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# Charleston Area Medical Center Graduate Medical Education House Staff Handbook

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# Introduction

The House Staff Handbook has been prepared to inform you about your benefits and privileges, as well as the general rules and regulations of Charleston Area Medical Center, Inc. (CAMC). We hope you will find it helpful whether you are a newcomer or a veteran.

This handbook sets forth policies which concern employment and appointment to CAMC's House Staff as an Intern, Resident or Fellow. It has always been, and continues to be, a practice to follow these policies and to treat all employees fairly. Some policies outlined in this House Staff Handbook supersede policies found in the HR employee handbook manual for other CAMC employees. Policies outlined in the Handbook that supersede HR policy include, but are not limited to, the misconduct policy; the academic improvement policy; due process; grievance and dismissal policies as well as the leave policy. There may also be some differences between CAMC and Greenbrier Valley Medical Center policies. When possible, those differences are outlined in this handbook. From time to time, there will be revisions and changes of which Residents/Fellows will be notified. This handbook is not a contract, and no employee of CAMC has any contractual right to the matters set forth in this handbook. Any reference to a contract refers to the Resident Agreement.

This handbook is not designed to be a total organizational manual; therefore, not all rules and regulations are included. Other institutional policies may apply to Resident/Fellow activities and may or may not be referenced in this handbook. Each department has specific rules and regulations. Your Department Chair or Program Director will provide program or department policies to you in detail. The House Staff Handbook will be housed on-line and is available for review by existing and prospective Residents/Fellows. The House Staff Handbook is reviewed at least annually by the institution and by the GMEC for the upcoming academic year. Policy reviews, updates and additions may be made throughout the year and will be updated on the GME Website as approved. Residents are responsible for reviewing the handbook to determine current policy and its new effective date. House Staff may request a clarification of policy at any time. All Residents will be required to sign a statement at the start of their CAMC training acknowledging that they have access to the handbook and understand their responsibility in reviewing current policy online at [camcmedicine.edu](http://camcmedicine.edu).

If you have questions concerning the contents of this handbook or other institutional or departmental policies, please contact the Graduate Medical Education office at by phone at 304-388-9948, by email at [gme@vandalia.org](mailto:gme@vandalia.org), or for CAMC policy questions contact your Human Resources office.

GMEC reviewed and approved revisions 06/2023

# I. Definitions

"ACCME" refers to the Accreditation Council for Continuing Medical Education.

"Accredited" refers to graduate education programs that are designed to lead to certification by a specialty organization in medicine, dentistry, pharmacy or psychology. Unless otherwise specified, all policies are applicable to all trainees enrolled in any CAMC sponsored accredited or non-accredited training program.

"ACGME" refers to the Accreditation Council for Graduate Medical Education.

"ACPE" refers to the Accreditation Council for Pharmacy Education.

"AOA" refers to the American Osteopathic Association.

"ASHP" refers to the American Society of Health-System Pharmacists.

"APA" refers to the American Psychological Association.

"CAMC" refers to Charleston Area Medical Center, Inc.

"CAO" refers to Chief Academic Officer.

"CAMNET" refers to the intranet pages of Charleston Area Medical Center, Inc.

"CCC" refers to Clinical Competency Committee.

"CEEH" refers to clinical experience and education hours also referred to as duty hours to include time spent on patient care, on in-house call, and other scheduled activities.

"CHERI" refers to Charleston Area Medical Center's Health Education and Research Institute.

"CLER" refers to the Clinical Learning Environment Review.

"CME" means continuing medical education.

"CMS" refers to the Centers for Medicare & Medicaid Services, the United States federal agency which administers Medicare, Medicaid, and the state Children's Health Insurance Program.

"COMLEX" refers to the comprehensive osteopathic medical licensing examination process designed for the licensure of osteopathic medical physicians.

"DEA number" refers to a number assigned by the Drug Enforcement Agency for writing prescriptions for controlled substances.

"DIO" refers to the Designated Institutional Official responsible for the medical education programs at the sponsoring institution.

"Duty hours" refers to 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 on in-house call, and other scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Also referred to as Clinical Experience and Education Hours (CEEH).

"DIO" refers to the Designated Institutional Official who is also president of the CAMC Health Education and

Research Institute, Inc. The DIO is the individual who has the authority and responsibility for all the GME programs.

"ECFMG" refers to the Educational Commission for Foreign Medical Graduates.

"EPLS" refers to Excluded Party Listing System which is a database maintained by the federal government identifying parties excluded from receiving contracts, subcontracts, and certain types of financial assistance.

"EVSP" refers to Exchange Visitor Sponsorship Program.

"External Moonlighting" refers to Voluntary, compensated, medically related work performed outside the institution where the resident is in training or at any of its related participating sites.

"FML" refers to family medical leave pursuant to the Family and Medical Leave Act of 1993. "FMLA" refers to the federal Family and Medical Leave Act of 1993.

