

# Virginia Mason Franciscan Health

## Graduate Medical Education

### House Staff Manual

This House Staff Manual is intended to be a resource for the clinical learning environment (CLE) at Virginia Mason Franciscan Health (VMFH) including medical students, residents, fellows and faculty. It contains the policies, procedures, guidelines, rules, and regulations of VMFH GME (Graduate Medical Education) Programs, as these standards are now understood.

Residents/Fellows and faculty are expected to be familiar with the full policies available via the GME intranet pages for each individual program. When new policies are developed and/or existing policies are updated, users will be notified by email and the digital manual will be updated.

Every GME Resident/Fellow shall read these policies, rules, and regulations of the residency program and are responsible for understanding the entire contents of this manual. Every year, each GME Resident/Fellow must review the Residency Manual and sign a statement verifying this review.

This handbook outlines the requirements for the Resident's/Fellow's participation in the program. In addition, each Resident/Fellow is invited to participate in program improvement and growth by suggesting revisions as appropriate.

VMFH is a teaching institution wherein the training of residents and fellows is aligned with the organizational purpose and vision. Training programs at VMFH enjoy the full accreditation of the Accreditation Council for Graduate Medical Education (ACGME), or alternative accreditation bodies.

#### **Vision Statement**

We will be the most trusted destination for health.

#### **Purpose Statement**

The Purpose of VMFH is to improve the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

It is the intent of VMFH sites to foster an educational environment in which transparency and respect are commensurate with standards and policy guiding the educational environment processes. Residents/Fellows are encouraged to become familiar with the content of this manual, and to provide improvement feedback and exchange information regarding their CLE and educational programs with their program leadership.

### **Interpreting and Clarifying Guidelines and Raising Issues of Concern**

In instances where clarity about policy or guidelines is needed, Residents/Fellows are encouraged to discuss questions or issues with their Chief Resident and/or Program Directors who are closest to the educational goals and operational logistics of each residency/fellowship program. If Residents/Fellows are not satisfied with the solutions offered or feel the issues are too sensitive to involve these program leaders, they should contact the Director of Graduate Medical Education and/or the Chief Academic Officer/Designated Institutional Official (DIO as defined by the ACGME is the individual, in collaboration with a Graduate Medical Education Committee (GMEC), who has authority and responsibility for the oversight and administration of all ACGME accredited programs) to address their concerns in a confidential and protected manner. If the issues involve either of these individuals, Residents/Fellows may take their concerns to the Virginia Mason senior administrator with oversight of Graduate Medical Education. In addition, the House Staff President is an avenue that can be pursued to seek counsel.

The Chief Academic Officer/DIO and their administrative partners meet with Residents/Fellows from each program bi-annually to elicit feedback about the educational environment.

Any employee, including Residents/Fellows, may use the institutional Compliance/Corporate Integrity Hotline to anonymously report issues. Call 800.845.4310; all reporting will be kept anonymous to the extent possible according to Corporate Integrity Department standards. Additional info located on the VMFH Webpage at the Corporate Integrity page. ACGME Institutional Requirement III.B.4.a).(2)

### **House Staff President**

The House Staff President (HSP) is elected each spring by GME Residents/Fellows and serves as a member of the Graduate Medical Education Committee (GMEC). The HSP will, after discussion with the Residents/Fellows, submit matters for discussion to the GMEC. The HSP will convene all Residents/Fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other Residents/Fellows relevant to their ACGME-accredited programs and their learning and working environment.  
*ACGME Institutional Requirement II.C.*

The HSP may appoint a proxy to represent in matters while unavailable or when at extended off-site rotations.

### **Relevant Organizational Policies**

Program Closure or Reduction in Number of Residents/Fellows.

*ACGME Institutional Requirement IV.O.*

It is the policy of VMFH to maintain a high quality, stable educational experience for all residents and fellows across all sites.

1. In the event a sponsored program must reduce in size or close due to an adverse action of the ACGME or involuntary loss of a training site (e.g. disaster, organizational closure), the Program Director must notify the Graduate Medical Education Committee (GMEC), the Designated Institutional Official (DIO), and the program's Residents/Fellows within 30 days of receiving notification of the involuntary reduction or closure.
2. A Program Director that wishes to voluntarily reduce the size of the program or to withdraw accreditation must obtain prior approval for the reduction or closure from the DIO before notifying the ACGME and the program's Residents/Fellows.
3. Should VMFH, as the sponsoring institution, intend to close, the CEO of VMFH must inform the GMEC, DIO, Program Director, and residents within 30 days of the decision to close the institution.
4. In the event of a program reduction or closure, or closure of the institution, the DIO and the Program Director will work collaboratively to:
  - Ensure that Residents currently enrolled in the program are able to complete their education within the program, or
  - Assist Residents/Fellows in enrolling into another ACGME-accredited program in which they may continue their education.
  - Address such issues as transfer of funding and board-specific requirements of Residents/Fellows, and
  - Make every attempt to phase out the program over a period of time to allow all residents currently in the program to complete their training.

### Site Specific Policy, Procedures and Guidelines

Each site expects that Residents/Fellows will adhere to organizational policies of that specific site. Of special interest are the following:

- Clinical Policies and Procedures
- Code Blue Emergency Equipment Resources
- Safety and Emergency Response
- Critical Care (CCU) Policies
- Interaction with Vendors

- Electronic Devices and Photography Policies
- Social Media Policies
- Medical Records Processes and Policies
- Documentation Approval
- Files
- DRG and Coding
- Record Completion Expectations
- Release of Information
- Transcription
  
- Human Resources Policies – including Harassment and/or Accommodation, Dress Code/Appearance policies
- Infection Control Policies
  - Hand Hygiene
  - Health Alerts
  - Health Care Associated Infection
  - Organisms and Diseases
  - Precautions

Virginia Mason Franciscan Health provides services and health care delivery systems that minimize Resident/Fellow work that is extraneous to their GME program's educational goals and objectives, ensuring the Resident/Fellow experience is not compromised by excessive reliance on Residents/Fellows to fulfill non-physician service obligations. These services and systems include:

- Patient support services
- Laboratory/pathology/radiology/transport services
- Pharmacy

Virginia Mason Franciscan Health ensures a healthy and safe work environment that provides for:

- Food services
- Employee Health
- Human Resources
- Call rooms
- Lockers
- Internet Access
- Security/safety: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

## **GRADUATE MEDICAL EDUCATION COMMITTEES**

### **VIRGINIA MASON FRANCISCAN HEALTH - GRADUATE MEDICAL EDUCATION COMMITTEE**

The VMFH GMEC provides governance to all VMFH medical training programs within the VMFH system in accord with the ACGME requirements for the GMEC.

#### **GMEC Composition and Meetings**

1. The Sponsoring Institution must have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers. It must also include appropriate Program Directors, administrators, DIO, and may include other members of the faculty.
  - a. Members are appointed annually prior to the start of each academic year. The committee is composed of the following standing members by organizational role. DIO, Program Directors of both residency and fellowship programs (both ACGME and non-ACGME programs within the GME Division), VP of Research and Academics, Safety and Quality Officer, one resident representative from each of the GME defined residency programs, the House Staff President, and one Resident Representative from each site within the GME division.
  - b. Members may be represented by proxy if unable to attend a meeting, by a pre-appointed delegate (APD for PD's and elected Residents/Fellows representative).
  - c. Decisions of the GMEC are made by vote of the voting members, and a quorum requires a majority of the voting body and requires at least 2 Residents in the voting body.
  - d. Electronic voting (by email) may be conducted for issues of import requiring a decision by the body before the next scheduled quarterly meeting..
2. The committee meets at least quarterly, and maintains written minutes documenting fulfillment of the committee's responsibilities.
3. GMEC Responsibilities – See Addendum.

**The governance work of the VMFH GMEC (Graduate Medical Education Committee) is supported by these additional committees:**

- a. Site Specific GMEC Sub Committees
- b. Fellowships Sub Committee
- c. Hearing Sub Committee

### **SITE SPECIFIC SUBCOMMITTEES**

Each VMFH site hosting medical training programs will have a GMEC Sub Committee. These Sub-Committees meet quarterly and are chaired by an appointee of the VMFH DIO. Members include the Program Directors of each program at each site and the Resident program and site representatives. Resident representatives are voted into position by peers – annually before the first meeting of the Sub Committee meeting each academic year. Members are allowed to be represented by proxy delegates if unable to attend the scheduled meeting. The charters for each site are located in the “Site Addendum” to this document.

The sites are recognized as:

Virginia Mason Medical Center (Seattle), St Michael Medical Center (Silverdale), St. Francis Medical Center (Federal Way) , St. Anne’s Hospital (Burien) and St Joseph Medical Center (Tacoma). Site Specific (see Site Addendum for Charters and membership, by site).

