GME Policy – Resident Position Appointment Document

PURPOSE

The Graduate Education Committee establishes this Resident Position Appointment agreement to outline the terms and conditions of trainee appointments to a St. Joseph Medical Center (hereafter referred to as “SJMC”) training program, including the established educational and clinical practices, policies, and procedures in all sites to which residents are assigned. All applicants interviewing with sponsored programs will receive printed copies of this document for review. An electronic copy will be available for review online as well. Prior to consideration for selection into a Sponsored Graduate Medical Education (“GME”) Training Program, applications must sign the “Acknowledgement of Receipt” form for this document.

I. PARTIES SUBJECT TO THIS POLICY AND THEIR RESPONSIBILITIES

Resident Responsibilities

The Resident will provide compassionate, timely, quality patient care and agrees to serve the training sites and their patients; to accept the duties, responsibilities, and rotations assigned by the Program Director or his/her designee; to abide by established educational and clinical practices, policies, and procedures of the hospitals and other training sites to which he/she is assigned, to the extent these are not inconsistent with this policy; to conduct himself/herself ethically and professionally in keeping with his/her position as a physician; and to abide by HMC GME policies and procedures, as well as the conditions and general responsibilities outlined below. As a part of his/her appointment, the Resident will be expected to actively participate in the care of all types of patients who may present at the hospital or clinic to which he/she is assigned, including patients of designated individual physicians whom the Resident will be expected to assist. In addition, the Resident will be expected to take an active role in the instruction of medical students, junior residents, other trainees, and/or other hospital personnel.

Program Director Responsibilities

The Program Director, with the support of SJMC and program faculty, will administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). Other responsibilities include the provision of a quality didactic and clinical education at all sites that participate in the program, approval of a local director at each participating site who is accountable for resident education, approval of the selection of program faculty as appropriate, evaluation of program faculty, approval of the continued participation of program faculty based on evaluation, preparation and submission of all information required and requested by the ACGME, ensuring a sufficient number of faculty are appointed with documented qualifications.
to instruct and supervise residents at all locations, monitoring of resident supervision at all participating sites, providing formative and summative evaluation of individual resident performance, ensuring compliance with grievance and due process procedures, providing verification of residency education for all residents, implementation of policies and procedures consistent with institutional and program requirements for resident duty hours and the working environment, informing residents of information related to eligibility for specialty board examinations, and ensuring program performance improvement.

In addition, the Program Director is responsible for notifying applicants and current residents of action taken regarding the accreditation status of the program, and for providing residents with a written copy of this agreement. Other publicly available information regarding the training program or affiliated institutions may be provided upon request.

**Training Site Responsibilities**

SJMC and affiliated community training sites will provide appropriate services and systems to minimize residents’ work that is extraneous to the graduate medical education program educational goals and objectives. In addition, SJMC will assure access to appropriate food services at all times; safe and reasonably convenient parking facilities, hospital and institutional grounds, and related facilities; and safe, quiet, and private sleep/rest facilities available for residents to support education and safe patient care. There shall be a sufficient number of sleep rooms so that residents may sleep and have a secured storage area for personal belongings.

**II. CONDITIONS FOR APPOINTMENT AND REAPPOINTMENT**

**Eligibility and Selection:**

Annually, the Program Director shall make recommendations for resident appointments following completion of the National Resident Match Program (NRMP). As specified in the SJMC GME Eligibility and Selection Policy, each applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

1. Graduates of medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic association (AOA).
3. Graduates of medical schools outside of the United States and Canada who meet one of the following qualifications:
   a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates verifying final medical diploma, or
   b. Have a full, active and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
4. Graduates of medical schools outside of the United States who have completed a Fifth Pathway Program provided by an LCME-accredited Medical School.
   a. International medical graduates who are non-U.S. citizens must enter the training program on an ECFMG sponsored J-1 visa.
5. In addition, candidates must be eligible for a Washington state license, authorized to work in the United States at the time of appointment, and meet the essential abilities requirements of the program.

6. Non-US citizens must possess appropriate work authorization prior to their appointment to a SJMC GME program.

**Appointment and Credentialing**

The Resident agrees to comply with appointment and credentialing requirements, as outlined in the SJMC GME Appointment and Credentialing Policy. The Resident will neither be permitted to begin the training program nor be eligible to receive benefits under this agreement without having met such credentialing requirements.

**Resident Orientation**

Residents are required to attend all program orientation days and to complete all online training modules, as required by his/her specialty and training sites, by the specified deadlines.