"GME" refers to graduate medical education.

"GMEC" refers to the Graduate Medical Education Committee.

"Grievance" refers to a dispute regarding any action, which could result in dismissal, non-renewal of a resident/interns' agreement, non-promotion, or other actions that could significantly threaten a resident/intern's intended career development; or grievances related to their professional work environment including those related to the program and/or faculty.

"GVMC" refers to Greenbrier Valley Medical Center.

"HIPAA" refers to the federal Health Insurance Portability and Accountability Act of 1996.

"IAM" refers to CAMC Institute for Academic Medicine.

"Immediate family member" means a spouse, child, stepchild, parent, brother, sister, grandparent, great grandparent, grandchild, foster parent, foster child, stepbrother, stepsister, or stepparent, son-in-law, daughter-in-law, or parent-in-law, grandparent-in-law. (stepfamily members are included in these definitions)

"Immediate relative" means a nephew, niece, aunt/great aunt, uncle/great uncle, brother-in-law, or sister-in-law.

"Internal Moonlighting" refers to Voluntary, compensated, medically related work (not related with training requirements) performed within the institution in which the resident/fellow is in training or at any of its related participating sites.

"Institute" refers to the CAMC Health Education and Research Institute, Inc.

"IRB" refers to an Institutional Review Board.

"J-1 Visa" refers to a non-immigrant visa issued by the United States to research scholars and exchange visitors participating in a graduate medical education.

"LCME" refers to the Liaison Committee for Medical Education.

"MSOPTI" refers to Mountain State Osteopathic Postdoctoral Training Institutions, Inc.

"Moonlighting" refers to both External Moonlighting and Internal Moonlighting.

"NRMP" refers to the National Resident Match Program.

"OIG" refers to Office of Inspector General which is a database maintained by the federal government identifying parties excluded from receiving contracts, subcontracts and certain types of financial assistance.

“PEC” refers to Program Evaluation Committee.

“PECOS” refers to Provider Enrollment, Chain and Ownership System.

"PGL" refers to a Resident/fellow's postgraduate level. For example, PGL2 typically refers to the second year of postgraduate training.

"PHI" and "Protected Health Information" are used interchangeably and refer to patient protected health information as defined by the federal Health Insurance Portability and Accountability Act of 1996.

"Resident" refers to any physician (M.D. or D.O.), dentist, pharmacist or psychology intern performing within an accredited or non-accredited graduate educational program of Charleston Area Medical Center, Inc. Depending on the context, House Staff may refer collectively to the Residents as a group. In the past, the term house staff was used interchangeably with the word resident.

"RRC" refers to the Residency Review Committee.

“SOAP” refers to the Supplemental Offer and Acceptance Program used by programs following the Main Match to fill unfilled positions.

"USMLE" refers to the United States Medical Licensing Examination.

"Workdays" means calendar days exclusive of Saturdays, Sundays or holidays recognized by CAMC.

“WVSOM” refers to West Virginia School of Osteopathic Medicine in Lewisburg, WV.



# II. Pre-employment requirements

## **Resident Eligibility and Resident Selection Requirements**

The primary source of candidates for entry into graduate medical education programs will be graduates of Liaison Committee for Medical Education (LCME) or American Osteopathic Association (AOA) accredited medical schools. All programs participate in an organized matching program. Medical students may apply to be accepted into a CAMC postgraduate education program before passing the USMLE Step II/COMLEX Part II but will not be ranked in the NRMP Match unless documentation is provided prior to match deadlines.

Individuals matching to a CAMC residency program or fellowship must seek an appropriate Visa/work authorization prior to training. CAMC recognizes the J-1 exchange visitor visa as the appropriate mechanism to sponsor international medical graduates interested in the pursuit of graduate medical education training in our programs. The J-1 exchange visa must be obtained through the Educational Commission for Foreign Medical Graduates (ECFMG). Application for sponsorship will require effort from the applicant and coordination with the residency program coordinator. The J-1 Visa is exclusively sponsored by the ECFMG's Exchange Visitor Sponsorship Program (EVSP) and the ECFMG is the only organization authorized to sponsor graduates of foreign medical schools that come to the United States to participate in residency and/or fellowship programs.

Persons who are not citizens of the United States will be considered for Resident positions subject to the regulations of those federal and state agencies having jurisdiction over them as non-citizens. Non-citizen employees are expected to accept personal responsibility for compliance with the laws and regulations which apply to them as non-citizens. **It is the resident's personal responsibility to maintain any and all necessary visa/work status requirements necessary during the course of their training. Failure to do so could result in a gap in training or termination from the program.**

In addition to the requirements of above, a physician candidate must be a:

- Graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduate of a medical school outside the United States and Canada who meet at least one of the following qualifications:
  - Have received a currently valid certification from the Educational Commission for Foreign Medical Graduates (ECFMG); or
  - Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who
  - have completed an accredited United States college or university, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;
  - have studied at a medical school outside the United States and Canada but listed in the World Health Directory of Medical schools;
  - have completed all of the formal requirements of the foreign medical school except internship and/or social service;
  - have attained a score satisfactory to the sponsoring medical school on a screening

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

In addition to the requirements above, a pharmacy candidate must be a graduate of a college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE). A second-year pharmacy resident must have an unrestricted license in West Virginia or another state to be considered for a position.

