurance coverage. Residents that moonlight outside the system entities will need to provide proof of liability insurance and will be a condition of Program Director’s approval of such activity. A copy of such insurance must be submitted to the Risk Management Department at Conemaugh Memorial Medical Center.

Attachments
Not applicable

References
CR: VI.G.2. (Resident Duty Hours)
IR: IV.J.1 (Duty Hours)

Approved by GMEC: 8/2003
Purpose
To clarify the process for communication with the ACGME/ AOA.

Applies
To all Conemaugh Memorial Medical Center residency/fellowship programs.

Policy
All communications to the ACGME/ AOA by Program Directors or Program Administrators must be reviewed and approved by the GMEC and the Designated Institutional Official (DIO) prior to submission to ACGME/AOA.

Definition

Submissions include but are not limited to:

1) all applications for ACGME/AOA accreditation of new programs and subspecialties
2) changes in resident/fellow complement
3) additions and deletions of participating institutions used in a program
4) appointment of new program directors
5) progress reports requested by any Review Committee
6) responses to proposed adverse actions
7) requests for increases or any change in duty hours
8) requests for “inactive status” or to reactivate a program
9) voluntary withdrawals of ACGME/AOA-accredited programs
10) requests for an appeal of adverse actions; and, written appeal presentations to the GMEC

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

Attachments
Not applicable

References
GME policy

GMEC Revised: 1/2016
Approved by GMEC: 11/03
Purpose
To outline the process for Conemaugh Memorial Medical Center (CMMC) residencies/fellowships to request an exception of up to 10% of the 80 hours duty limit.

Applies To
All eligible residency/fellowship programs at CMMC.

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

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

1. **Patient Safety:** Information will be submitted that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended work hours.

2. **Educational Rationale:** The request must be based on a sound educational rationale which should be described in relation to the program’s stated goals and objectives for the particular assignments and rotations and level of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception to the rule.

3. **Moonlighting Policy:** Copies of the institutional and program moonlight policies must be submitted.

4. **Call Schedules:** Specific information regarding the resident/fellow call schedules during the times specified for the exception must be provided.

5. **Faculty Monitoring:** Evidence of faculty/fellow development activities regarding the effects of resident/fellow fatigue and sleep deprivation must be appended.

6. **Current Accreditation Status:** For both the program and the sponsoring institution should be provided in the formal request. Evidence of improvement related to citations from last Program Review.

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

Attachments
Not applicable
References
CR: VI.G.1.a. (Resident Duty Hour Exception)

GMEC Revised: 1/2016
GMEC Reviewed: 8/2004
GRADUATE MEDICAL EDUCATION - POLICY 24
VERIFICATION OF RESIDENT/FELLOW PROCEDURE COMPETENCIES

Purpose
To establish guidelines for resident/fellow procedures competency confirmation and use of Graduate Medical Education (GME) internet-based resident/fellow procedure log software at Conemaugh Memorial Medical Center.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs. Nursing personnel will follow guidelines as documented in this policy.

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

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

Attachment
Not Applicable

References
CR: V.A.2.b.1 (Formative Evaluations)

GMEC Revised: 1/2016
GRADUATE MEDICAL EDUCATION - POLICY 25
ANNUAL INSTITUTIONAL REVIEW

Purpose
To formalize requirements for communication between Graduate Medical Education (GME) and the Medical Staff and the Board of Directors to demonstrate effective oversight of the sponsored residency/fellowship programs through an Annual Institutional Review.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs and its Graduate Medical Education Committee.

Policy
Ongoing communication with the organized Medical Staff and Board of Directors about Graduate Medical Education programs and activities is required by GME oversight organizations.

Procedure
The Annual Institutional Review will include:
1. Results of the most recent institutional self-study visit.
2. Results of Surveys of Residents/Fellows and Core Faculty.
3. Notification of Programs accreditation status and self-study visits.
4. Results of Programs response to the domains of ACGME CLER Review.
5. Compliance with up-to-date, signed institutional agreements.
   a. Mission Statement
   b. Affiliation Agreements
   c. Program Letters of Agreement (PLA)
6. Results of Annual Program Review.
7. Review status of Residency Review Committee Citations.

Any item listed above that is found to be out of compliance will be monitored at every Graduate Medical Education Committee (GMEC) meeting for progress toward completion.

A written Executive Summary of the Annual Institutional Review will be submitted to the governing body.

Attachments
Not applicable

References
IR: I.B.5.c. (GMEC Responsibilities)

GMEC Revised: 1/2016
Approved by GMEC: 1/2007
GRADUATE MEDICAL EDUCATION - POLICY 26
DISASTER POLICY

Purpose
To outline the process for Conemaugh Memorial Medical Center (CMMC) residencies/fellowships in the event of an impending disaster that would impact its residencies/fellowships and to protect the well being, safety, and educational experience of residents/fellows enrolled in CMMC training programs. If the DIO is not available, the medical director of medical education will act in his/her place.

Applies To
All residency/fellowship programs at Conemaugh Memorial Medical Center.

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

Procedure
A. Once the DIO and the GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents/fellows, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer (with the maximum length of time designated by the GMEC) of the residents/fellows to ACGME approved programs at other sponsoring institutions until such time as CMMC is able to provide an adequate educational experience for each of its residents/fellows. Program directors will provide an estimate of the amount of time that relocation to another program will be necessary to residents/fellows who transfer to other programs as a result of a disaster. If that initial estimate must be extended, the residents/fellows will be notified by their program directors by written or electronic means with an updated estimate.
B. If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a period (as designated by the GMEC following the disaster) permanent transfers will be arranged.
C. The DIO will be the primary institutional contact with the Director of the Institutional Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) and the appropriate official of the American Osteopathic Association (AOA) regarding disaster plan implementation and the needs within the sponsoring institution. The program directors should contact the appropriate executive directors of the residency/fellowship review committees with information and/or requests for information.
D. In the event of a disaster, the ACGME will provide contact information on its website (www.acgme.org) for use by disaster-affected institution and programs.
E. In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at CMMC will work collaboratively with the DIO who will coordinate the means to accept transfer trainees, in good standing, from other institutions. This will include creating the process for contacting the
ACGME and AOA and requesting the increases in complements that may be required to accept additional residents/fellows for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME or AOA will not be eligible to participate in accepting transfer residents/fellows.