Residents, either during the orientation process or at times throughout the academic year, will be required to attend in-person training on the electronic health record (EHR) systems utilized at SJMC and affiliated training sites. Residents may not be provided with access to these systems until the defined training requirements have been met. This includes but is not limited to training on the inpatient and outpatient EHR.

**Reporting for Duty**

Residents appointed to the program must report for duty and attend required didactic and other educational activities as specified by his/her duty/training schedule. Residents may be required to report for duty or be available by page in the event of a disaster or other event that disrupts the normal operations of training sites. Residents reporting for duty will be provided with appropriate accommodations during such events. Residents with scheduled clinical responsibilities but who are unable to report for duty must maintain appropriate communication with the Program Director and/or clinical supervisor, and may be allowed to complete other academic endeavors during this time with advanced approval by the Program Director. Residents who do not obtain such approval must utilize vacation leave during this time.

**PROCEDURE**

**Policies and Procedures**

Residents must comply with the policies and procedures of SJMC and other affiliated training sites which include, but are not limited to the following policies. Failure on the part of Residents to comply with these policies may result in the removal from patient care activities until the deficiency is resolved to the satisfaction of the program.

**Licensing Policy:** All residents must hold an active Washington state provider license while training in a SJMC graduate medical education program. It is the Resident’s responsibility to
comply with licensure requirements at all participating training sites, as well as any additional licensure requirements while participating in educational experiences outside of SJMC and affiliated training sites. Likewise, trainees participating in programs, tracks, or rotations outside of Washington State must comply with the local state licensure requirements. The appointment of the Resident is conditioned upon his/her compliance with this policy. Program personnel are available to assist with questions regarding the application process, however it is the responsibility of each resident to obtain and maintain an active license at all times while training. Residents are responsible for the payment of all applicable license fees, and must submit all application materials and supporting documentation to the Washington State Department of Health or other applicable licensing body to secure a license prior to commencement of training.

**USMLE Policy:** To meet appropriate educational standards and national quality standards in preparation for medical licensure and certification by the American Board of Medical Specialties, Residents must successfully pass specified steps of the United States Medical Licensing Examination (USMLE) by a given training year. Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE) must be completed prior to an offer to train in a HMC residency program. Residents must complete Step 3 prior to beginning their PGY-3 year. Testing fees for USMLE Step three (or equivalent) will be paid by the SJMC-sponsored program if the test is completed after the start of training. No reimbursements for testing fees prior to appointment will be issued. In accordance with USMLE program recommendations, all three Steps be passed within a 7-year period.

**Drug Enforcement Administration (DEA) Registration Policy:** Residents who prescribe, order, administer, or handle controlled substances are required to obtain an individual DEA registration. Registration fees will be paid by the SJMC-sponsored program; however, such registrations are restricted to activities within the scope of the training program (including activities at other affiliated training sites).

**Moonlighting Policy:** SJMC-sponsored programs prohibit Residents from engaging in any moonlighting activity unless approved in writing by the Resident’s Program Director prior to engaging in such activity. The Program Director has discretion to deny or terminate moonlighting activities for any reason, including (but not limited to) interference with educational objectives, patient care responsibilities, and duty hour compliance. Trainees who choose to moonlight must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their training program. All moonlighting hours count towards total duty hours. Accordingly, Program Directors may approve moonlighting activities only if these activities will not in any way interfere with the Trainee’s program responsibilities and the Trainee’s ability to comply with the Duty Hours Policy.

**Physician Impairment Policy:** Program Directors and faculty must monitor residents and fellows for the signs of impairment, and especially those related to depression, burnout, suicidality, substance abuse, and behavioral disorders. Further, it is also the responsibility of every individual—including Program Directors, faculty and trainees—licensed by the Washington State Department of Health (DOH) to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition according to WAC 246.16.200. This reporting requirement applies to anyone
who observes that a physician may be impaired. Actual evidence of impairment is not required. In the absence of patient harm, sexual misconduct, or professional misconduct, this reporting requirement may be fulfilled by confidentially reporting the individual to the Washington Physicians Health Program (WPHP). Trainees may make this report to the WPHP directly, or may make their concerns known to the Program Director, Chief of Service, GME Office or another responsible individual.

For new trainees with a history of impairment as well as current trainees who exhibit evidence of impairment, evaluation, treatment and monitoring will be performed under the auspices of the WPHP or applicable physicians’ health program. When a trainee is referred to the WPHP for assessment, the trainee is required to sign a release allowing the Program Director and the GME Office to receive information on the outcome of the assessment and ongoing monitoring. SJMC conducts a thorough background check on all new trainees upon appointment to residency training. If a history of DUI or other alcohol/substance abuse related crime(s) is revealed, a referral may be made to the WHPH in order to determine if ongoing evaluation, treatment and/or monitoring is required. As a condition of appointment, all trainees are required to comply with the Program Director or faculty member’s decision to remove them from participation in clinical duties and other professional activities and to refer them to WPHP should impairment be suspected and/or confirmed. The WPHP is solely authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all trainees who experience and/or exhibit signs of impairment.