### **FELLOWSHIP ADVISORY SUB-COMMITTEE**

The Fellowship Advisory Sub-Committee shall serve as advisory group to the Graduate Medical Education Sub-Committee.

Vision for Physician Fellowships at Virginia Mason

Provide quality fellowship programs guided by organizational need and best practice standards for educational integrity, program design and implementation, regulatory compliance, and resource utilization.

Purpose. The purpose of the Fellowship Advisory Sub-Committee is to: review and make recommendations regarding requests for new fellowships design processes for fellowships, as described herein provide compliance oversight relating to conduct and quality of medical fellowships of any nature, whether accredited by ACGME, by another body or not at all.

This committee acts with the Director of Graduate Medical Education to address matters pertinent to the clinical learning environment for all VMFH-sponsored, physician fellowship programs. The sub-committee shall have the specific responsibilities described in this Charter and in the accreditation requirements of the ACGME, The Joint Commission or other applicable accrediting bodies. To the extent of inconsistency between this Charter and such requirements, the accreditation requirements shall govern.

Fellowship Advisory Sub-Committee Composition. The sub-committee is co-chaired by the Director of GME and the VP of Research. Members are appointed by the GMEC and include representation from human resources (physician recruiting), a GMEC Fellow, and a Virginia Mason physician leader.

Meetings; Record of Proceedings. The Fellowship Advisory Sub-Committee will meet on a quarterly basis, and on an as-needed basis. The Fellowship Advisory Sub-Committee will maintain a record of its proceedings and actions and will report all recommendations to the VMFH GMEC on a quarterly basis or as needed.

Fellowship Advisory Sub-Committee Responsibilities. See Addendum.

### **HEARING SUBCOMMITTEE**

This committee meets only as needed and the Chair is elected by this body at the first session.

Purpose. The purpose of the Hearing Sub-Committee is to review and resolve appeals to grievances submitted by Residents/Fellows, should the need arise and follow the specific grievance steps specifically outlined in the House Staff Manual.

Decisions made on the resolution of grievances are provided to the program director and the grievant, are considered final and cannot be appealed.

Membership: Members are appointed by the Designated Institutional Officer, each serving for 2- year terms. See Addendum for committee charter and listing of committee appointments.

### **Residents/Fellows JOB DESCRIPTION**

Graduate medical education is based on the principle of progressively increasing responsibility for patient care under the supervision of Program Faculty. The Faculty is responsible for evaluating the progress of each Resident/Fellow. Factors considered in this evaluation include the Resident's/Fellow's clinical experience, judgment, professionalism, cognitive knowledge, and technical skills.

Physicians in training shall fulfill to the best of their ability the educational requirements and responsibilities set forth by the Program, including, but not limited to the following:

Under the supervision of the teaching staff, provide safe, high quality, effective and compassionate patient care, commensurate with their level of advancement and responsibility;

Perform the clinical duties prescribed by the hospital or an attending physician or department in a competent, efficient, satisfactory humanistic, respectful, and courteous

manner in strict accordance with the professional and ethical standards of the medical profession;

Always seek and utilize appropriate supervision;

When on rotation or educational experience, become familiar with and abide by the rules, regulations, policies and practices of each hospital or healthcare facility participating site;

Provide coverage when other Program physicians are unavailable;

Develop and follow a personal program of self-study and professional growth with guidance from the Program's medical education staff;

Comply with and actively participate in all educational and scholarly requirements for advancement in and graduation from the Program, including, without limitation:

- Serve in all hospitals, clinics and activities to which the Resident/Fellow is assigned
- Assume responsibility for teaching and supervising other Residents/Fellows and students
- Attend all required conferences of the departments to which the Resident/Fellow is assigned
- Timely log procedures, skill sets and duty hours
- Cooperate fully with all required surveys, reviews, and quality assurance and credentialing activities;
- Actively engage in quality improvement and practice improvement projects
- Participate in assigned Clinic, Hospital, and Medical Staff programs, activities and committees
- Participate in evaluation of the quality of education provided by the program and promptly complete evaluations of faculty and rotations;
- Participate in photographing, filming, recording or other permanent preserving of mock drill, direct patient care, or other parts of their responsibilities under this agreement and permit use of this material for any purpose;
- Achieve specialty specific milestones as specified by the Program

Adhere to established rules, regulations, practices and policies of the Program;

Obtain and maintain required licensure and certifications, including but not limited to, Washington State medical license as designated by program and level, USMLE 3 or COMLEX 3 passage prior to the 2nd year of training and Life support course certifications in BLS, ACLS, and additional as designated by program;

Maintain accurate and timely records relating to all professional services rendered and/or recommended in accordance with Medical Staff Bylaws, Hospital policy and procedures and expectations as set by the Program



Maintain the privacy and confidentiality of all patient information and records as required by Hospital policies and procedures and in compliance with all relevant state and federal laws and regulations, including, without limitation the privacy and security provisions of the Health Insurance Portability and Accountability Act of 1996 and the regulations implemented and amended thereunder ("HIPAA").

Present always a professional, courteous and respectful attitude toward all patients, colleagues, employees and visitors at the Clinic, the Hospital and other facilities to which the Resident/Fellow is assigned.

Avoid unlawful discrimination against any patient or other person affiliated with the Hospital based on race, gender, creed, age, nationality, sex, sexual orientation, and source of payment, disability or other class of person duly protected by law.

Refrain from engaging in abusive, intimidating or disruptive behavior, harassment, or any other conduct that could adversely affect the reputation of the Sponsoring Institutions or the morale of other Residents/Fellows, the Medical Staff, or the Sponsoring Institutions' staff and employees.

Comply with all applicable federal, state and local laws, as well as the standards required to maintain accreditation by the Joint Commission, the ACGME, the applicable Residency Review Committee ("RRC") and any other relevant accrediting, certifying, or licensing organizations.

Assist in satisfying the requirements of third -party payers by, for example, participation in utilization review, peer review and quality assurance programs;

Cooperate with the Program in the event of a claim, threatened claim, or litigation;

Participate in new employee orientation and new resident/fellow orientation;

Satisfy all health requirements for employment by providing evidence of compliance with pre-employment drug screenings, all immunization and tuberculosis requirements as well as a confidential background check.

Submit to periodic (post-appointment) health examinations and supplementary tests, as are deemed necessary by organizational policy to ensure that the resident/fellow is physically, mentally, and emotionally capable of performing essential duties.

Comply with the Hospital's corporate compliance program and its efforts to detect and prevent health care fraud, abuse and waste.

Use Hospital resources efficiently, not destroy or unlawfully remove any Hospital property, and at the termination of this Agreement, return all Hospital property, including but not limited to, books, equipment, pagers, and uniforms; and settle all professional and financial obligations, if any, to the Hospital.

Report immediately to the Program Director any inquiry by any private or government attorney or investigator or any inquiry by any member of the press. The resident/fellow agrees not to communicate with any inquiring attorney or investigator or any members of the press except merely to refer such attorneys and investigators to the Program Director

Return all property of the Program or any hospital or healthcare facility participating site at the time of the expiration or in the event of termination of this Agreement, including without limitation, identification card, beeper, books, computers, equipment, parking card, and complete all records and settle all professional and financial obligations before academic and professional credit will be verified.

#### **ELIGIBILITY AND SELECTION OF RESIDENTS/FELLOWS**

Each of VMFH's ACGME accredited programs participates in ERAS and adheres to the following eligibility requirements for recruiting applicants:

1. Applicants with one of the following qualifications are eligible for appointment to programs:
  - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
  - b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
  - c) As allowed by Program specific requirements. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
    - (1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
    - (2) Applicants who are not U.S. citizens must have current J1- visas by contracted start date.\*

Neither VMFH or any of its ACGME-accredited programs will require a resident/fellow - upon selection or during tenure - to sign a non-competition guarantee or restrictive covenant.

#### **2. Resident/Fellow selection**

- a) Each of Virginia Mason's ACGME accredited programs select from among eligible applicants based on residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

VMFH's ACGME accredited programs do not discriminate with regard to gender, sexual identity, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

b) Each ACGME accredited residency / fellowship program participates in the National Resident Matching Program (NRMP), where such is available.\*

\* Exceptions/Additional Requirements:

VMMC Urology participates in the Urology Residency Match Program through the American Urological Association (AUA). When a urology applicant matches at Virginia Mason through the Urology Residency Match System, candidates will apply through the NRMP to match to a Virginia Mason Preliminary General Surgery position dedicated to Urology. Regional Anesthesiology Fellowship does not participate in the NRMP Match.

SFH Podiatric Medicine Residents/Fellows are matched following the Podiatric Board Requirements.