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

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

**Attachments**
Not Applicable

**References**
IR: IV. m. (Disaster and Institutional GME Policies and Procedures)

GMEC Revised: 1/2016
Purpose
To develop a process to ensure the welfare of any resident/fellow who may suffer from sleep deprivation.

Applies to
All residency/fellowship programs at Conemaugh Memorial Medical Center (CMMC).

Policy
Since CMMC is a teaching hospital that hosts interns, residents and fellows and is concerned about their well being, a process has been established to ensure their safety if sleep deprivation occurs.

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

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

Procedure
A. The Chief Resident/fellow should be notified either by the Resident/fellow or Attending Physician.
B. In the event that the work-related fatigue or stress is due to patient volumes, patients may be reassigned to other teams
C. Back-up Residents/fellow may be called in by the Chief Resident/fellow with permission of the Program Director.
D. The hospital provides sleeping accommodations in the event that a Resident/fellow believes that he/she is not safe to drive home at the end of an assigned shift.
E. Graduate Medical Education (GME) has pre-purchased transportation vouchers from DC Cab Company and Johnstown Yellow Cab. These vouchers are housed at the Security office. Any time a Resident or his/her supervisor believes he/she is too fatigued to drive home; a voucher will be obtained from security providing the resident free and safe transportation home. This voucher is good for a round-trip allowing the Resident to return to the hospital for their next shift or to pick up their personal vehicle.
Attachment
GME – Guidelines for Residents Utilizing Cab Vouchers

References
CR: VI. c. (Alertness Management/Fatigue Mitigation)

GMEC Revised: 5/2012, 1/2016
Graduate Medical Education
Guidelines for Residents Utilizing Cab Vouchers

1) Pre-purchased $5 transportation vouchers from DC Cab Company and Johnstown Yellow Cab are housed at the Security office.

2) Complete the sign in sheet, in the Security office, including name, date and program beside each voucher #. $10-$15 is an approximate cab ride to most local destinations.

3) Please request a receipt from driver and submit to your coordinator or the GME office.
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Purpose
To establish guidelines for interactions with industry representatives for residents/fellows in Conemaugh Memorial Medical Center (CMMC) Graduate Medical Education training programs.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, research equipment and on-site training of newly purchased devices. Although many aspects of these interactions are positive and important for promoting the educational, clinical, and research missions of the hospital, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of CMMC residency/fellowship education programs. Any interaction with industry and its vendors should be conducted so as to avoid conflicts of interest.

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

Attachments
Not applicable

References
IR: IV.K. (Vendors)

GMEC Revised: 1/2016
GRADUATE MEDICAL EDUCATION - POLICY 29
THE ROLE & RESPONSIBILITIES OF THE DIO DESIGNEE
(In case of absence of DIO)

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

Applies To
Conemaugh Memorial Medical Center (CMMC) (the Sponsoring Institution) and all residency/fellowship programs at CMMC.

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

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

A. Overseeing an organized administrative system, led by the DIO in collaboration with the GMEC, to oversee all ACGME & AOA accredited programs at CMMC;

B. The authority (DIO and GMEC) to and responsibility for the oversight and administration of CMMC’s programs and responsibility for assuring compliance with ACGME & AOA program specific and institutional requirements;

C. Reviews and co-signs all program information forms and any documents or correspondence submitted to the ACGME & AOA by program directors;

D. Ensure that an annual report is presented to the medical staff and the governing body of CMMC. This report will review the activities of the GMEC as proscribed by the Institutional Review Accreditation Guidelines B.4.b.

Attachment
Not Applicable

References
GME Policy

GMEC Revised: 1/2016
Approved by GMEC: 2/2009
Purpose
To ensure the Conemaugh Memorial Medical Center (CMMC) Graduate Medical Education Program provides Equal Opportunity in Employment opportunities for Residents/Fellows.

Applies To
All residency/fellowship programs at CMMC.

Policy
In accordance with federal regulations, CMMC is committed to providing reasonable accommodations through its policies, procedures, and benefits to help qualified employees with disabilities perform their essential job functions and making its facilities and services physically accessible to people with disabilities. Reasonable accommodations will be made for residents/fellows in compliance with the CMMC Organizational Policy.

Procedure
Follow the CMMC Human Resource Policy titled “Equal Employment Opportunity”

References
IR: IV.H.4 (Resident Services)

GMEC Revised: 1/2016
CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY MANUAL

GRADUATE MEDICAL EDUCATION - POLICY 31
EDUCATIONAL ALLOWANCE

**Purpose**
To establish guidelines for use of Resident/Fellow educational allowance (Educational Stipends)

**Applies To**
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

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

**Procedures**

A. An individual may decide to use educational allowances to purchase a computer or other electronic device. These purchases must be pre-approved by the program director.

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

C. The amount of funds spent by each individual on education is tracked on a monthly basis and shall not exceed the amount specified by the department or contract obligation.

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

E. Other uses of educational allowances require the approval of the program director.

**Oversight**

A. Educational allowances are tracked on a yearly basis and cannot be carried over to another year.

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

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

D. Due to IRS Regulations pertaining to the purchase of “listed property” (i.e., phones, computers, PDAs), any educational allowances used in the purchase of these items
CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY MANUAL

will be added as income to the employee’s W-2 because these items will be
considered an asset of the individual.

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

F. There will be no salary reimbursement for unused educational allowances.

Attachments
Not Applicable

References
GME policy

GMEC Revised: 1/2016
Purpose
To establish guidelines for use of Resident/Fellow dietary expenditures.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Residents/Fellows are permitted to use their unique Conemaugh ID badge for the purchase of dietary products at either the Crossroads Café or the Gourmet Bean. There is a maximum monthly allowance of $220.00 for the following residency programs: Emergency Medicine, Internal Medicine, General Surgery, and Pharmacy. Given the fact that the Family Medicine Residency provides lunch at a minimum of three days per week for residents at the expense of GME, Family Medicine Residents will have a maximum monthly dietary expenditure of $160.00. In addition, any resident presenting to the Crossroads Café or Gourmet Bean without their Conemaugh ID badge will be personally responsible for payment.