SJMC and WPHP support full confidentiality to the extent allowed by program policy and law. Further, confidentiality of evaluation, treatment and monitoring by WPHP is assured by the WPHP Confidentiality Assurance Policy. However, programs are required to disclose impairment and successful return to practice, if applicable, for hospital or medical licensing board training verification and/or credentialing inquiries.

**SJMC Privacy and Security Policies:** All residents must be educated about privacy, confidentiality, and security of patient, confidential, restricted and proprietary health information. Residents are required to read and sign the SJMC Privacy, Confidentiality, and Information Security Agreement at initial appointment, at reappointment each year, and prior to using their EHR accounts. HIPAA Online Training must be completed within 30 days of a resident’s start date.

Residents are responsible for safeguarding patient information and must be familiar with the SJMC Information Security Policies, which require password protection and encryption of any mobile device, including a laptop, notebook, tablet, and smartphone, that is used to store, maintain, or transmit confidential information, including protected health information (PHI). This requirement applies to SJMC-owned and personal mobile devices. SJMC policy requires that appropriate sanctions be applied, up to and including dismissal from the program, to residents who fail to comply with institutional polices and established procedures related to privacy, confidentiality, and information security.

**Immunization Policy & Blood Borne Pathogens (BBP) Exposures:** All residents must submit documented proof of current immunization and/or positive serology against Measles, Mumps,
Rubella, Varicella, Hepatitis B (documentation of the series and/or serology or completed Hepatitis B waiver), Tetanus, Pertussis and Diphtheria, and TB screening to SJMC Employee Health prior to commencement of training. Affiliated training sites may also have additional requirements. In addition, all residents are required to comply with the annual requirement for influenza vaccination (vaccination at SJMC, documentation of vaccination at an outside facility, or signing a formal declination) and TB screening. It is recommended that residents infected with blood borne pathogens (e.g. Hepatitis B, Hepatitis C or HIV) who perform invasive procedures should seek confidential counsel from the SJMC Employee Health Department.

In the event of a blood borne pathogen exposure (e.g., needle stick, cut, puncture, mucous membrane, or open wound exposure to human blood or other potentially infectious materials such as: body fluids, HIV/HBV/HBC containing cultures, HIV/HBV/HBC infected animals, human cell and/or tissue lines), residents should immediately seek medical attention. Residents are responsible for reporting exposures to SJMC Employee Health and seeking medical treatment according to established SJMC infection control policies.

**Maintenance of Case/Procedure Logs Policy:** The case/procedure logs maintained by residents to document their clinical experience requirements must be protected and kept secure so that only authorized individuals have access to patient information that reside in those logs. Each Program Director is responsible for establishing and communicating a standardized process and documentation requirements for trainees to maintain case/procedure logs, which may include use of the ACGME Resident Case Log System, the Medtrics Residency Management System, a national society or board case log system. Any written (paper) documentation generated in patients preparation for database entry or any other documentation pertaining to cases (e.g., sketched pictures) that are unsuitable for database entry that contain PHI must be physically secured in a location that cannot be accessed by non-training program workforce members. Each program must designate secure locations to maintain case/procedure logs. If the paper documentation must leave the site, it must remain in the possession of the trainee at all times. Any patient information kept on a mobile device before being entered into a case log system or at any time, must be stored on an encrypted device only.

**Vendor Interaction Policy:** Resident behavior and professional judgment should not be compromised by vendor influence, either through vendor interactions with the training program or the individual resident. Residents are professionally accountable to their patients and colleagues, and as such should avoid interactions with vendor representatives that have the appearance of compromising impartiality in clinical or academic practices. The SJMC GMEC has outlined a Vendor Interaction Policy which must be reviewed by residents and accepted, in writing, prior to initiation of training.