In addition to the above eligibility requirements, applicants to the VMMC Pain Medicine fellowship program must have successfully completed a residency program and be Board-eligible or be Board-certified in one of the following specialties: Anesthesiology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry.

Applicants to the VMMC FPMRS fellowship program must have successfully completed a residency program and be Board-eligible or Board-certified in Urology.

Applicants to the VMMC Regional Anesthesiology fellowship program must have successfully completed an Anesthesiology residency program.

SMMC Family Medicine and SJMC General Surgery programs do not sponsor visas.

### **SUPERVISORY LINES AND RESPONSIBILITIES – GENERAL GUIDELINES**

All VMFH residency and fellowship programs follow requirements of the VMFH Graduate Medical Education Committee (GMEC) and ACGME regarding supervision of Residents/Fellows. Residents/Fellows will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements and program-specific requirements.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams and documented in Program Manuals. Residents/Fellows shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation.

In outlining the lines of responsibility, the Program Director will use the following classifications of supervision:

**Direct Supervision:** the supervising physician is physically present with the Resident/Fellow during the key, portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident/Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

**Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident/Fellow for guidance and is available to provide direct supervision.

**Indirect Supervision with Direct Supervision available:** the supervising physician is not physically present within the hospital or other site of patient care but is immediately available to provide Direct Supervision.

**Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision shall be structured to provide Residents/Fellows with progressively increasing responsibility commensurate with their level of education, ability, and attainment of program-specific milestones.

The Program Director in conjunction with the program's faculty members shall make determinations on advancement of Residents/Fellows to positions of higher responsibility, for a supervisory role in patient care, and conditional independence through assessment of competencies based on specific criteria. Faculty members functioning as supervising physicians should assign portions of care to Residents/Fellows based on the needs of the patient and the skills of the Resident/Fellow.

Based on these same criteria and in recognition of their progress toward independence, senior Residents/Fellows should serve in a supervisory role for junior Residents/Fellows. Each Resident/Fellow must know the limits of their scope of authority and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 Residents/Fellows will be supervised either directly or indirectly with direct supervision immediately available. Programs will define, based on the appropriate Residency Review Committee's guidelines, the competencies that PGY-1 Residents/Fellows must achieve in order to progress to supervision indirectly with direct supervision available.

Refer to Program Specific Manuals for detailed Supervisory Lines Guidelines specific to each program.

## **PROFESSIONALISM STANDARDS**

1. Be punctual to all rotations, educational experiences, meetings, patient care activities, rounds, etc. and notify facilitator/leader if anticipate being late due to an unavoidable circumstance
2. Be diligent inpatient care activities and EMR documentation. Address issues in a timely fashion and adhere to the EMR guidelines
3. When away on leave or illness, necessary coverage and hand-off are secured.
4. Be attentive and actively engaged in all educational activities (e.g., rounds, conferences).
5. Complete assignments in a timely fashion.
6. Treat patients, medical students, Residents/Fellows, interdisciplinary team members, and faculty with courtesy, respect and dignity.
7. Praise in public, provide constructive feedback in private, and avoid gossip.
8. Commit to and demonstrate honesty and integrity.
9. Commit to teamwork:
  - a. Be responsible for assigned tasks.
  - b. Willingly assist without complaining.
  - c. Recognize and appreciate the contributions of all team members.
  - d. Help set and understand team goals.
  - e. Learn how to and practice providing and receiving feedback graciously.
10. Strive for excellence in communication:
  - a. Respond to pages/communications in a timely fashion during duty hours.
  - b. Check and respond to e-mail messages at least once daily when not on leave.
  - c. Respond promptly to RSVPs by the stated deadline.
  - d. Check to verify that others understand what has been said.
  - e. Check and respond to EMR "inboxes" (if these are assigned) at least once a day when not on leave.
11. Commit to excellence in patient care and demonstrate "ownership" of patients.
12. Place the safety of patients first and before their own personal interests.
13. Conduct safe and complete patient handoffs.

## **Safety & Quality**

Information about safety awareness, response and staff participation in creating a safe environment is provided comprehensively at the VMFH Safety & Regulatory intranet link specifically to address standardized codes in each clinical site, location, or area.

All Residents/Fellows, faculty and leaders are expected to participate in Patient Safety Alert systems and processes within each site and clinical area. Training use of the systems is provided at Orientation and periodically throughout the training tenure.

Virginia Mason Production System (VMPS) is the management methodology adopted by VMFH sites and faculty and Residents/Fellows are included in the improvement work that occurs

throughout each site. Training is provided at Orientation and periodically throughout the training tenure. Residents/Fellows are encouraged to seek out VMPS training opportunities during their time at VMFH.

### **MEDICAL RECORDS, DOCUMENTATION, AND LAB RESULTS REPORTING GUIDELINES**

The medical record is a means of communication between members of the health care team, a legal document in legal proceedings, and an auditing tool for a variety of health care agencies and insurers. Clear, concise, impartial and accurate recording of patient-physician encounters, analysis of findings, and articulation of treatment plans is paramount.

The following issues should be considered when entering a note in the medical record (history and physical, progress note, procedural note, telephone note, etc.):

- .The application of physician supervision is to be documented (i.e., whether the Resident/Fellow reviewed the patient with the attending, whether the attending was physically present during key portions of the patient encounter, etc.).
- I.A History and Physical must be written on each patient admitted to the hospital. Student notes cannot be the only admission notes in the chart.
- II.Daily progress notes must be written, reflecting the course of the patient while in the hospital. Progress notes should document important changes, the rationale for changes in diagnosis, therapy, or any other information of assistance to other care providers
- III.Procedure notes and documentation of informed consent are required for any invasive procedure. An acceptable procedure note includes the procedure, indication, findings or post-procedure diagnosis, operators, and perioperative status or complications.
- IV.Discharge summaries must be dictated at the time of discharge. Charts must be signed in a timely manner. All incomplete medical records are the responsibility of the Resident/Fellow.
- V.Verbal orders must be signed by the Resident/Fellow giving the verbal order or a member of their team including the attending. Lists of unsigned verbal orders are tracked by the hospital.
- VI.Medical student notes are not to be relied upon for documenting the patient's clinical course. It is expected that a licensed physician evaluates patients and documents the patient examination and assessment daily.
- VII.Any text copied and pasted within an electronic medical record should be reviewed for accuracy and applicability to the patient's current condition.
- VIII.All dictated notes (via transcription service and/or verbal translation tools) should be proofread for accuracy. Placing a "dictation disclaimer" at the bottom of a note doesn't remove the responsibility to proofread that note.
- IX.Incomplete hospital and clinic medical records are tracked. It is a professional responsibility for all Residents/Fellows to complete their medical records promptly. Deficiencies in this task will be reflected in professionalism assessments.

## **RESIDENT/FELLOW CLINICAL WORK & EDUCATION (DUTY) HOURS**

Duty Hours include all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.

### **MONITORING CLINICAL WORK HOURS**

Program Directors are responsible for monitoring Resident/Fellow duty hour documentation for their programs and to ensure that service demands or performance concerns leading to violations are appropriately addressed.

GME provides an electronic IT system to manage the official record of Resident/Fellow duty hours.

Residents/Fellows are responsible for entering accurate hours worked, scheduled days paid time off, unpaid time off following site-specific guidelines for entering this information.

Ongoing failure to punctually and accurately document duty hours is a professionalism issue appropriate for discussion during both formal and informal performance feedback.

### **DUTY HOURS GUIDELINES**

*As taken from the ACGME Common Program Requirements: ACGME-approved focused revision: June 13, 2021; effective July 1, 2022, and summarized below for convenience.*

#### **Maximum Hours of Clinical Work and Education per Week:**

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting.

#### **Mandatory Time Free of Clinical Work and Education:**

All programs must design an effective program structure that is configured to provide Residents/Fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents/Fellows should have eight hours off between scheduled clinical work and education periods. There may be circumstances when Residents/Fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents/Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

#### Maximum Clinical Work and Education Period Length

Clinical and educational work periods for Residents/Fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or Resident/Fellow education. Additional patient care assignments must not be assigned to a Resident/Fellow during this additional time.

#### **Clinical and Educational Work Hour Exceptions**

In rare circumstances, after handing off all other responsibilities, a Resident/Fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient
- Humanistic attention to the needs of a patient or family, or,
- To attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit.

#### **In-House Night Float**

Night Float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

#### **Maximum In-House On-Call Frequency**

Residents/Fellows must be scheduled for in-house calls no more frequently than every third night (when averaged over a four-week period).

#### **At-Home Call**

Time spent on patient care activities by Residents/Fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the "every third-night" limitation but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident/Fellow.