In addition to the requirements above, a psychology candidate must be enrolled in a doctoral program in psychology accredited by the American Psychological Association (APA).

Fellowship applicants must meet the requirements set forth by the ACGME. Fellowship applicants must submit proof of graduation from an appropriate residency program; passing score of USMLE Step 3/COMLEX 3; verification of appropriate licensure from the WV Boards of Medicine, Osteopathic Medicine, or Dentistry, and a written verification of previous education experiences including a summative evaluation of the trainee.

CAMC requires that Residents/fellows meet all federal standards as may be required by CMS and other regulatory agencies. Applicants that are designated by CMS as “Excluded Providers” shall not be eligible to apply for or remain in a CAMC residency program.

Residents/fellows selected outside the normal matching process, whether through the match SOAP process or during the ‘off-cycle’, must be reviewed and approved by the Designated Institutional Official (DIO).

Program directors should base selections on the eligible candidate’s ability, aptitude, and preparedness as evidenced by academic credentials including, but not limited to, class rank, course evaluations, standardized licensure qualifying examination scores, communication skills both written and verbal, and letters of recommendation from faculty and the dean of the school verifying ability, aptitude, as well as motivation and integrity. **Program directors and selection committees are responsible for adhering to the Resident Technical Standards Policy outlined in this handbook in the selection of interns, residents, and fellows. When an individual enters a Graduate Medical Education Training program it is expected that all necessary accommodations will be detailed and agreed to by the program before they begin training.** CAMC does not discriminate or tolerate discrimination in the selection process against any individual based on race, color, age, religion, national origin, ancestry, blindness, sex, sexual orientation, disability, or veteran status.

Applicants are expected to provide timely, accurate and comprehensive information as part of the formalized application process into residency. Residents/fellows in a CAMC program who, upon investigation, are deemed to have provided false, misleading, or incomplete information during the interview, match or other application process shall be subject to disciplinary action or may be subject to termination from the residency program. Such findings may also need reported to the appropriate authorities as may be required by regulatory agencies, Match requirements or as defined by WV law or licensing requirements.

GMEC approved revisions: October 11, 2011; Effective: October 11, 2011

GMEC approved revisions: December 10, 2013

GMEC approved minor revisions: October 2015, April 2016; February 2018; November 2022

# **Resident and Fellow Technical Standards**

## **Introduction:**

All candidates must possess the physical and mental skills and abilities necessary to successfully complete the Residency Program Curriculum. To be successful, one must progress with increasing independence throughout the program and, by the time of program completion, must be capable of competent and independent practice in that field. To achieve the optimal educational experience, residents/fellows are required to participate in all phases of the training program. The faculty of CAMC residency training programs recognizes its responsibility to recommend applicants for residency training who have the knowledge, attitude, and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The faculty is responsible for adhering to these standards during the selection of resident applicants and promotion of residents/fellows in the residency program. This policy is not meant to be all inclusive or to constitute all measures or standards.

Residency requires a specific set of minimum physical, mental, emotional, and social abilities necessary to be successful. Candidates must possess all of the abilities listed in the five categories outlined in this policy. The use of an intermediary that would, in effect, require a candidate/resident to rely on someone else's power of observation or communication would not be permitted. Although these standards serve to delineate the necessary physical and mental abilities of all candidates, they are not intended to deter any candidate/resident for whom reasonable accommodation will allow the fulfillment of the complete training program. This policy does not preclude the residency from temporarily restructuring resident duties as it deems appropriate for candidates with acute illness, injury, or other circumstances of a temporary nature.

Individual programs may require more stringent or more extensive abilities as appropriate to the requirements for training in that specialty and in certain specialties one or more of these technical standards may be more or less essential.

## **Technical Standards:**

### **I. Observation:**

- a. Observe materials presented in the learning environment including, but not limited to, audiovisual presentations, written documents, tissues and gross organs in the normal and pathologic state and diagnostic images.
- b. Accurately and completely observe patients directly or at a distance and assess and summarize findings.
- c. Obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

### **II. Communication:**

- a. Communicate effectively, efficiently, accurately, respectfully, and sensitively with patients, their families, and members of the health care team.
- b. Keep communications with patients and families professional, always maintaining appropriate physician-patient boundaries with all forms of communication including verbal, written, electronic, and social media interactions.
- b. Clearly and effectively communicate verbally in English with patients and other health care professionals in a variety of patient settings.
- c. Read and comprehend printed, handwritten, and computerized record systems and clearly and accurately utilize English to initiate correspondence, documents or to record accurate medical information.
- d. Recognize and assess non-verbal communications, including facial expression, body language and affect.
- e. Respond appropriately to emotions communicated verbally and none verbally.