**SJMC Professional Conduct Policy:** SJMC values professionalism among its faculty, staff, trainees, and students in carrying out its mission. Professionalism includes demonstrating excellence, integrity, respect, compassion, and accountability in all of our work interactions and responsibilities. It is the policy and expectation of SJMC that faculty, staff, trainees, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public, and each other. The SJMC Professional Conduct Policy and Professional Image Policy must be reviewed by all trainees prior to initiation of training.
Medical Records Policies: Residents shall be responsible for complying with the documentation and medical records policies of the hospital or clinic to which they are assigned. These policies include requirements regarding the preparation of a complete and legible medical record for each patient. Discharge summaries, operative reports, and other key portions of the medical record must be co-signed by a supervising physician in accordance with Medicare teaching supervision rules. The use of medical student documentation to support billed services is prohibited. Medical records must be completed according to the timelines outlined in the relevant hospital or clinic Medical Records Policy. Residents are subject to the terms of the hospital or clinic Medical Records Policy for delinquent medical records.

Evaluations of Competence: Each resident shall be provided with timely formative feedback by faculty during each rotation or educational assignment, as well as access to written evaluations of his/her performance at the completion each rotation or educational assignment in the training program. In addition, the Program Director or his/her designee shall meet with each resident on at least a semiannual basis to provide a documented assessment with feedback on his/her performance in the program. The assessment will be based on the resident’s overall performance improvement appropriate to educational level and progress toward demonstrating achievement of competence in each of the specialty-specific Milestones. The program will appoint a Clinical Competency Committee to review all resident evaluations semiannually and to prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME. The meeting discussions and Milestone reports shall be documented in writing and maintained in the Resident’s academic file, which is accessible for review by the Resident.

Conditions of Reappointment and Promotion: Program appointment, advancement, and completion are not assured or guaranteed to the Resident. Promotion to the next level of training is based on the achievement of program-specific competence and performance parameters via evaluation, including specialty-specific Milestones, as determined by the Program Director and/or Clinical Competency Committee (CCC). Notification of re-appointment or non-reappointment must be provided in writing to trainees no later than 4 months prior to the completion of their current contract. Unsatisfactory resident performance can result in required remedial activities, temporary suspension from duties, non-promotion, nonreappointment, or termination of appointment and residency education.

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. The policies and procedures described in the Academic and Professional Action Policy are the exclusive means of review of academic actions within SJMC-sponsored training programs, and are designed to ensure that actions which might adversely affect a resident’s status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs. In the case of non-renewal of appointment, nonpromotion to the next training level, or dismissal, the program will provide the Resident with notice of its intent promptly, and in the most expeditious manner possible. The notification will be by letter to the Resident and will contain the reasons for the non-renewal of appointment, non-promotion or dismissal.
Residents who desire to voluntarily leave the program prior to completion of the training necessary for certification of the specialty are expected to discuss this action with the Program Director at the earliest possible time, preferably by January 1 of the training year. In this circumstance, residents are expected to complete the training year of their current appointment, unless an earlier resignation is mutually agreed upon by the Resident and Program Director.

Residents are not required to sign a non-competition guarantee or restrictive covenant by the Sponsoring Institution or any of its ACGME programs as a condition of appointment.

III. EQUAL OPPORTUNITY & REASONABLE ACCOMMODATION

SJMC and sponsored programs reaffirm a policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with applicable federal and state statutes and regulations. SJMC is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. For information or to request disability accommodation, please contact SJMC Human Resources Office directly and speak with an employee relation specialist at 253-627-6958.

IV. STIPENDS

Residents are paid a stipend to assist in defraying the cost of living and other expenses during training. The Resident’s stipend rate for the current academic year is noted on the signature page of this agreement. Stipends are paid through SJMC. The stipend schedule plus fringe benefits package are reviewed annually by the Graduate Medical Education Committee. Factors that are considered in determining the SJMC GME stipend schedule and fringe benefits include, but are not limited to, the institutional budget, most recent available changes in the cost of living in Kitsap County, and the need to remain competitive with the stipends paid to trainees in hospitals with similarly-sized GME programs.

Residents will be paid according to the training year in which they are participating in a GME training program, and will receive a stipend increase for each additional year of ACGM training. In general, residents will not receive credit for prior training in a specialty that is not required for entry into the current program. Residents in any given level of training will be reimbursed at the same rate, and there will be no differentials among residents unless additional duties are assigned (as with the Chief Resident Position in the PGY-3 year).

All stipends will be effective for periods not to exceed twelve (12) months, unless otherwise approved by the GME Office. Residents required to participate in overnight call or to perform other duties related to their residency program past midnight on their last night of service will receive pay and all benefits (including health insurance, professional liability coverage and workers’ compensation) for hours worked past the end date of their appointment agreement. Residents required to extend training due to remediation and/or to meet board eligibility requirements will continue to receive stipend and fringe benefits at the level of the year of training the Resident is completing.
V. FRINGE BENEFITS
The fringe benefit program outlined below is specifically designed for Residents and is administered by SJMC or its designated agents. Policies related to these benefits are subject to change during the academic year. In the event of a change in policy, the GME Office will notify residents in writing no later than thirty (30) days prior to such change. More information about each of these benefits may be obtained by contacting the SJMC Human Resources Office directly at 253-627-6958.