Residents/Fellows are permitted to return to clinical sites while on at-home call to provide direct care for new or established patients. These hours of patient care must be included in the 80-hour maximum weekly limit.

Each Resident/Fellow is responsible for knowing the ACGME Clinical Work and Educational Hours guidelines regarding shift length, time off between scheduled work periods, etc. as noted in the ACGME Common Program Requirements and in this manual.

If for any reason there is a violation of scheduled work hours the Resident/Fellow is accountable to make note in the electronic system as to the reason for the violation at the time of data entry and/or immediately upon prompting by the system.

If for any reason the Resident/Fellow feels their scheduled work hours for the rotation will jeopardize duty hour guidelines, it is their responsibility to bring it to the attention of the scheduler for the proper changes to be made immediately. If they are uncomfortable going to the scheduler, the Resident/Fellow must bring it to the attention of the Program Director, Chief Resident, or Program Coordinator.

#### **OFF-DUTY ACTIVITIES/MOONLIGHTING POLICY**

For the purposes of this manual, “moonlighting” shall have the same meaning as set forth in the most recent ACGME Glossary of Terms – quoted as follows:

**“Moonlighting:** ”Voluntary, compensated, medically related work performed beyond a Resident's/Fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

**External moonlighting:** Voluntary, compensated, medically related work performed outside the site where the Resident/Fellow or fellow is in training and any of its related participating sites.

**Internal moonlighting:** Voluntary, compensated, medically related work performed within the site where the Resident/Fellow or fellow is in training or at any of its related participating sites.”

Resident/Fellow moonlighting is discouraged because it might interfere with the ability of the Resident/Fellow to achieve the goals and objectives of the educational program. Time spent moonlighting might be more productively spent in either study or recreation, both of which could improve Resident/Fellow learning, health and performance.

PGY-1 Residents are not permitted to moonlight.

A Resident/Fellow may use their off-duty hours as s/he sees fit, as long as such activity does not interfere with their health, obligations to the Medical Center or to the effectiveness of the educational program they are pursuing. Residents/Fellows will not be required to engage in moonlighting. The Resident/Fellow must obtain written permission from the Program Director before beginning moonlighting activities; this written permission will be kept in the Resident's/Fellow's GME file. The Program or VMFH (the Sponsoring Institution) may prohibit moonlighting by Residents/Fellows).

Moonlighting activities are monitored by the Program Director. If, in the opinion of the Program Director, moonlighting interferes with the ability of the Resident/Fellow to achieve the goals and objectives of the educational program, the Resident's/Fellow's health, or obligations to the Medical Center, the Resident/Fellow will be required to cease such moonlighting.

Time spent by Residents/Fellows in internal and external moonlighting counts toward the 80-hour maximum weekly limit for clinical and education hours.

The Medical Center's malpractice insurance coverage does not cover moonlighting and Residents/Fellows must arrange for coverage if they engage in moonlighting.

Refer to Site Specific Addendum and Program Manuals for specifics about Moonlighting relevant to each program and site.

### **WELLNESS and REST**

In accord with the following ACGME Common Program Requirements all VMFH training programs will abide by general department standards and implement program-specific procedures including and not limited to:

#### VI.D. Fatigue Mitigation (Common Program Requirements 2021, ACGME)

##### VI.D.1. Programs must:

- VI.D.1.a) educate all faculty members and Residents/Fellows to recognize the signs of fatigue and sleep deprivation; (core)
- VI.D.1.b) educate all faculty members and Residents/Fellows in alertness management and fatigue mitigation processes; and (core)
- VI.D.1.c) Encourage Residents/Fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning (detail)

- VI.C.2            There are circumstances in which Residents/Fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for Residents/Fellows unable to perform their patient care responsibilities. (Core)
- VI.C.2.a)            The program must have policies and procedures in place to ensure coverage of patient care. (Core) See Program Manual.
- VI.C.2.b)            These policies must be implemented without fear of negative consequences for the Resident/Fellow who is or was unable to provide the clinical work. (Core)
- VI.D.2.            Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2-VI.C.2.b), in the event that a Resident/Fellow may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)

#### **General Fatigue Mitigation Resources**

- Every Resident/Fellow and all faculty are required to complete education on fatigue mitigation offered at each VMFH Site.
- Each program defines activities and tactics for mitigating fatigue and for promoting wellbeing at the program level.
- Consult Program Manuals for details.

### **LEARNING AND EVALUATION**

#### **SELF EDUCATION**

Postgraduate medical education is a partnership between the faculty and the Resident/Fellow. To succeed, both parties must be committed to the educational process. The faculty must be available and eager to share their knowledge, wisdom, and perspective. The Resident/Fellow must realize that one's own medical education must also be derived from self-initiative and a receptive, inquiring mind.

In addition to the didactic schedule, additional learning tools such as journal articles, detailed monographs and textbooks, audiovisual material, ward rounds, and the richness of physician-to-physician and physician to team member conversation are all valuable sources of self-education. Residents/Fellows are encouraged to utilize the educational resources provided within each program and to continuously apprise the program leadership of new and evolving resources which would also be useful.

## EDUCATIONAL FINANCIAL SUPPORT

In addition to programmatic curricular learning and mentoring experiences, Resident/Fellow are provided access to study materials and learning opportunities through the following options.

### Program Required Training:

The required materials and learning experiences expected for completion of program requirements of all residents in the program and achievement of graduation are defined by each program director and listed in the Program Manual as “required.” Expenses required to register and attend/complete these experiences will be funded by the Site/Program. Examples include COMLEX Step 3 Exam Fees, ACLS/BLS/ PALS certification (every two years, and if not provided by the organization).

### Educational Stipend:

Residents and Fellows are provided an annual Educational Stipend as stipulated in the annual Resident/Fellow Agreement. This “discretionary fund” is intended for use to support attendance to pre-approved conferences, professional meetings or board review courses or for the purchase of educational materials deemed useful by the Resident/Fellow in supporting educational goals and objectives. This fund can be applied to the purchase of electronic devices used to aid in Resident/Fellow education up to \$1,000 per tenure. Funds are approved for those in compliance with required fit for duty requirements, for example Duty Hours (within 7 days) and Myles/Pathways required training eLearning modules.

- At Program Director discretion, the amount up to and including the entire tenure allotment (e.g., \$3,000 for a 3-year program, etc.) may be drawn upon at any time during tenure with evidence of receipts and documentation of expenditure within the Resident/Fellow’s tenure in the program and as per organizational policies.
- Unused balances are carried over to the next year of tenure but are not eligible for cash out upon termination.
- “Travel Support” includes; airfare, hotel, ground transport to and from airports, meals/per diem, poster presentation materials; all within the Travel Policy limitations of each Site.
- “Request for Reimbursement” must be submitted with appropriate documentation within 30 days of attendance allowing for 10 days processing by GME before due to the Site's Finance Department. If submitted within 90 days, additional justification for delay may be required. Details regarding reimbursement procedures are provided in the Site Addendums.

The following represent items that are not reimbursed as a part of the Educational Stipend:

- Uniforms, organizational logo wear,
- Clinical equipment,
- Subscriptions to journals unless related to clinical specialty

- Dues to professional organizations/societies unless related to clinical specialty or
- Board certification and/or membership fees and travel or expenses incurred outside the date range of VMFH employment as a trainee are not reimbursed from the Educational Stipend.

### **Scholarly Support:**

Upon prior approval by the Program Director and VMFH Director, as funds are available, VMFH GME Sites will reimburse for “travel support” (as defined above) by residents and fellows who are invited to present scholarly work completed while in their assigned program at a VMFH Site. Reimbursement for this support must comply with the Site-specific policy for travel with regards to limits, with these qualifications:

- It is an expectation that scholarly work presented at off-site locations will also be submitted for presentation at VMFH sponsored activities. For example, Grand Rounds, Wilske Symposium, VMFH Kaizen Report out.
- Support for scholarly presentations is provided once per academic year per topic/project.
- A maximum of two nights of hotel expenses and two days of meal support (or “travel per diem” - following Site policies) registration, round trip airfare + baggage and airport transfer to lodging will be reimbursed outside from the Resident/Fellow’s educational stipend balance.
- Support is limited to travel within the North American continent, including Hawaii. Support for travel to other locations must be approved, well in advance, by the VMFH Graduate Medical Education Office.
- “Request for Reimbursement” must be submitted with appropriate documentation within 90 days of attendance allowing for 10 days processing by GME before due to Site’s Finance Department. Details regarding reimbursement procedures are provided in the Site Addendums.
- Additional expenses not covered by Scholarly Support can be funded from the Educational Stipend at the request of the Resident/Fellow and following Educational Stipend guidelines.