 Procedures
A. Maximum monthly allowance of $220.00 per month for all programs with the exception of Family Medicine.
B. Family Medicine Residency maximum monthly allowance of $160.00.
C. Family Medicine residents on ICU rotations will receive a $60.00 café card for dietary expenses.
D. Individual expenses will be tracked utilizing each resident’s unique Conemaugh ID badge.
E. Any resident presenting to the Crossroads Café or Gourmet Bean without their Conemaugh ID badge will be personally responsible for payment.
F. This policy will be reviewed bi-annually and adjusted at the direction of GMEC.

Oversight
A. GMEC Committee

Attachments
Not Applicable

References
IR: II.F.2.a. (Institutional Resources)
GMEC Revised: 1/2016
Approved By GMEC: 7/19/12
Purpose
To establish guidelines for any Resident/Fellow engaged in research or scholarly activity of any type or to any degree.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Any Resident/Fellow engaged in research or scholarly activity of any type or to any degree must disclose to their Program Director prior to participation. In addition, the resident/fellow must register any and all research activity with the Office of Research Administration (ORA) to ensure the highest ethical standard and scientific rigor, prior to any research activity. This policy encompasses any and all research activity conducted within the confines of the Conemaugh Health System as well as any research activity outside of the system. As employees of Conemaugh Memorial Medical Center, any research activity must be reviewed and approved by the PD and ORA prior to participation.

Research activity includes, but is not limited to:
- Clinical Trials (prospective or retrospective)
- Case Studies
- Data Collection
- Surveys or Performance Improvement Projects
- Statistical Analysis
- Industry-Sponsored Trials
- Posters, Abstracts, Oral Presentation or Manuscript
- Any and all Publications
- Investigator Initiator Studies
- Data Review or Analysis

Residents found to be conducting research without the knowledge and/or permission of the PD and ORA are subject to disciplinary action consistent with GME policy.

Definition
Not Applicable

Oversight
GMEC Committee
Attachments
Statistical Consulting Policy
Application for Statistical Consulting

References
GME policy

GMEC Revised: 1/2016
Approved By GMEC: 8/16/12
Purpose
To establish guidelines for any Resident/Fellow engaged in research or scholarly activity of any type or to any degree.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Any Resident/Fellow engaged in research or scholarly activity of any type or to any degree must disclose to their Program Director prior to participation. In addition, the resident/fellow must register any and all research activity with the Office of Research Administration (ORA) to ensure the highest ethical standard and scientific rigor, prior to any research activity. This policy encompasses any and all research activity conducted within the confines of the Conemaugh Health System as well as any research activity outside of the system. As employees of Conemaugh Memorial Medical Center, any research activity must be reviewed and approved by the PD and ORA prior to participation.

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- Any and all Publications
- Investigator Initiator Studies
- Data Review or Analysis

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Definition
Not Applicable

Oversight
GMEC Committee
Attachment
Statistical Consulting Policy
Application for Statistical Consulting

GMEC reviewed: 1/2016
Approved By GMEC: 8/16/12
STATEMENT OF POLICY:
In research, statistics is a central consideration, from planning to interpretation of results. This policy addresses approaches to statistical consultations that are tailored to meet the needs of the researcher.

The purpose of this policy is to define appropriateness of statistical consultation resources and provide research staff with some guidance during the initial stages of research planning. Collaborating with a statistician in the early stages of a research project is the best way to ensure high-quality, meaningful results. However, not all research or scholarly activities of resident physicians will require the use of contracted statistical support. The Office of Research Administration (ORA) will coordinate appointments with biostatisticians when applicable for the Residency Program and other interested researchers.

It is the policy of CHS to support the research efforts of its medical staff, residents and employees by conducting research in compliance with all applicable ethical, legal, and regulatory standards. The ORA is responsible for review of research proposals for scientific merit, scientific design and institutional feasibility according to administrative policies and plans for clinical, research and business practices. The ORA will work collaboratively with contracted staff, Program Directors, mentors and members of the research team to provide appropriate resources to support the research efforts of Graduate Medical Education.

REQUIREMENTS:

I. ADMINISTRATIVE REVIEW

1. Prior to review of research by the ORA, residents must complete the attached application. For residents using the service, we require the signature of the mentor.

2. The ORA will contact the resident and mentor to get an overview of the project and decide upon the approach for completing the project.

II. CRITERIA

1. Residents must complete the required submission documents (available on the GME Website and ORA SharePoint Site) for their project to include:
   a. Rationale for the study
   b. A clearly stated hypothesis and/or objectives
   c. The primary outcome (and secondary outcomes as appropriate)
d. An adequate, current review of literature published within the past 5 years to justify the proposed research  
e. Appropriate subject population  
f. Timeline for completion

2. Forms and templates for several types of projects are available at the GME Website and ORA SharePoint Site. Clinical research coordinator support is available and the contact information is located on the ORA SharePoint Site.

3. Residents will indicate on the Statistical Support Form one of three options:  
a. The project is an internal scholarly activity with no intent to publish or present outside CMMC.  
b. The project requires formal statistical resources with intent to publish a manuscript or present the findings at a regional, national or international society meeting or forum.  
c. The researcher desires to inquire and join existing studies as an investigator in a specified area of interest that is already underway by our contracted statistical team.

III. PROCESS

1. If the project is for internal purposes only, the ORA will recommend the support of an in-house statistician to assist with power and sample-size calculations, research design and selection of appropriate data management and analysis.  
2. If the project requires the services of our contracted biostatisticians, the ORA will schedule a phone conference with the biostatistians, resident(s), faculty mentor and any other member of the research team. Initial meeting reports (or Statistical Consulting Meeting Record) will be prepared by a member of the research team and will become part of the permanent project file. These reports are intended to be an accurate summary for the benefit of all who are involved in the project. The final version of the Initial Meeting Report will be shared with the consultant and any subsequent meetings between the statistician, resident and mentor. An estimate of the total costs associated with the project will be discussed at the initial meeting.  
3. If the resident is interested in an existing project at another institution affiliated with the contracted statistician, the ORA will coordinate efforts to match the resident with a project. A project file will need to be developed with the appropriate forms, as the study will go through the ORA and IRB review process. Access to collaborative research will be posted on the GME website.

RESPONSIBILITY:
The CHS Office of Research Administration is responsible for implementing this policy. Residency Program Directors and Faculty are responsible for ensuring implementation in their areas of responsibility.