Insurance Benefits

Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits: A Summary of Benefits for Residents and Fellows will be available on the GME website for applicants, incoming, and current residents. Incoming residents receive their benefits packets by mail at least 14 (fourteen) days prior to the beginning of resident orientation. Each incoming trainee will have an assigned appointment with a Human Resources Specialist where questions may be answered regarding each benefit option.

Benefits Options: Residents appointed at least 50% FTE (full-time equivalent) for a minimum of six consecutive months and who receive a monthly stipend are eligible for benefits including Medical Coverage, Prescription Drug Coverage, Dental and Vision Coverage, Basic Life Insurance, Accidental Death and Dismemberment Insurance, and Long-Term Disability Insurance Coverage. Eligible employees may also participate in the Flexible Spending Account or Health Savings Account programs. Enrolled spouses and children must enroll in the same plan as the eligible employee. Domestic Partners are eligible for coverage under the plans if there is no other health insurance.

Start of Benefits Coverage: Medical, Dental, Vision, and Flexible Spending Account benefits will begin the first day of the month following 30 days of employment. Life/AD&D Insurance and Long Term Disability benefits will begin on the first day of the month following 90 days of employment. Residents who have just completed medical school, another training program, or a position of employment may also be eligible for COBRA through their former school or employer.

Risk Management

Professional Liability Coverage: Professional liability coverage will be provided at no cost to the Resident. This insurance will cover the Resident’s good faith performance of his/her assigned duties in the training program, which may also include program-approved volunteer activities and off-site rotations. The professional liability program operates on an occurrence basis, and coverage includes insurance for claims filed after completion of the training program. In the event a Resident receives a subpoena or any other inquiry regarding a claim, they should notify their Program Director and contact the SJMC Office of Risk Management. Questions regarding professional liability coverage should be directed to the Office of Risk Management, 253-426-6671.
**Exemptions from Coverage:** The professional liability coverage will not apply to actions, claims or proceedings arising out of acts taken in bad faith. The following are examples of types of conduct which will normally be deemed to have been taken in bad faith: the act was committed with the willful intention of causing injury or harm, or was reckless or malicious in nature; the act was committed in willful violation of law or training site regulations; or the act was committed while under the influence of alcohol or a controlled substance. Coverage may not be provided for “volunteer” activities that are not approved by the Program Director and/or are not part of the training program. The Resident should consult with his/her Program Director for clarification of coverage for proposed volunteer activities in advance of undertaking such activities. Professional liability coverage is not provided by the SJMC for external moonlighting activities, as these activities are outside the scope of the residency program.

If SJMC is defending an action involving a Resident, whether the Hospital or the Resident are or are not individually named as defendants, the Resident shall cooperate fully with counsel in handling or resisting the action, claim or proceedings. This obligation shall continue after the Resident leaves the residency program.

**Workers’ Compensation:** The SJMC workers’ compensation program is state-insured. The Washington State Department of Labor and Industries (L&I) manages all of the workers’ compensation claims. SJMC faculty, staff, and volunteers are insured for injuries or illnesses that occur while acting within the course and scope of their duties and includes coverage during any out of state rotations. Employees who are injured at work or who believe that their illness is related to their job can file a Labor & Industries claim through a physician’s office, clinic, emergency room or hospital. Questions regarding workers’ compensation should be directed to the Office of Workers Compensation, 253-944-7559 or JosieJohnson-Stocks@chifranciscan.org.

**Vacation Leave, Sick Leave and Other Leaves of Absence**

Residents must comply with GME and program requirements for requesting and reporting the use of vacation, sick and other leaves of absence. A GME Leave Request Form must be completed for all leaves and submitted to the Program Director. When the need/desire for the leave of absence is foreseeable, the request should be submitted at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable, the request should be submitted as soon as possible.

**Effects of Extended Leaves of Absence on Program Completion and/or Board Eligibility:**

The Program Director must provide residents with a written statement regarding the effect of leaves of absence, for any reason, on satisfying the requirements of their Residency Review Committee and/or Specialty Board for completion of a residency program, as well as information relating to access to eligibility for certification by the relevant certifying board. Should any approved leaves compromise the necessary time for certification, the Resident will receive additional training sufficient to meet certification requirements. During such additional training, the Resident will continue to receive stipend and fringe benefits at the level of the year of training the Resident is completing.