### **Time Away for Education**

- Time off for attendance to educational events, for scholarly presentations and other career development activities must be pre-approved by the appropriate Program Director.
- Time away will be monitored by the program and counted in the allotment of total days allowed by each accrediting Board.

## **EVALUATION**

### **Rotation evaluations**

Educational goals and objectives for Residents/Fellows rotating on each service/rotation are published. Evaluations will be based on the ability to accomplish the goals and objectives. Residents/Fellows will receive orientation to all rotations with online goals and objectives provided prior to starting each rotation.

It is the responsibility of each service to provide mid-rotation feedback of performance to the Resident/Fellow. Mid-rotation feedback need not be provided in writing unless there are serious performance deficiencies.

Electronic online evaluation systems are utilized for faculty and Resident/Fellow rotation evaluations. All Residents/Fellows are monitored throughout their training experiences on both "on service" and on "off-service" rotations.

### **Milestones evaluations**

The Residents/Fellows will complete a biannual Milestones self-assessment which will be followed by a compare/contrast comparison with the Milestones rating performed by the Clinical Competency Committee (CCC). Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. Milestones are descriptors and targets for Resident/Fellow performance as a Resident/Fellow moves from entry into residency through graduation. As part of the Milestones self-assessment the Resident/Fellow sets learning and improvement goals; and with staff assistance, identifies and performs appropriate learning activities to achieve self-identified goals. Success in achieving goals will be evaluated during the following biannual review. Residents/Fellows are expected to achieve scores consistent with their level of training and the milestones evaluations will be used in determining progression within the program to the next appropriate level of training.

### **Summative evaluations**

The Program Director is responsible for additional written evaluations on all Residents/Fellows within the program:

- a. A "first 90 days" evaluation on all PGY-1 interns.
- b. An end-of-year evaluation for all Residents/Fellows.

- c. A summative evaluation for all graduating Residents/Fellows
- d. A final evaluation for any Resident/Fellow who withdraws or is terminated from training.
- e. Written statements of concern may be forwarded to the Program Director from an attending at any time for just cause. After review, the Program Director may take such action as seems appropriate and may elect to document the incident in the educational file of a house officer. Incidents placed in a Resident's/Fellow's file, and other documents of formal counseling must be discussed with the involved Resident/Fellow by the Program Director or their representative and must be signed by the Resident/Fellow involved.

### **MEDICAL STUDENTS**

Medical students participate in patient care under the supervision of the Resident/Fellow and attending physician. They will have duties similar to those of other team members (admit patients, perform procedures, make presentations). Medical notes and documentation initiated by medical students must be reviewed and co-signed by supervising resident or attending. Students will not participate in Resident/Fellow outpatient clinics, unless stated clearly in the clerkship curriculum of their specialty rotations.

Medical students may not perform, and the supervising physician may not authorize a student to perform pelvic examination on an anesthetized or unconscious patient without specific informed consent by the patient or a person authorized to make health care decisions for the patient.

The Office of VMFH Graduate Medical Education provides oversight management of medical student onboarding and collaborates with faculty to oversee rotations. These include 3rd year, 4th year medical student inpatient and ambulatory rotations, 4th year Sub-I's and Observer-ships for any level.

### **ACADEMIC AND PROFESSIONAL ACTIONS POLICIES**

Residents/Fellows and faculty are encouraged to make efforts to resolve disagreements or disputes by discussing their concerns with one another. When appropriate, reasonable efforts should be made to take remedial action(s) that best address the academic deficiencies and needs of the individual Resident/Fellow and/or the training program.

Guiding Principles:

1. Residents/Fellows
  - a. are first and foremost learners;
  - b. are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen careers;

- c. are expected to adhere to standards of professional conduct appropriate to their level of training.
2. Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual and the opportunity to respond to these actions.

**Academic Actions Not Subject to Review:**

*The following academic actions are not reviewable, meaning there is no opportunity for a Resident/Fellow to seek external evaluation of the program's decision/action.*

**1. Resident/Fellow Evaluations**

- a. The Accreditation Council for Graduate Medical Education requires programs to conduct formal performance reviews with Residents/Fellows at least once every six months.
- b. Evaluation of Resident/Fellow performance includes assessment of clinical competence, professional behavior, and humane qualities. In situations where Residents/Fellows exhibit substandard performance, the Program Director may provide notice to, or request assistance for, a remediation from the faculty advisor, residency training committee, and/or the entire departmental or divisional faculty or an appropriate mental health specialist.
- c. Upon notification of a problem in cognitive or interpersonal performance, the Program Director will decide whether the problem can be addressed through the normal evaluation processes or requires a formal intervention and remediation program. Residents/Fellows may submit written responses to their evaluations within thirty (30) calendar days. These written responses will be retained in the Resident's/Fellow's program file; but such responses are for informational/explanatory purposes only.

**2. Program Letter of Warning**

- a. A Program Letter of Warning is documentation describing serious issues of Resident/Fellow performance or behavior that require remediation. A Program Letter of Warning shall include recommended actions or remediation the Resident/Fellow should follow to resolve any issue(s) described in the letter. Failure to adequately address areas of concern or repeated undesirable behaviors may lead to progressive discipline including probation, suspension, non-renewal of appointment, or termination.
- b. The Program Letter of Warning will be given to the individual and will not normally be considered part of the Resident's/Fellow's program file or reported by Program Directors as negative evaluations if the recommended actions or remediation are completed within the required time frame. Program Letters of Warning can be made part of the file at the discretion of the Program Director if complete remediation is not achieved. A



Resident/Fellow may request the Program Letter of Warning be removed from the individual's program file; but the Program Director remains the ultimate authority regarding removal of Program Letters of Warning in such circumstances. The Program Director will confirm with the Resident/Fellow that this removal has taken place or provide an explanation why it has not occurred

### **3. Removal from Patient Care Activities**

- a. A Resident/Fellow will automatically be removed from patient care activities for any of the reasons listed below following notification in writing. The period of removal will extend until the deficiency described is resolved to the satisfaction of the Program Director. Residents/Fellows may be assigned to non-clinical duties, vacation, or other status at the discretion of the Program Director. If assignment to another activity is not practical, the removal from patient care may be in an unpaid status.
  - i. Failure to obtain or maintain credentials required for the clinical practice, such as Drug Enforcement Administration license;
  - ii. Failure to complete required orientation and/or annual training requirements;
  - iii. Failure to comply with the Program's Moonlighting Policy;
  - iv. Failure to maintain compliance with the training site immunization requirements; and
  - v. Failure to maintain proper immigration status for legal employment.
    1. Residents/Fellows who become ineligible for employment due to changes in their immigration status will be removed from the active payroll and may not work in any capacity.
    2. In this case, ineligible Residents/Fellows will be placed on inactive, unpaid status until their work eligibility status is resolved.

### **4. Actions by Non-GME Agencies**

- a. If a Resident/Fellow violates policies and procedures outside the control of the GME program, the Resident/Fellow may not appeal the action through the GME Academic Action Review Procedures. The Resident/Fellow is, however, free to exercise due process procedures as may be available from the agency taking the action.

#### **Academic Actions Subject to Review**

*The following academic actions are reviewable, affording an opportunity for a Resident/Fellow to seek external evaluation of the program's decision.*

## 1. Non-Reappointment

- a. A decision on non-reappointment of a Resident/Fellow will be made by the established Clinical Competency Committee. The Resident/Fellow will be notified of non-reappointment by February 15th, or at least four months prior to the normal termination date of the Resident's/Fellow's existing appointment if the date of appointment is any date other than June 30th. The notification will be by letter to the Resident/Fellow and will contain the reasons for the non-reappointment.
- b. The program at its sole discretion may revisit any non-reappointment decision at a later date and may rescind the non-reappointment notice and offer re-appointment at that time.

## 2. Non-Promotion

- a. The established Clinical Competency Committee within a program may determine a Resident/Fellow has not performed to a level that would allow the Resident/Fellow to progress to the next year of their training program. The program may in that case ask the Resident/Fellow to repeat the year at the same Post-Graduate Year level. Notwithstanding egregious infractions a Resident/Fellow will be notified of non-promotion at least four months prior to the normal termination date of the Resident's/Fellow's existing appointment if the date of appointment is any date other than June 30th. The notification will be by letter to the Resident/Fellow and will contain a summary of the Resident's/Fellow's performance that necessitates the non-promotion action.
- b. In some cases, Residents/Fellows will be required to make up partial-year rotations or assignments due to performance problems or absence following medical or personal leave. If the program delays the Resident's/Fellow's commencement of the next level of training but issues a new agreement at the R-level for which the Resident/Fellow would have otherwise been eligible, then the Resident/Fellow may not seek review.
- c. When a Resident/Fellow at the end of their training must make up less than a full year of rotations due to repeating rotations or because of medical or personal leave, those extensions to the Resident's/Fellow's current agreement or new agreements **will not be subject to review**. In such cases, the agreement extension will include stipends and benefits at the current level for the Resident/Fellow until they have completed all required assignments.
- d. The program, at its sole discretion, may revisit any non-promotion decision at a later date and may rescind the non-promotion notice at that time.