RELATED POLICIES/PROCEDURES/GUIDELINES AND FORMS:  
CHS Organizational Policy Manual-Research and Clinical Investigation
APPLICATION FOR STATISTICAL CONSULTING

For ORA Use Only

Date Received: ____________________________ Date/Time Requested: ____________________________
IRB Number: ____________________________ Appointment Scheduled: ____________________________

Name: (Last/First) ____________________________
Department __________________________________________
Phone: E-mail address __________________________________

Which is the best way to contact you? E-mail: ______ Phone: ______
Please indicate: ______ Faculty ______ Resident ______ Other ______

Request for:
_________ In-House Statistical Support (for MMC internal projects only)
_________ Statistical Consultation (project to be published/presented outside MMC)
_________ Collaborate on existing study at another institution
_________ If yes, specify area/topic of interest: ____________________________________________

Stage of Research:
_________ Design (no data collected yet)
_________ Presently collecting data
_________ Analysis (all data have been collected)

If design stage is complete, was a statistician consulted for design?
If so, give name(s) ____________________________________________

Expected completion date of project: ____________________________
Estimated number of consulting hours needed for this project: __________

The results of this research will probably be published as (check all that applies):
__ Journal Article ____Presentation ____M.S. Thesis ____Ph.D. Dissertation

Signature:
Resident

Research Faculty/Mentor (required)

☐ In recognition of the resources being utilized on this project, I agree to accept responsibility to complete this project even after my residency graduation.
Resident Signature: ____________________________________________
Purpose
To establish guidelines for the creation and utilization of a Clinical Competency Committee (CCC) to assist individual programs in assessing areas of concern for residents/fellows having problems and identify weaknesses in educational curriculum, rotation schedules and supervision in the Conemaugh Memorial Medical Center resident/fellowship programs.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
A. All residency and fellowship programs will implement clinical competency committees effective July 1, 2013 in accordance with ACGME requirements.
B. Clinical competency committees will meet with a frequency that may exceed that required by the ACGME but not less than semi-annually.
C. There must be a written description of the responsibilities of the Clinical Competency Committee.
D. Outcomes of the clinical competency committee will be reported to ACGME in a frequency determined by ACGME and will start reporting as determined by ACGME.

Procedure
A. Each program will have a CCC with a structure that meets ACGME requirements:
   1. CCC are appointed by the program director and must include three faculty; program director may participate on the CCC
   2. Chair of the CCC who is not the program director or chair of the respective department is encouraged
   3. Membership of the CCC will vary by department size but must include at least three faculty (as above).
      a. Representatives from all divisions/services encouraged
      b. Chief residents and or residents in final year of training are optional
      c. CCC may include non-physicians
   4. Requirements for membership:
      a. Must be actively involved in resident education
      b. Must participate in committee deliberations regularly (50% of meetings)
      c. Feedback must be constructive, consistent, and timely following meetings
B. Function of the CCC
   1. Review all resident evaluations semi-annually that may include:
      a. End of rotation evaluations
      b. Direct observation skills i.e. Verification of Proficiency (VOP), mini-CEX, other procedural skills
      c. 360° or multisource evaluations (nurses, colleagues, patients, other ancillary health care personnel)
d. Semi-annual evaluations by the program director

e. Attendance records for conferences

f. Test scores

g. Procedure log

2. Any other assessment information available Prepare and assure the reporting
   of Milestones

3. Make recommendations to the program director
   a. Promotion
   b. Remediation
   c. Dismissal

**Attachment**
Not Applicable

**References**
CR: V.a.(Resident Evaluations)

GMEC Revised: 1/2016
GMEC Reviewed: 8/2013
Approved: 9/19/2013
Purpose
To establish guidelines for the creation and utilization of a Program Evaluation Committee (PEC) that will assist the Program Director in a quality and advisory capacity in the evaluation of performance of residents/fellows in the Conemaugh Memorial Medical Center (CMMC) resident/fellowship programs.

Applies To
All CMMC Graduate Medical Education training programs.

Policy
A. All residency and fellowship programs will implement Program Evaluation Committees effective July 1, 2013 in accordance with ACGME requirements.
B. Program Evaluation Committees will meet with a frequency that may exceed that required by the ACGME but not less than annually.
C. Outcomes of the Program Evaluation Committee will be reported to ACGME at least annually or more frequently, as determined by ACGME, and will start reporting as determined by ACGME.
D. The Program Evaluation Committee must document a formal, systematic evaluation of the curriculum at least annually and is responsible for rendering a written Annual Program Evaluation (APE).

Procedure
A. Each program will have a PEC with a structure that meets ACGME requirements:
   1. PEC are appointed by the program director and must include two faculty and at least one resident; program director may participate on the PEC
   2. Requirements for membership:
      a. Must participate in planning, developing, implementing, and evaluating education activities of the program
      b. Must participate in reviewing and making recommendations for revision of competency-based curriculum goals and objectives
      c. Must participate in addressing areas of non-compliance with ACGME standards
      d. Must participate in reviewing the program annually using evaluations of faculty, residents and others
B. Function of the PEC
   1. Document formal, systematic evaluation of the curriculum at least annually
   2. Provide a written and Annual Program Evaluation (APE)
   3. Monitor and track each of the following areas:
      a. Overall performance of housestaff (e.g., in-service exam results, procedure logs, summary evaluations of housestaff)
      b. Faculty development (e.g., CME activities, activities directed toward improving teaching abilities and professionalism)
c. Graduate performance (e.g., certification examination results, survey of graduates)
d. Confidential, written housestaff evaluation of the Program (e.g., ACGME Resident Survey, housestaff survey, housestaff evaluation of rotations)
e. Confidential, written faculty evaluation of the Program (e.g., Faculty Survey)
f. The previous year’s improvement action plan to evaluate whether the identified improvements were achieved.

4. Based on the review and evaluation, the PEC shall prepare a written improvement plan of action for the Program including how each area of improvement will be measured and monitored.

5. The PEC must maintain written meeting minutes. These minutes must include the written improvement plan of action for the upcoming year. The minutes must be submitted to the Designated Institutional Official (DIO) and Medical Director.