**Coverage during Leave:** It is the responsibility of the Program Director and the Head of the
Clinical Service to which the Resident is assigned to assure that appropriate coverage by colleague residents and/or faculty of the respective departments is provided as required during the Resident’s leave of absence. In arranging such coverage, the relevant policies concerning duty hours for residents shall apply. In unusual and rare circumstances, these principles may be waived for a limited duration of time by mutual consent of both the Resident and the Department.

**Vacation Leave:** Residents will receive fourteen (14) days of paid vacation per year at the start of each one (1) year appointment period to be broken down as ten (10) business days and four (4) weekend days. Vacation leave need not be taken in one block of time. Unused vacation leave shall lapse at the expiration of each appointment period (June 30 of each academic year). All vacations will be scheduled with the approval of the Program Director and the head of the clinical service of which the Resident is a member. It is the responsibility of the Program Director to coordinate and communicate the planned vacation and leave schedules with each affiliated training site that may be affected. All reasonable requests shall be accommodated; but the Program may, at its discretion, limit available dates for vacation, exclude vacation during specified rotations, and place limits on the amount of vacation taken at any one time in order to comply with applicable ACGME Training Requirements.

**Sick Leave:** It is the expectation of SJMC GME that Residents make every reasonable effort to perform their assigned duties. However, Sick Leave may be used for the following: Personal medical, dental, or optical appointments; personal illness, disability or injury (including disability due to pregnancy), childbirth or to recover from childbirth; to care for a child of the resident who has a health condition that requires treatment or supervision; to care for the resident’s seriously ill family member; to accompany a family member to medical, dental, or optical appointments when the resident’s presence is required; or for Parental Leave. Residents will receive ten (10) days of paid sick and health maintenance leave at the start of each one (1) year appointment period. If sick leave credit is not used by the end of the appointment, accrued sick leave credit will be applied to a subsequent appointment within SJMC GME. Accumulated sick leave credit that is not transferable is not compensable at the completion or expiration of the appointment to the residency program. Sick Leave is not to be used as additional vacation time. Any trainee found to use sick leave for non-approved reasons will be subject to disciplinary measures by their program.

**Bereavement Leave:** With the prior approval of the Program Director, Residents may be granted up to four (4) days of paid leave for bereavement due to the death of a family or household member. The Resident must inform the Program Director as soon as possible of the need for bereavement leave.

**Family Medical Leave:** Residents may be eligible for family medical leave under the Family Medical Leave Act (FMLA). If eligible, twelve (12) weeks leave of absence without pay shall be granted for the following reasons: a serious health condition, a family member's serious health condition, parental leave to care for a newborn or newly adopted or placed child, or a qualifying exigency arising out of the fact that the employee's family member is on covered active duty (or has been notified of an impending call or order to covered active duty) in the regular Armed Forces Reserves or National Guard.
Eligible residents may request a family medical leave of absence without pay not to exceed twelve (12) weeks during any twelve (12) month period. The twelve (12) month period begins on the Resident’s appointment date. The leave for childcare must be taken within the first twelve (12) months of birth, adoption or placement. When medically necessary, family medical leave may be taken intermittently or on a reduced leave schedule. Requests for such leave shall, when practical, be made to the Program Director at least thirty (30) days before the leave is to begin. Family medical leave will be unpaid unless the Resident elects to use paid leave to the extent the circumstances meet the requirements for such leave. During this period of leave, SJMC shall maintain basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance co-payments. If the Resident’s leave extends beyond the FMLA-covered period, paid leave may be utilized to retain SJMC-paid benefits eligibility if approved by the GME Office.

**Parental Leave:** Parental leave refers to the time taken off duty to bond with and care for a newborn child or newly placed adoptive or foster child. Residents may take up to 10 days of parental leave at any time during the first 12 months following the child’s birth or placement. The Resident may use a combination of vacation leave, sick leave or unpaid leave during this time. Parental Leave may run concurrently with family medical leave, if available. During the period of the parental leave that the Resident is eligible for family medical leave, SJMC shall maintain the basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance copayments. During the period of the parental leave that the Resident is not eligible for or does not elect to use family medical leave, and the Resident does not have vacation or sick leave that can be used to maintain him/her on the payroll, the Resident will be allowed to continue, at his/her own expense, basic insurance benefits.

**Educational Leave:** Residents are granted 5 (five) days of paid leave to attend specialty sponsored society meetings and other conferences, to present research or other scholarly work at national or international meetings, to sit for exams (e.g., USMLE, board), or to participate in other activities related to their educational program. Educational leave must be requested 30 (thirty) days in advance and is granted at the discretion of the Program Director. Unused Educational Leave is not transferred at the end of each 12 month appointment.