## 3. Probation

- a. Probation is a serious academic action that is taken in response to continued documented substandard performance or behavioral issues, violations of

educational standards or policy, or inability to remediate according to requirements outlined in a Program Letter of Warning. The Program Director will notify Residents/Fellows in writing of their probationary status, the reasons for the probationary status, the expectations that must be satisfied to remediate the probationary status, and the time limit for satisfactory remediation.

- b. Documentation of probation will become part of the Resident's/Fellow's program file and will be disclosed upon request to other agencies or persons when the individual seeks clinical privileges or licensure, or if the individual continues training in a different program.
- c. The Program Director will notify the Resident/Fellow in writing when a probationary status has been successfully remediated. This letter will be retained in the Resident's/Fellow's program file.
- d. The Resident's/Fellow's failure to successfully correct the behavior or deficit giving rise to the probationary designation may result in extension of probation, suspension, non-renewal of appointment, or termination.

#### **4. Suspension**

- a. A program may suspend a Resident/Fellow from some or all activities related to their education in response to the Resident's/Fellow's inability to provide safe patient care, or for failure to meet other obligations of the educational program or the Residency Position Appointment. Bases for suspension may include, but are not limited to, the following:
  - i. Unprofessional behavior;
  - ii. Egregious violation of patient privacy rules, including but not limited to HIPAA regulations;
  - iii. Unexcused absence without reporting to the program director;
  - iv. Any action that is illegal, unethical, or in conflict with VMFH's professional conduct code;
  - v. Performing Resident/Fellow duties while in an impaired physical or mental state;
  - vi. Failure to comply with conditions of probation or other progressive corrective action;
  - vii. Academic deficiencies warranting removal of the Resident/Fellow from patient care.
- b. The duration of the suspension should be appropriate to address the reasons underlying the suspension. A suspension may be indefinite in length if it requires the action of the Resident/Fellow, for instance in obtaining proper credentials. Suspension may be paid or unpaid depending on the circumstances and the judgment of the program director.

## 5. Termination for Cause

- a. A Resident's/Fellow's appointment may be terminated for cause if the Resident/Fellow fails to meet standards of performance expected at the Resident's/Fellow's level of training, fails to fulfill the conditions of appointment to the program, or fails to meet the requirements of the VMFH site to which the Resident/Fellow is assigned. The overall academic performance and professional behavior of the Resident/Fellow shall be considered in decisions to terminate for cause.

### **Academic and Professional Action Review Process**

*The process outlined below is the exclusive means of review or appeal of academic actions within Virginia Mason Franciscan Health Sponsored GME Programs:*

1. The purpose of this procedure is to allow secondary review of the program's actions based on the assessment of the Resident's/Fellow's academic and professional performance.
2. The review procedure is not an adversarial legal proceeding but is instead the exercise of academic and professional judgment by GME faculty and officials on whether the Resident/Fellow has the necessary ability to uphold the academic and professional standards of the *Virginia Mason Franciscan Health* GME program and to perform adequately as a physician.
3. Request for Review
  - a. When considering recommending the suspension, non-renewal of appointment, non-promotion, or termination of a Resident/Fellow, the Program Director shall inform the Resident/Fellow of the basis for the consideration of the action and discuss the matter with the Resident/Fellow in a face-to-face conference. A written summary of this meeting shall be prepared and provided to the Resident/Fellow. The matter may be concluded by mutual consent at this point.
  - b. If at any time during the preliminary proceedings described in the paragraph above it appears to the Program Director that mutual resolution is not possible and the Program Director decides that non-renewal of appointment, non-promotion, suspension, or termination for cause is necessary, the Program Director or designee shall submit a letter of recommendation to the VMFH Designated Institutional Official (DIO). The recommendation shall include a statement of the grounds for the recommended action.
  - c. The Program Director shall notify the Resident/Fellow in writing of the recommended action, via certified mail. This Notice shall contain:
    - i. A copy of the recommendation
    - ii. A statement informing the Resident/Fellow that if the DIO receives a written request for review from the Resident/Fellow within fourteen

(14) calendar days of the date of the mailing of the Notice, then the recommendation will be reviewed by the VMFH DIO.

- iii. A copy of the current Residency Position Appointment plus a copy of this policy
4. A written request for review of the recommendation must be received by the VMFH DIO within fourteen (14) calendar days of the date of mailing of the Notice. If no request for review is received within this timeframe, the Program Director's recommendation shall become final and no further review will be available.
5. Within five (5) working days of receipt of a Resident's/Fellow's written request for review, the VMFH DIO shall provide the VMFH Hearing Sub Committee Chair a copy of the Resident's/Fellow's written request for review.
6. The Hearing Sub Committee Chair will convene a closed, special meeting of the Hearing Sub Committee no later than thirty (30) calendar days following the forwarding of notice of request for hearing to the Program Director
  - a. A quorum (outlined within the Hearing Sub Committee Charter) must be present to review the Academic Action;
  - b. At least one Resident/Fellow member of the Hearing Sub Committee must be present;
  - c. The DIO or designee must be present;
  - d. The Program Director or designee must be present, but will not vote in proceedings or take part in Committee deliberations;
7. The Program Director, or their designee, shall provide the following information to the Hearing Sub Committee no later than five (5) working days before the hearing date:
  - a. A statement of the matters asserted by the Program Director;
  - b. A list of witnesses who may be presented at the meeting by the Program Director; and
  - c. A list of documents to be presented at the meeting by the Program Director.
8. All materials, documentation, and exhibits that the Resident/Fellow wishes to submit shall be submitted to the Committee during the hearing. The Resident/Fellow may also submit materials or documentation in advance of the hearing meeting;
9. Legal discovery, such as interviews of parties to the action, requests for records, interrogatories, or depositions, is not available under the VMFH GME Academic Action Policy.
10. The Resident/Fellow may be accompanied by an advisor or accompanied by legal counsel at the Resident's/Fellow's expense. The Program Director may request legal counsel from VMFH Legal or advisement from VMFH Human Resources services. However, HR consult or legal counsel for either party will not be allowed to speak at the review meeting on behalf of any person or actively participate in the proceedings unless permission is granted by the Chair Hearing Sub Committee;
11. The Resident/Fellow and Program Director are entitled to hear all presentations and examine all documents presented at the review meeting. The Resident/Fellow and Program Director or designee may present documents and witnesses in support of their respective positions and may ask questions of any other witnesses;

12. The Chair of the Committee shall, within reason, give all parties full opportunity to submit and respond to statements and positions;
13. All components of the review will be closed to public observation. Confidentiality and privilege associated with quality improvement and peer review activities applies to the review.
14. All testimony of parties and witnesses shall be made under oath or affirmation;
15. No communications are permitted by the Resident/Fellow, the Program Director, or their respective representatives to the Committee members regarding any issue in the proceeding other than communications necessary for maintaining an orderly process. All other communications regarding the review are to be directed to the Chair of the Committee.
16. Neither the Resident/Fellow nor the Program Director or designee have the right to be present during the deliberations of the Committee;
17. All proceedings of the Committee will be conducted with reasonable dispatch and be completed as soon as possible, consistent with fairness to all parties involved.
18. An adequate summary of the proceedings will be documented. Such a summary shall include all documents that were considered by the Review Committee and may include a tape recording of the presentations and any other documents related to the hearing.
19. The Committee is charged with the responsibility to review the decision of the Program Director and issue a Recommended Outcome. The question before the Committee is whether the Program Director's decision was arbitrary or capricious.
  - a. The burden of proof is on the Resident/Fellow to show that the decision was arbitrary or capricious.
    - i. Arbitrary and capricious action is willful and unreasoning action, without consideration and in disregard of facts or circumstances. Where there is room for two opinions, action is not arbitrary or capricious when exercised honestly and upon due consideration even though it may be believed an erroneous conclusion has been reached.
  - b. The submission of a Recommended Outcome by the Committee shall require a simple majority vote.
  - c. If the Committee is unable to achieve a simple majority vote, the Recommended Outcome(s) of the Committee should reflect the views of each of the eligible committee members.
20. Within thirty (30) calendar days of the Committee's recommendation, the Chair of the Hearing Sub Committee will forward a written final decision to the Resident/Fellow and to the Program Director via certified mail. The final decision shall include a statement of findings and conclusions.
  - a. Recommendations from the Hearing Sub Committee are final and there is no process for further appeal.
  - b. If the final decision is termination for cause, the termination shall be effective thirty (30) calendar days after the date of the final decision.
  - c. The stipend and fringe benefits of the Resident/Fellow shall be continued during the period necessary to assure due process provided that such stipend

and fringe benefits shall cease at the expiration of the Resident's/Fellow's appointment or the effective date of termination by the Hearing Sub Committee, whichever shall occur first.