6. The improvement plan of action must be presented to and approved by the Program’s faculty.

Attachment
Not Applicable

References
CR: V.c. (Program Evaluations and Improvements)

GMEC Revised: 1/2016
GMEC Reviewed: 8/2013
Approved: 9/19/2013
Purpose
Each training program must have a program-specific policy addressing the transitions of care that is consistent with the ACGME and Conemaugh Memorial Medical Center (CMMC) Graduate Medical Education (GME) policy. With heightened awareness of the effects of handoffs (hand-overs) on patient safety and education, the ACGME common program requirements include specific mandates to design systems, ensure competency for residents and fellows, and monitor efficacy of handoffs. These, along with the Joint Commission patient safety goal regarding handoffs, affect all programs, departments, and clinical settings.

Applies To
All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy
Each training program must design clinical assignments to minimize the number of transitions in patient care. Programs and their faculty must be aware of the hazards of discontinuity and new regulations and best practices to ensure patient safety and to role model effective handoffs. Duty hours requirements shorten the length of shifts for many trainees, particularly PGY1 residents (interns), and this will require careful attention to clinical assignments. As there is currently no single gold standard for clinical scheduling assignments, all training programs must design call and shift schedules to minimize transitions in patient care. Schedule overlaps should include time to allow for face-to-face handoffs to ensure availability of information and an opportunity to clarify issues.

Procedure
A. The institution and each program must ensure and monitor effective, structured hand-over processes that facilitate both continuity of care and patient safety. Handoffs vary considerably across programs and clinical settings. They may include temporary transitions of direct patient care, complete transitions of direct patient care, or transitions of indirect patient care.

B. Each training programs must develop handoff procedures that are structured, and that reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.)

C. Handoffs should include pertinent clinical information.

D. Faculty oversight of the handoff process may occur directly or indirectly, depending on trainee level and experience. All programs should use the applicable tools (written or computerized) to assist them in this structured process.

E. Each program must ensure that residents and clinical fellows are competent in communicating with team members in the handoff process. Each training program must assess Interpersonal and Communication Skills competency. Handoff skills are
a specific skill within this competency. Programs must deliver focused and relevant training to build these skills, use clear assessment strategies, and document this competency.

**Attachments**
Not applicable.

**References**
CR: VI.b (Transitions of Care)
IR: III.b.3.b.(Transitions of Care)

GMEC Revised: 1/2016
Reviewed by GMEC: October 2013
Approved by GMEC: October 2013
Purpose
To ensure that all residents meet the requirements necessary for an international rotation.

Applies To
PGY 2, 3, 4

Policy
All residents that are interested in participating in an international rotation must meet the following requirements.

1. The rotation must have educational value that cannot be obtained at Conemaugh Memorial Medical Center (CMMC) or through an affiliation agreement with a rotation site in the United States.

2. The rotation must be of excellent educational quality.
   a. The goals and objectives of the rotation must meet the applicable Institutional, Common and Specialty-specific program requirements. Evidence of approval of accrediting body if required. A copy of the goals and objectives must be attached to the resident’s request application.
   b. A copy of the curriculum (service and educational) and a list of core and miscellaneous responsibilities should also be included.

3. A letter from the program director stating whether or not the resident will receive full credit for this rotation and procedure/case logs from this rotation toward completion of the program will be provided.

4. During approved rotations Residents/Subspecialty Residents shall abide by the CMMC and the AOA /ACGME policies, rules and regulations governing their residency programs including, but not limited to, those rules that address duty hours.

5. A Letter of Agreement is required between CMMC and the receiving Program/Institution, to include the following:
   a. Receiving program/institution accepts responsibility for resident training, supervision, evaluation and staying within AOA/ ACGME/RRC guidelines on duty hours;
   b. The supervising physician(s) at the host institution must have skills sufficient to provide appropriate supervision (e.g., experience with medical education and competencies); and
c. The resident must complete the Release and Hold Harmless Agreement attached to this policy, as further described in Section III.7 below.

d. The resident must provide professional liability insurance at their own expense and provide documentation of such insurance.

6. Residents/Subspecialty Residents must provide a full disclosure of their financial support pertinent to their trip (for profit business entity) as part of the approval process. All trip-related expenses are the responsibility of the resident, unless such expenses are paid by the training program and agreed to prior to the rotation.

7. Residents/Subspecialty Residents participating in elective international rotations must sign a release absolving CMMC and the respective employees and agents of each from any and all liability in connection with the rotation. The release must include an acknowledgement that the resident has reviewed Consular Information Sheets issued by the United States Department of State [http://travel.state.gov/content/passports/english/alertswarnings](http://travel.state.gov/content/passports/english/alertswarnings) concerning the country in which the rotation will take place, and that the resident understands and accepts the risks associated with such travel. The release must be witnessed.

8. Residents/Subspecialty Residents are solely responsible for obtaining travel immunizations, medications, visas, passports, travel insurance (if desired), and meeting other administrative travel requirements. Residents/Subspecialty Residents must provide the Residency Coordinator with an emergency contact in the United States and a means to contact them while out of the country.

9. Residents/Subspecialty Residents are prohibited from the following:

   a. Using any financial resources provided by foundations or companies that have direct ties with pharmaceutical, formula, or biomedical companies;

   b. Engaging in any activities that have direct political, military or religious implications on foreign soil while in training as a CMMC resident on an international rotation;

   c. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice and professional standards in the United States to include all program standards and compliance with CMMC policy. All standards must be in compliance with state and federal law.

   d. Distributing controlled substances as part of a plan of patient care without appropriate authorization in accordance with the laws and regulations of the country in which the rotation takes place.
After the rotation:

A. Residents must provide the Program Director with a minimum of one evaluation at the end of their trip, using core AOA/ACGME competencies and goals and objectives for the rotation. This one competency-based evaluation must be completed by the supervising physician who directly observed the resident in the international location. (Optional: Program will need to send faculty with resident during rotation) The resident must also supply a letter of completion from the host institution’s supervising physician in order to receive credit for the rotation; and

B. Residents must provide the Program Director with a report/journal/portfolio of their activities, functions, achievements, social, medical, and educational impact/contribution at the end of their rotation.