**Civil Leave:** Residents receive paid civil leave for jury duty, to serve as trial witnesses, or to exercise other subpoenaed civil duties such as testifying at depositions. Residents are not entitled to civil leave for civil legal actions that they initiate or when named as a defendant in a private legal action that is unrelated to their residency appointment. Residents who must perform jury duty or other subpoenaed civil obligations receive their regular SJMC pay while serving, and may retain any compensation received for their jury duty participation.

**Other Leaves of Absence:** Other leaves of absence without pay may be granted for reasons approved by the Program Director. A request for leave of absence without pay is to be submitted in writing to the Program Director for endorsement and/or recommendation and is to identify the reason for the leave as well as the requested duration. Approved leaves of absence without pay
should not exceed twelve (12) months in duration. Extensions of leaves beyond the twelve (12) month limitation must be approved by the SJMC Graduate Medical Education Committee.

**Other Resident Benefits**

**Resident Wellness and Counseling Services:** Employee Assistance Program is a free, confidential counseling and support resource service that is available to assist residents and their immediate family members. These services can be accessed at [https://www.achievesolutions.net/achievesolutions/en/chi/Home](https://www.achievesolutions.net/achievesolutions/en/chi/Home) or by calling 877-679-3819. If a situation arises where a resident is unable to safely get home at the end of or during his/her shift due to extreme fatigue, illness or the late hour, the resident may use the Emergency/Safe Ride Home Program. This program would provide transportation to the resident’s place of residence via taxi from an approved training site. The GME Office will reimburse 100% of the meter fare (does not include tip) under eligible circumstances as defined in the policy.

**Sleep Quarters:** Residents are provided with sleep quarters at SJMC that are safe, quiet, and private, in order to mitigate fatigue at any time during the day. Call rooms are available in sufficient number for single-occupancy during overnight shifts, extended shifts, or for use after completion of duties to mitigate effects of sleep deprivation while traveling home.

**Meals:** All residents are provided SJMC badges which can access their food allowance at all SJMC facilities while in-house during working hours and on overnight call assignments.

**Mobile Communication Devices:** Residents are provided a monthly subsidy to purchase a cellular service with text-messaging capacity. Each resident is responsible for maintaining functionality of their device, including maintaining an active line of service so they may be contacted by the program, by colleagues, or by SJMC staff for urgent issues regarding patient care. Monthly contact checks will be performed by the GME Office to verify an active line of communication for every resident.

**Lab Coats and Hospital Scrubs:** Each trainee will be provided with 2 (two) physician lab coats at the beginning of residency. Replacement of damaged or unwearable coats will be the responsibility of the Resident. Availability of scrubs and laundry services for scrubs will be provided in accordance with the policies and practices of SJMC.

**VI. RESIDENT DUTY HOURS**

Hours of duty will be established in compliance with the Institutional Duty Hours Policy, the ACGME Duty Hours Standard, and specialty-specific Program Requirements. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care (including any medical record charting completed at home), the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours do not include reading, studying, and academic preparation time spent away from the duty site. In-house call is defined as those duty
hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution.

Each program shall maintain a program duty hour policy that meets the educational objectives and patient care responsibilities of the training program, and complies with duty hour limits according to ACGME requirements and the Institutional Duty Hours Policy. Residents may be assigned night rotation and weekend duties on a regular basis. The Program Director shall establish fair and reasonable schedules of hours of duty for residents, as well as adequate and defined off-duty hours.

**Fatigue Mitigation:** Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. All residents are required to attend an approved didactic on fatigue mitigation delivered annually by the program.

Residents are required to report their daily duty hours in Medtrics. Compliance with reporting requirements, as well as overall compliance with duty hour limits, will be monitored by the training program on a monthly basis, or more frequently if circumstances require. Residents with repeated non-compliance with the reporting requirements are subject to the terms of the Academic and Professional Action Policy. Any resident deviating from the approved work hour limitations must inform the Program Director in writing within 24 hours and provide an explanation for the deviation. The Graduate Medical Education Committee will review all deviations from work hour limitations during regularly-scheduled quarterly meetings.

**VII. PROGRAM REDUCTIONS & CLOSURE**

As specified in the Program Reduction and Closure Policy, in the event of a SJMC GME program reduction or closure, or closure of the institution, SJMC and the training program will work collaboratively to ensure that residents currently enrolled in the program are able to complete their education within the program or will assist trainees in enrolling into another ACGME accredited program in which they may continue their education. SJMC and the Program Director will consider such issues as transfer of funding and board-specific requirements of trainees, and will 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. In all cases, SJMC and the program will fulfill the terms of appointment (e.g., stipend, benefits) as described in this agreement for the duration of the current appointment.