- d. Rulings by the Committee that are made in favor of the Resident/Fellow may not include remedies beyond reinstatement and recovery of any stipend and benefits lost as a result of the disciplinary action.

## **GRIEVANCE POLICY & PROCEDURES**

### **1. Definition**

- a. A “grievance” is defined as any controversy or claim arising out of an alleged violation of any provision of stated GME program policies/procedures other than evaluation of academic or clinical performance, evaluation of professional behavior, the non-reappointment decision, or any other academic matters including but not limited to the failure to attain the educational objectives or requirements of the training program. Appeals related to these academic matters are covered under the Academic Action Review Policy.
- b. Grievances may be filed by individual Residents/Fellows or by groups of Residents/Fellows.
- c. The grievance procedure is intended to be an informal process. At each step, Residents/Fellows and program faculty are encouraged to resolve differences through discussion and negotiation. However, the procedure as set forth provides for those instances in which outside assistance in resolving conflict is needed.

### **2. Principles**

- a. Grievances relate to violations of stated program policies. No grievance will be filed under this policy that petitions for a change in program policy.
- b. Throughout the grievance procedure, another Resident/Fellow or VMFH Site staff employee, who shall be identified as an “associate,” may accompany the aggrieved Resident/Fellow.
- c. The Resident/Fellow may confer with an associate during proceedings; however, the associate may not actively participate or be present at the hearing.
- d. Attorney representatives may not attend the grievance proceedings for either party.
- e. The Resident/Fellow(s) must initially file a grievance within the current academic year (July 1 to June 30) or within 90 calendar days after the Resident/Fellow knew or should have known of the act or omission upon which the grievance is based, whichever time period is longer.
- f. Interpretation of any aspect of this policy and procedure will be the responsibility of the Chair of the Hearing Sub Committee) whose decision shall be final.

## **Procedure**

### **Program Level**

1. The written grievance letter must meet the time limit stated above, and include the following information:
  - a. a factual description of the grievance,
  - b. the date in which the grievant(s) first became aware of the alleged violation,
  - c. the remedy sought; and
  - d. as attachments, any documentation relevant to the grievance.
2. The Program Director must schedule a meeting within 30 calendar days after receiving the letter, to include the Program Director, aggrieved Resident/Fellow(s) and their designated associates (if any), Program Administrator/Coordinator, and other Faculty members who have direct knowledge of the circumstances around the grievance.
3. Failure of the program to hold the meeting within the 30-calendar day and time limit will result in the grievance automatically proceeding to the Institutional level.
4. The Program Director will chair the meeting at which all parties will be allowed to present their evidence.
5. The decision on the grievance will be issued by the Program Director and will include a determination of whether the specified policy/procedure has been in fact violated, and if so, a proposed remedy.
6. This answer shall be presented in writing to each grievant within 7 calendar days after the meeting.
7. Aggrieved Resident/Fellow(s) may accept the findings of the Program Director or may file a grievance through the VMFH Designated Institutional Official (DIO).
8. The findings of the Program Director will be final unless the next level of grievance is filed within 7 calendar days after the date of the Program Director's decision.

### **Institutional Level**

1. Resident/Fellow(s) may file their grievance to the VMFH Designated Institutional Official (DIO) following program level response.
2. The written grievance letter must meet the time limit stated above, and include the following information:
  - a. a factual description of the grievance,
  - b. the date in which the grievant(s) first became aware of the alleged violation,
  - c. the remedy sought; and
  - d. as attachments, any documentation relevant to the grievance.
3. The DIO will call a special meeting of the VMFH Hearing Sub Committee within 30 calendar days after receipt of this grievance.
  - a. A quorum (outlined within the GMEC Charter) must be present to review the grievance;
  - b. At least one Resident/Fellow member of the GMEC must be present;
  - c. The DIO or designee must be present;



- d. The Program Director or designee must be present, but will not vote in proceedings;
  - e. Attendance of the Resident's/Fellow's associate is permitted at the Resident's/Fellow's option.
  - f. Appropriate faculty are permitted to attend even if not required to be present at the meeting as a party to the grievance.
4. The Chair of the Hearing Sub Committee will allow each party to state their case with a time limit of 20 minutes each and a final rebuttal of 10 minutes each.
  5. The aggrieved Resident/Fellow(s) will make the initial presentation and rebuttal.
  6. Committee members may ask questions at the conclusion of each presentation and rebuttal but should not ask questions during the presentation except for short requests for clarification of fact.
  7. The Chair of the Hearing Sub Committee will permit or deny questions that interrupt presentations according to this rule.
  8. Each member of the Committee has one vote and all votes are equal, and a simple majority is required to reach a final decision. All decisions of the Committee are final.
  9. Remedies will be restricted to restoration of rights or services provided by the program; remedies will not include changes to the GME policy or procedure.
  10. Following the Hearing Sub Committee review and decision, it shall issue a written statement of its findings within 7 calendar days of its final meeting which will be transmitted to all parties to the dispute.

## **GUIDELINES FOR SUSPECTED RESIDENT/FELLOW IMPAIRMENT**

If, in the opinion of the Program Director or Director of Graduate Medical Education, a Resident/Fellow physician appears to be impaired in a patient care setting, s/he will be immediately relieved from duty from that setting. If a Resident/Fellow physician is a non-VMFH Resident/Fellow, the respective non-VMFH Program Director will be notified, and the Resident/Fellow accompanied while on campus until relieved by a non-Virginia Mason representative.

When a VMFH Resident/Fellow is suspected of impairment, the VMFH DIO and the respective Program Director will be notified immediately. They in turn will contact the VMFH GME appointed HR Business Partner, and together will determine if a referral to the Washington Physicians Health Program is appropriate (Telephone: 206-583-0127). upon referral, two possible scenarios exist:

- 1) Acute discovery
- 2) Resident/Fellow under suspicion

A. If the Resident/Fellow appears impaired or evidence is overwhelming and the Resident/Fellow is confronted with such evidence, s/he will be immediately removed from the patient care setting. Constant supervision will take place until a disposition

can be arranged through the Washington Physicians Health Program. Refusal to comply with the program outlined by the Washington Physicians Health Program constitutes grounds for dismissal from the Residency Program and notification of the Washington State Disciplinary Board will be undertaken. In similar situations where the Resident/Fellow physician is a non-VMFH Resident/Fellow, they will be immediately removed from the patient care setting and the respective non-VMFH Program Director notified. The Resident/Fellow will be removed from patient care settings and escorted while on campus and until relieved by the non-VMFH representative. All procedures beginning with step B.3 below, will be followed in acute discovery scenario.

B. In instances where a Resident's/Fellow's behavior is suggestive of a substance abuse problem and conclusive evidence is lacking, the Resident/Fellow will not be confronted immediately, but notification will be given to the DIO, the respective Program Director, and the Washington Physicians Health Program.

At that time a data-gathering interim will begin, with record keeping by the Program Director and specifics of the intervention under the direction of the professionals at the Washington Physicians Health Program with concurrence of the Chief Academic Officer/DIO. As a general outline, the following events may occur:

1. A period of data gathering.
2. Rehearsal for an intervention with associates and/or family members.
3. The intervention - a urine sample for testing may be requested.
4. Possible inpatient hospitalization for a potential of a minimum of 21 days.
5. An intensive outpatient program may be necessary and precede the aftercare recovery program.
6. An after-care/recovery program which may involve:
  - Weekly meetings with the Washington Physicians Health Program.
  - Chemical monitoring.
  - Specified meetings with Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous.
  - Psychiatric treatment.
  - Possible administration of medication for a given period (1-2 years) with regular urine monitoring.

Re-admission to the Residency Program is contingent on successful completion of an acute inpatient program if needed, an outpatient care program and continuing participation in the after-care program. The Resident/Fellow will be requested to sign a contract stipulating adherence to the above programs.

Admission to the program will be managed as a medical disability with medical insurance coverage provided under the health insurance plan as applicable. Not all aspects of the plan are covered, and cost sharing of the treatment by the Resident/Fellow will be expected.

## **ADDENDUMS**

### **VIRGINIA MASON FRANCISCAN HEALTH GMEC - CHARTER**

#### GMEC Composition and Meetings

The Sponsoring Institution (VMFH) has a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee will include residents nominated by their peers. It must also include appropriate program directors, administrators, DIO, and may include other members of the faculty.