Procedure
GME Program Director Information and Requirements

Program Director must confirm the following:

1. Resident/Fellow must be in good standing at the time of the request
2. Program Director has the full discretion on approving/denying the rotation
3. Resident/Fellow must not be in the first year nor final 3 months of training
4. Resident/Fellow on track to complete all program/Resident/Fellow International Medical Rotation (RFIMR) requirements (i.e. case logs, educational time, etc) without extending the length of the residency due to international elective
5. Residents/Fellows International Medical Rotation, including travel time, will not exceed one month per rotation
6. Resident/Fellow has taken no more than 3 Residents/Fellows International Medical Rotations during the entire residency. 1 per year
7. Residents/Fellows International Medical Rotation is in compliance with all program requirements, including Common Program Requirements and does not conflict with applicable Board eligibility requirements
8. Granting of Residents/Fellows International Medical Rotation will not result in a failure to meet contractual resident staffing agreements with participating hospitals.
9. Receipt of evaluation from Residents/Fellows International Medical Rotation Site Director who supervised the resident
10. Resident/Fellow produces a written report and/or PowerPoint presentation on international residency rotation experience
Resident Information and Requirements

1. Resident must complete a request for international rotation application/approval form
2. The resident must complete the Release and Hold Harmless Agreement attached to this policy.
3. Residents/Subspecialty Residents must provide a full disclosure of their financial support pertinent to their trip (e.g., university, private company grants) as part of the approval process. All trip-related expenses are the responsibility of the resident, unless such expenses are paid by the training program and agreed to prior to the rotation.
4. Residents/Subspecialty Residents are solely responsible for obtaining travel immunizations, medications, visas, passports, travel insurance (if desired), and meeting other administrative travel requirements. Residents need to check with Human Resources on their healthcare coverage while on the international rotation.
5. Resident to show proof that they can practice medicine in country of international rotation.
6. If resident chooses to use educational allowances for this rotation, applicable taxes are applied.

STATE DEPARTMENT TRAVEL INFORMATION:

- Visit the State Department Travel Site [http://travel.state.gov/content/travel/english.html](http://travel.state.gov/content/travel/english.html) for more information about international travel and travel to host country.

TRAVEL WARNING/TRAVEL HEALTH WARNING/SANCTIONED NATION APPEAL PROCESS:

- Check to see if the country you wish to visit is on one of the official notices. Travel is at your own risk. Use your own discretion.
- [http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx](http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx)

INTERNATIONAL HEALTH EVACUATION INSURANCE IS MANDATORY:

EMERGENCY CONTACT INFORMATION:

- Before departure, make note of local emergency numbers, US Embassy or local US Consulate, International SOS, and the host, etc.
Attachments

- Letter of Agreement
- Resident Request for International Rotation Application/Approval
- Release and Hold Harmless Agreement

References

GME policy

GMEC Revised: 1/2016
Reviewed by GMEC: 2/20/2014
Approved by GMEC: 2/20/2014
CONEMAUGH VALLEY MEMORIAL HOSPITAL
Release and Hold Harmless Agreement for
Study Abroad Programs and Other Programs and Activities Involving Foreign Travel

As part of the consideration for participating in this program/activity, I hereby release, hold harmless, and forever discharge Conemaugh Valley Memorial Hospital, its affiliates, and their respective directors, officers, employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while participating in this program.

I am fully aware of the risks and hazards associated with foreign travel and residence and with the particular activities I intend to pursue abroad. I further understand that other countries have different laws, regulations or standards; may have few or no laws, regulations or standards; or may not enforce their existing laws, regulations or standards, including, but not limited to, those relating to health, welfare, safety, crime, regulation of businesses and transportation in any form (including travel by sea, land or air). I acknowledge that my participation in this activity is voluntary and not required, and I hereby elect to voluntarily participate in said program/activity with full knowledge that said program/activity may be hazardous to me. I voluntarily assume full responsibility for any and all risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me as a result of participation in this program.

I acknowledge and understand that I am responsible for making my own travel, transportation and housing arrangements in connection with this program or activity. I understand that I must make provision before departure for continuation of medical treatments such as prescriptions or special diets. I also understand that it is my responsibility to obtain and keep in force my own health insurance while out of the country. I further understand that I am financially responsible for my own medical expenses. I acknowledge that I have been advised to secure insurance coverage that includes coverage for medical evacuation and repatriation of remains.

I understand and acknowledge that it is my responsibility to:
- Obtain current health information, including recommended precautions for the area in which I am traveling at http://wwwnc.cdc.gov/travel the website of the U.S. Center for Disease Control. This includes information about Avian Flu found at http://www.cdc.gov/travel/contentAvianFluAmericansAbroad.aspx.
- Obtain current information from the U.S. State Department website about the risks of travel to the area in which I am traveling by going to http://travel.state.gov, clicking on “International Travel” and reading material applicable to the area listed under “Travel Warnings,” and “Country-Specific Information,” as well as the “Avian Flu Fact Sheet.”

I understand and acknowledge that the professional liability insurance may not cover any claims brought forth in the host country.

I understand and acknowledge that I must purchase my own professional liability insurance for the duration of the rotation and provide evidence of such purchase to the program.

I acknowledge that the Conemaugh Valley Memorial Hospital, “Policy GME 37 International Rotation” applies to this activity and that my travel and/or funding may be terminated under circumstances set out in that policy.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the ________ day of_________________, 20__.

__________________________________________  ______________________________________
Signature of Applicant                      Date

__________________________________________  ______________________________________
Signature of Witness                        Date
RESIDENT REQUEST FOR INTERNATIONAL ROTATION
Application/Approval

RESIDENT NAME: ____________________________ DATE: ____________

PGY YEAR: ____________________________

DATES OF ROTATION: ____________________________

LOCATION: ____________________________

GOALS & OBJECTIVES: ____________________________

EMERGENCY CONTACT NAME: ____________________________

EMERGENCY CONTACT PHONE OR EMAIL: ____________________________

☐ Copy of Goals and Objectives (attached)
☐ Copy of curriculum (Service and Educational) (attached)
☐ List of core and miscellaneous responsibilities (attached)
☐ Letter from program director stating credit for rotation/procedures/case logs (attached)
☐ Letter of agreement between MMC and receiving program/institution (attached)
☐ Signed Release & Hold Harmless Agreement
☐ Verification of travel immunizations, medications, visas, passports, travel insurance and other administrative travel requirements
☐ Acknowledgment to have returned with completed evaluation by supervising physician who directly observed the resident in the international location
☐ Acknowledgment that resident to complete a Report/journal of activities, functions, achievements, social, medical and educational impact/contributions at the end of the rotation.