Similarly, SJMC and the Program Director are responsible for ensuring continuity of the educational experience of residents in training programs in the event of a disaster. The plan for Continuity of SJMC Graduate Medical Education and Administration in the Event of a Disaster addresses how lines of communication will be administered, the temporary or permanent transfer of residents if necessary, and continuation of resident stipends and benefits.
VIII. SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION

SJMC policy prohibits discrimination or harassment against a member of the SJMC community because of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status; prohibits any member of the hospital staff including, but not limited to, the faculty, staff, or trainees, from discriminating against or unlawfully harassing a member of the public on any of the above grounds while engaged in activities directly related to the nature of their SJMC affiliation; and prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation.

“Harassment” is conduct directed at a person because of the person’s race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status that is unwelcome and sufficiently severe, persistent, or pervasive that: (1) it could reasonably be expected to create an intimidating, hostile, or offensive work or learning environment, or (2) it has the purpose or effect of unreasonably interfering with an individual’s work or academic performance.

“Sexual harassment!” is a form of harassment based on the recipient’s sex that is characterized by: (1) Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature by a person who has authority over the recipient when (a) submission to such conduct is made either an implicit or explicit condition of the individual's employment, academic status, or ability to use SJMC facilities and services, or (b) submission to or rejection of the conduct is used as the basis for a decision that affects tangible aspects of the individual's employment, academic status, or use of SJMC facilities; or (2) Unwelcome and unsolicited language or conduct that is of a sexual nature or that is sufficiently severe, persistent, or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive working or learning environment, or has the purpose or effect of unreasonably interfering with an individual’s academic or work performance.

Complaint Resolution: SJMC encourages prompt investigation and resolution of complaints about the behavior of its employees, and encourages employees to seek resolution assistance regarding behaviors that include but are not restricted to: harassing, discriminatory or threatening behavior; violation of SJMC policy; or mistreatment of members of the public. Residents who believe they are being harassed or discriminated against should seek help from their Chief Residents, Faculty, Program Director, and may also seek assistance from the GMEC if lower-level attempts at resolution are unsuccessful. A comprehensive list of additional complaint resolution resources, if needed, is available through SJMC Human Resources.

IX. CONCERNS, COMPLAINT, AND GRIEVANCE RESOLUTION PROCEDURES

SJMC encourages resolution of problems, concerns, or complaints related to the training program and/or the learning and working environment at the lowest local level, and has established the following processes through which residents may raise and resolve issues without fear of intimidation or retaliation.
**Personal, Trainee, Faculty, or Programmatic Concerns Local investigation and resolution:** Residents are encouraged to discuss concerns or complaints regarding their program, a faculty member, the learning environment, etc. with their Chief Resident, Program Director, Faculty Mentor, or Program Administrator. Concerns that cannot be resolved at the individual level may be brought to the attention of the SJMC Graduate Medical Education Committee via resident members sitting on this committee.

**Patient Safety and Compliance Concerns Patient Safety Concerns:** SJMC has an online incident reporting tool that should be used to report adverse events, near misses and unsafe conditions at the hospital. Residents should report ANY event or condition that could cause or has caused injury or illness to a patient, staff member, or visitor. These reporting tools generally provide real time event notification to managers, faculty, and other identified subject matter experts. Incident report entries, and any follow-up, are part of each hospital’s quality improvement programs and are subject to quality improvement privilege and confidentiality laws.

The SJMC Compliance Office is responsible for establishing institutional policy, standards and expectations pertinent to research, clinical billing, privacy, information security, employment, personal and environmental safety, purchasing, ethics and records retention. The office provides safe mechanisms for reporting compliance concerns, including hotlines that enable anonymous reporting. Concerns may be reported confidentially to the Ethics at Work Line, 1-800-261-5607 or file your report online at www.ethicspoint.com and clicking on “File a New Report”. Our Compliance Office can be reached at 253-680-4046.

**Grievance Policy and Procedure:** A “grievance” is defined as any controversy or claim arising out of an alleged violation of any provision of the Residency Position Appointment or written Program policies other than the evaluation of academic or clinical performance or 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 and Professional Action Policy.

Grievances may be filed by individual residents or by groups of residents. The Grievance Policy and Procedure is intended to be an informal process to resolve disagreements internally and is not intended to be an adversarial forum. At each step, residents and program directors are encouraged to resolve differences through collegial discussion and negotiation. However, the procedure as set forth in the Grievance Policy and Procedure provides for those instances in which outside assistance in resolving conflict is needed.