- a. Members are appointed annually prior to the start of each academic year. The committee is composed of the following standing members by organizational role. DIO, Program Directors of both residency and fellowship programs (both ACGME and non-ACGME programs within the GME Division), VP of Research and Academics, Safety and Quality Officer, one resident representative from each of the GME defined residency programs, the House Staff President, and one Resident Representative from each site within the GME division.
- b. Members may be represented by proxy if unable to attend a meeting, by a pre-appointed delegate (APD for PD's and elected resident/fellow representative).
- c. Decisions of the GMEC are made by vote of the voting members, and a quorum requires a majority of the voting body and requires at least 2 residents to be included in the voting body.
- d. Electronic voting (by email) may be conducted for issues of import requiring a decision by the body before the next quarterly meeting is scheduled to attend.

The committee must meet at least quarterly and maintain written minutes documenting fulfillment of the committee's responsibilities.

GMEC Responsibilities include (in compliance with ACGME Institutional Requirements) :

#### Oversight of:

- a. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs
- b. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites
- c. the quality of educational experiences in each ACGME accredited program that led to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements
- d. the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies)

- e. ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- f. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
- g. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Review and approval of:

- h. institutional GME policies and procedures;
- i. GMEC subcommittee actions that address required GMEC responsibilities;
- j. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- k. applications for ACGME accreditation of new programs;
- l. requests for permanent changes in resident/fellow complement;
- m. major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
- n. additions and deletions of each of its ACGME-accredited programs' participating sites;
- o. appointment of new program directors;
- p. progress reports requested by a Review Committee;
- q. responses to Clinical Learning Environment Review (CLER) reports;
- r. requests for exceptions to clinical and educational work hour requirements;
- s. voluntary withdrawal of ACGME program accreditation or recognition;
- t. requests for appeal of an adverse action by a Review Committee; and,
- u. appeal presentations to an ACGME Appeals Panel; and,

- v. exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.

Effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

- w. The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum:
  - 1. the most recent ACGME institutional letter of notification
  - 2. results of ACGME surveys of Residents/Fellows and core faculty members; and,
  - 3. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations.

Effective oversight of underperforming program(s) through a Special Review process.

- x. The Special Review process must include a protocol that:
  - 1. establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and,  
  
results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

## **HEARING SUBCOMMITTEE of the VMFH GMEC – Membership and Charter**

### **2021-23 Academic Years**

Dr. Eliot Fagley (Chief of Staff)

Dr. Alvaro Lucioni (Program Director, FPMRS Fellowship)

Dr. Brandee Grooms (Program Director, Internal Medicine Residency)

Dr. Frank Marchak III (Resident, General Surgery)

Dr. Hao Zhang (Resident, Internal Medicine)

This committee meets only upon occasion of need . The Chair is elected by this body, from the list of faculty members, at the first session.

**Purpose.** The purpose of the Hearing Sub-Committee is to review and resolve appeals to grievances submitted by Residents/Fellows, should need arise and following the specific grievance steps specifically outlined in the House Staff Manual.

Decisions made on the resolution of grievances are provided to the program director and the grievant, are considered final and cannot be appealed.

## **FELLOWSHIP ADVISORY SUB-COMMITTEE - CHARTER**

### **Vision for Physician Fellowships at Virginia Mason**

Provide quality fellowship programs guided by organizational need and best practice standards for educational integrity, program design and implementation, regulatory compliance, and resource utilization.

**Purpose.** The purpose of the Fellowship Advisory Sub-Committee is to:

- review and make recommendations regarding requests for new fellowships
- design processes for fellowships, as described herein
- provide compliance oversight relating to conduct and quality of medical fellowships of any nature, whether accredited by ACGME, by another body or not at all.

This committee acts with the Director of Graduate Medical Education to address matters pertinent to the clinical learning environment for all Virginia Mason Franciscan Health-sponsored, medical fellowship programs. The sub-committee shall have the specific responsibilities described in this Charter and in the accreditation requirements of the ACGME, The Joint Commission or other applicable accrediting bodies. To the extent of inconsistency between this Charter and such requirements, the accreditation requirements shall govern.

- A. Fellowship Advisory Sub-Committee Composition.** The sub-committee is co-chaired by the Director of GME and the Administrative Director of Research and Academics. Members are appointed by the GMEC and include representation from human resources (physician recruiting), a GMEC resident, and a Virginia Mason physician leader.
- B. Fellowship Advisory Sub-Committee Responsibilities.** See Addendum.
- C. Meetings; Record of Proceedings.** The Fellowship Advisory Sub-Committee will meet on a regular basis, and on an as-needed basis. The Fellowship Advisory Sub-Committee will maintain a record of its proceedings and actions and will report all recommendations to the VMFH GMEC on a quarterly basis or as needed.

## **GMEC Fellowship Sub-Committee Responsibilities**

The Committee must

1. Establish and recommend policies and procedures for implementation regarding the quality of education and the work environment for all medical fellowships at VMFH.
2. Make recommendations to the GMEC regarding standards and best practices for fellow recruitment and interview processes, onboarding, salaries and benefits, and how fellow positions are funded. Serve as a resource for human resources and legal review of official agreements, contracts, offers and affiliation agreements relevant to fellowship experiences.
3. Liaise with program or fellowship directors and operational leaders to assure that directors establish and maintain proper oversight of the program, including all communications and arrangements with offsite faculty and contacts.
4. Establish and implement formal written policies and procedures governing establishment and approval of new programs to include business case, details of applicable accrediting body standards and requirements, description of nature of fellowship (clinical v. research), curriculum design, schedules, evaluations, records retention, administrative structure and timeline for implementation.
5. Assure that fellowship programs provide appropriate supervision for all fellows consistent with proper patient care, the educational needs of fellows, and the applicable requirements. Supervision of fellows must specifically address the following:
  - a. Fellows must be supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience.
  - b. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to fellows on duty.
  - c. The teaching staff must determine the level of responsibility accorded to each fellow.
6. Assure that each program provides a curriculum and an evaluation system to ensure that fellows demonstrate achievement of competencies defined in each program's curriculum, and reflective of applicable regulatory requirements.
7. Make recommendations to the GMEC regarding standards and best practices for evaluation, promotion, and dismissal of fellows in compliance with institutional and applicable regulatory requirements.
8. Review and approve prior to implementation and submission to GMEC the VMFH Fellowship Program Application and all applications for accreditation of new programs and subspecialties.



9. Annually notify program directors and operational leaders of requirement to report any of the following conditions to the subcommittee immediately:
  - a. changes in fellow complement (# of fellows per year);
  - b. major changes in program structure or length of training;
  - c. additions and deletions of participating institutions used in a program;
  - d. appointments of new program directors;
  - e. requests for "inactive status" or to reactivate a program;
  - f. voluntary withdrawals of accredited programs.

**SITE ADDENDUM – VIRGINIA MASON MEDICAL CENTER**

**SITE ADDENDUM - ST MICHAEL MEDICAL CENTER**

**SITE ADDENDUM – ST FRANCIS MEDICAL CENTER**

**SITE ADDENDUM – ST JOESEPH MEDICAL CENTER**

### **Site Addendum Topics**

**Administration Leadership and Staff**

**Sub Committee Charter**

**Expense Reimbursement Procedures**

**Fatigue Mitigation and Call Rooms**

**Fit for Duty Requirements**

**Salary and Benefits - Supplemental Information**

**Transitions of Care and Documentation Requirements**

**Vendor Policies - Site specific**

**Access to Medical Literature - Library Services**

**Moonlighting – Site Specific Requirements**

## Additional guiding documents of VMFH GME

### **PROGRAM MANUAL**

**Each program maintains a manual which is reviewed and revised annually and is provided to the program faculty and residents. Program manuals address the following topics:**

Program Staff and Faculty
*Program Vision and mission
*Program Goals and Objectives
*Affiliated Clinical Sites
*Supervisory Lines
Program Expectations
Service Specific Documentation Requirements
Program Specific Transitions of Care and handoffs
Program Requirements
Training Schedules and Rotations
*Sample Block Diagram
External Rotations
Conference Attendance
Response Requirements
Program Wellbeing Plan
** These topics correlate with ACGME WebADs submissions

### **Resident/Fellow Annual Agreement**

**Terms of the Agreements are reviewed and revised annually prior to NRMP Match. Approval of annual recommendations are made by the VMFH GMEC to the VMFH (Sponsoring Institution) Administration prior to revision. The following topics are included in the Agreement.**

Name of Resident/Fellow (fill-in)
PGY Level
Program
Scope of Practice Statement
Addendum: Site Specific Salary Scale
Addendum: Site Specific Benefits