Resident Signature ____________________________ Date ____________

Program Director ____________________________ Date ____________

Medical Director, Emergency Dept ____________________________ Date ____________

Director of Graduate Medical Education ____________________________ Date ____________
This agreement is effective this _ day of _ 20XX, by and between Conemaugh Memorial Medical Center (CMMC, Department of (INSERT DEPARTMENT)) and the (INSERT HOSTING INSTITUTION), Department of (INSERT HOSTING DEPARTMENT). This Agreement pertains to the participation of resident physicians from CMMC in the clinical and didactic training at the (INSERT HOSTING INSTITUTION). The agreement ends on the final day of the rotation.

The primary goal of this program is to continue the education of resident physicians enrolled in CMMC ACGME/AOA accredited residency program who wish to obtain quality clinical and didactic experience. In particular, the CMMC resident benefits from seeing diverse patients, diseases, and practice settings outside of the United States. While on rotation at the (INSERT HOSTING INSTITUTION), the resident shall receive a clinical rotation in (INSERT AREA OF STUDY ie. cardiology, infectious disease, general adult medicine) under the supervision of (INSERT SUPERVISING PHYSICIAN) for the dates listed above. (INSERT SUPERVISING PHYSICIAN) has sufficient skills to provide appropriate supervision and accepts responsibility for resident training, supervision, and evaluation. The (INSERT HOSTING INSTITUTION) shall comply with the Resident work hour limits set forth by the Accreditation Council for Graduate Medical Education (ACGME). A copy of the educational goals and objectives of this rotation is attached.

CMMC continues to have responsibility for the quality of the resident’s educational experience and retains authority over the residents' activities while on rotation at the (INSERT HOSTING INSTITUTION). Notwithstanding the provisions contained within this agreement, the residency program shall also be governed by the policies and procedures of the Accreditation Council for Graduate Medical Education or American Osteopathic Association.

The (INSERT HOSTING INSTITUTION) shall grant CMMC residents the same privileges relative to educational experience and clinical activity as all other residents at the (INSERT HOSTING INSTITUTION) and all residents shall have access to the facilities, services and equipment that are essential to their training. In addition, CMMC residents participating in rotations at the (INSERT HOSTING INSTITUTION) shall comply with all applicable (INSERT HOSTING INSTITUTION) rules, regulations, policies and other provisions, which pertain to patient, care activities, education experiences, research and other scholarly activities and use of hospital facilities. However, all CMMC policies, procedures and provisions pertaining to Graduate Medical Education will apply unless CMMC agrees that they are to be superseded by the (INSERT HOSTING INSTITUTION)’s policy.

At the conclusion of the rotation, the (PROVIDER)’s designated clinical supervisor shall provide an evaluation of the resident’s professional performance to the respective program director at CMMC. See attached evaluation form.

(INSERT HOSTING INSTITUTION) agrees to take full responsibility for any liability arising out of the Conemaugh Health System/Conemaugh Memorial Medical Center resident’s participation in the program and will defend and hold harmless the resident and Conemaugh Health System in any legal actions brought against the resident as a result of the resident’s participation in the program. (INSERT HOSTING INSTITUTION) will provide satisfactory documentation that it maintains sufficient insurance coverage for itself and its supervising physicians consistent with the local standard of coverage. A copy of this documentation is attached.

CMMC will continue to provide salary support during the rotation experience. All CMMC residents have health insurance coverage during their employment. Residents are strongly advised to confirm with insurance carrier on limitations. The resident is responsible for all extra costs associated with an international experience. Residents have been strongly advised to take out a medical evacuation insurance policy from a carrier of their choosing.

Any disciplinary action will be conducted by CMMC in compliance with institutional and departmental policies with cooperation from the faculty and staff of the (INSERT HOSTING INSTITUTION) as needed. However, the (INSERT HOSTING INSTITUTION) shall have the right to request the removal of any resident whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives, provided, however, that [INSERT HOSTING INSTITUTION] will consult with CMMC regarding problems arising with a resident to the extent feasible prior to any such removal.

On Behalf of Conemaugh Memorial Hospital
Richard Wozniak, MD
Medical Director of Graduate Medical Education

On Behalf of Hosting Institution:
Signature of Provider Site Resident Supervisor
Insert Name of Hosting Resident Supervisor

Director of Graduate Medical Education/DIO
Program Director at MMC
Insert Name of Program Director MMC

This Agreement and attached Exhibit(s) contains the full and complete agreement and understanding of the parties as it relates to the subject matter of this Agreement. Any modifications or amendments must be in writing signed by both parties.
Purpose
Conemaugh Memorial Medical Center (CMMC), as an institution whose primary purpose is to serve its patients, has identified that resident physicians must own and utilize a personal Smartphone to fulfill their job responsibilities such as: being available off hours, frequent travel, or other business purposes. The purpose of this policy is to mandate that all resident physicians own and utilize a personal Smartphone.

Applies To
All Conemaugh Memorial Medical Center resident physicians/fellows.

Policy
All resident physicians employed by CMMC will be required to own and utilize a personal Smartphone.

Definition
Smartphone – A mobile phone that does include features such as internet connection, Wi-Fi, e-mail access, applications and a web browser.

Procedure/Requirements
Each program director is responsible for implementation of this policy.
1. Resident physicians must own and utilize a Smartphone.
   a. If found to be necessary, the resident will notify his Smartphone carrier and purchase signal booster installation to guarantee cell reception at his residence, at his own expense.
2. The resident physician must retain an active Smartphone contract.
3. The resident physician must use reasonable care to protect Smartphone from theft and avoid accessing or storing confidential data (as defined in the Confidentiality Agreement).

Attachment
Not applicable.

References
GME policy

GMEC Revised: 1/2016
GMEC Reviewed: 1/2015
Approved: 1/2015
**Purpose**
To establish guidelines for J-1 visa holders mandatory insurance requirements.

**Applies To**
All Conemaugh Memorial Medical Center Graduate Medical Education residency/fellowship programs.

**Policy**
The U.S. Code of Federal Regulations (22 CFR § 62.14) mandates that all J-1 exchange visitors and accompanying J-2 dependents secure comprehensive health insurance effective on the program start date indicated on Form DS-2019 and maintain coverage, without interruption, for the full duration of stay in the United States in J-1 status. Any J-1 exchange visitor who willfully refuses to comply with insurance requirements will be considered to be in violation of his/her status and subject to termination from the J-1 program.

J visa holders are also required to hold medical evacuation and repatriation of remains insurances for the full duration of their stay in the United States. ECFMG provides required levels of both medical evacuation and repatriation of remains coverage for all J-1 physicians and accompanying J-2 dependents under its sponsorship.

Additional details about the regulatory insurance requirements can be found below.

**Minimum Required Coverages:**
1. Medical benefits of at least $100,000 per accident or illness;
2. Deductible that does not exceed $500 per accident or illness;
3. Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness;
4. Minimum repatriation of remains in the amount of $25,000;
5. Minimum medical evacuation expenses in the amount of $50,000.

**Definitions**
Not applicable

**Procedure**
If a resident has a J-1 visa, he/she will need to enroll in the low deductible (Choice) plan. This plan meets the first two requirements listed above. These residents will need to use the CHS facilities if possible. If he/she needs to access to the standard (Highmark) network, he/she will need to contact Human Resources and work through a referral process. If the referral is approved, the claims incurred under the approved referral will be paid at the enhanced network deductible and co-insurance levels, which would meet the third requirement listed above.
If the resident is not here under the J-1 visa umbrella, he/she has a choice. If he/she chooses the high deductible (Choice Plus) plan, all plan design parameters (deductibles, co-insurance, premium share, etc.) apply; the referral process does not apply. If he/she chooses the low deductible (Choice) plan, then the referral process described above applies.

Note: Although CMMC provides health insurance as a benefit of the training program, it is each J-1 physician’s responsibility to ensure that the offered plan(s) meet(s) J-1 regulatory insurance requirements. If health insurance is not provided as part of the training program, J-1 physicians must secure adequate insurance coverage meeting J regulatory parameters for themselves and all accompanying J-2 dependents.

Attachments
Not applicable

References
U.S. Code of Federal Regulations (22 CFR § 62.14)
ECFMG

GMEC Revised: 1/2016
GMEC Reviewed: 6/2015
Approved: 6/2015
PURPOSE
To ensure that residents participate in Quality Improvement/Patient Safety activities as part of their educational program.

APPLIES TO
All residency programs at Conemaugh Memorial Medical Center (CMMC).

POLICY
Each residency program must ensure all residents are involved in Quality Improvement/Patient Safety (QI/PS) activities.

DEFINITION
In accordance with ACGME Common Program Requirements, residents must “systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.” As such, “the program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.”

Quality Improvement/Patient Safety activities include but are not limited to the following:
- Quality Improvement/Patient Safety Lectures
- Participation in institutional Quality Improvement/Patient Safety and related committees
- Institute for Healthcare Improvement (IHI) Patient Safety Course
- Grand Rounds
- Patient Satisfaction Surveys
- Core Measures
- Utilization Management
- Scholarly activity resulting in implementation of initiatives to improve patient quality and safety of care

PROCEDURE
1. Each residency program must ensure each resident participates in Quality Improvement/Patient Safety activities. The level of participation will vary depending on the QI/PS activities currently underway within the program and institution.
2. At a minimum, every program must incorporate Quality Improvement/Patient Safety Conferences into its curriculum.
3. Each residency program must ensure each resident participates in the IHI Open School curriculum course outlined in the attachment – IHI Open School Chapter Module Guidelines.

ATTACHMENT
4. GME – IHI Open School Chapter Module Guidelines

REFERENCES
CR: IV.A.5.c).(4) (Educational Program)

GMEC Approved:
The IHI Open School for Health Professions is an inter-professional educational community that gives healthcare students, residents, faculty, and hospital healthcare staff skills to become change agents in health care improvement. The IHI Open School will assist programs at CMMC in better preparing residents and faculty to provide quality, safe, and compassionate patient care – areas which also must be addressed to meet more stringent accreditation requirements established by the ACGME and its New Accreditation System (NAS) and Clinical Learning Environment Reviews (institutional CLER site visits).

### Current Residents
You will need to complete 2 courses a quarter each year of training beginning January 1 (total of 8 by December 31). The courses are the **Improvement Capability** and **Patient Safety** courses. There are 17 modules to choose from. Each module has 3 to 5 lessons. Each module, regardless of the number of lessons, should take approximately 1 – 1 ½ hours to complete.

### Incoming First Year Residents
This is one of the first steps in your training as a future physician. You will need to complete 2 courses a quarter each year of training beginning July 1 (total of 8 by June 30). The courses are the **Improvement Capability** and **Patient Safety** courses. There are 17 modules to choose from. Each module has 3 to 5 lessons. Each module, regardless of the number of lessons, should take approximately 1 – 1 ½ hours to complete. Over your years at CMMC you should be able to complete all 17 courses.

### Directions to Register and Complete Courses
1. Go to [www.IHI.org/RegisterFull](http://www.IHI.org/RegisterFull) to register.
   - If you are already registered, go to [www.IHI.org/EditProfile](http://www.IHI.org/EditProfile) to update your existing profile
2. Fill out the registration form. Mandatory fields are marked with an asterisk (*).
3. When you reach “Organization Type” click “Hospital-Teaching”
4. When you reach “Your Organization” search for “Conemaugh Health System”
5. Complete the remainder of the form and save your organization.
6. When you get to the home page, select “Open School” (left-side of page)
7. Select “Courses” (top of page)
8. Select “Professionals, GME Faculty, and Residents” (middle of page)
9. Select “16 courses listed here”
10. The courses are now available for you to choose. Please choose from the following:

   **Improvement Capability**
   - QI 101: Fundamentals of Improvement
   - QI 102: The Model for Improvement: Your Engine for Change
   - QI 103: Measuring for Improvement
   - QI 104: The Life Cycle of a Quality Improvement Project
   - QI 105: The Human Side of Quality Improvement
   - QI 106: Mastering PDSA Cycles and Run Charts
Patient Safety

- PS 100: Introduction to Patient Safety
- PS 101: Fundamentals of Patient Safety
- PS 102: Human Factors and Safety
- PS 103: Teamwork and Communication
- PS 104: Root Cause and Systems Analysis
- PS 105: Communication with Patients after Adverse Events
- PS 106: Introduction to the Culture of Safety
- PS 201: Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
- PS 202: Preventing Pressure Ulcers

*Please print out certificate after completion of each module and give to your Program Coordinator.