- f. Accurately and quickly synthesize large volumes of medical information from different source documents, forms and medical records of varying formats/styles including electronic, electronic, typed or handwritten, that constitutes medical history or documentation.

### III. Motor function:

- a. Elicit information from patients and perform physical examinations and diagnostic maneuvers.
- b. Perform diagnostic and treatment protocols and procedures as required within the specialty area.
- c. Respond to emergency situations in a timely manner and provide general and emergency care necessitating the coordination of gross and fine motor movements, equilibrium and sensation.
- d. Adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.
- e. Manipulate equipment and instruments to perform basic laboratory tests and procedures as required to attain residency goals.

### IV. Intellectual/conceptual, integrative, & quantitative abilities:

- a. Perform calculations necessary to solve quantitative problems as required by patient care and testing needs.
- b. Collect, organize, prioritize, analyze, synthesize, and assimilate large amounts of technically detailed and complex information in a timely fashion and with progressive independence. This information will be presented in a variety of educational and clinical settings including lectures, small group discussions and individual clinical settings.
- c. Analyze, integrate, and apply this information for problem solving and decision-making in an appropriate and timely manner for the clinical situation.
- d. Comprehend and learn factual knowledge from readings and didactic presentations.
- e. Apply knowledge and reasoning to solve problems as outlined by the curriculum.
- f. Recognize, comprehend, and draw conclusions about three dimensional spatial relationships and logical, sequential relationships among events.
- g. Formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities.
- h. Develop habits for lifelong learning.

### V. Behavioral and social attributes:

- a. Possess and demonstrate the maturity and emotional stability required for full use of intellectual skill, exercise good judgment, and have the ability to complete all responsibilities attendant to the diagnosis and care of patients.
- b. Develop a mature, sensitive, and effective relationship with patients and colleagues.
- c. Function in the face of uncertainty and ambiguity in rapidly changing circumstances.
- d. Behave in an ethical and moral manner consistent with professional values and standards.
- e. Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, racial and ethnic backgrounds, and belief systems.
- f. Cooperate with others and work collaboratively as a team member.
- g. Demonstrate insight into personal strengths and weaknesses and recognize and accept the need for performance improvement.
- h. Seek the advice of others when appropriate.
- i. Be punctual, present at all assignments when expected or notify superiors.
- j. Be able to complete work assignments and patient care duties including documentation, dictations and medical records requirements in a timely manner.
- k. Acknowledge conflicts of interest, mistakes and adverse outcomes and cooperate in their resolution.
- l. Remain awake and alert for assigned duty periods and teaching activities within duty hours and abide by rules and policies.

## VI. Ethical and legal standards:

- a. Candidates/residents/fellows must meet the legal standards to be licensed to practice medicine or to train in the State of West Virginia. As such, candidates/residents/fellows must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them during the application or match process with any CAMC GME Program.
- b. Candidates/residents/fellows must not be listed on any excluded provider list including that of the Excluded Providers List System (EPLS) or the Office of the Inspector General (OIG) which renders them ineligible for certain federal financial and nonfinancial assistances and benefits.
- c. Candidates must meet the requirement for participation in the residency match programs. As such, candidates must disclose any offense to the match process during the applicant, interview phase of candidacy.
- d. Should the intern, resident or fellow be convicted of any felony offense, or any offense that puts medical licensure or training status at risk, while in a GME Program, they agree to immediately notify the Program Director and the GME Office as to the nature of the conviction.
- e. Failure to disclose prior or new offenses can lead to disciplinary action that may include dismissal.
- f. Candidates/residents/fellows must be prepared to meet and maintain all requirements of the Immigration Reform and Control Act and will immediately report a loss of work authorization.

Questions about this policy should be directed to the Office of Graduate Medical Education where your inquiry can be directed to the appropriate individual.

GMEC approved: December 13, 2011  
Effective: December 13, 2011  
Minor revision: November 1, 2022; June 2023

## **Diversity and Inclusion Policy**

### **Definitions:**

**Diversity:** Understands and recognizes individual differences in a person to include differences in life experiences, learning and working styles, personalities, beliefs, views, ideologies as well as race, ethnicity, gender, sexual orientation, age, physical ability, political party, socioeconomic status and other such dimensions of individuality.

**Inclusion:** Achievement of a clinical and educational work environment that treats all individuals regardless of their individual differences with fairness and respect; equal access to opportunities, resources; and provides all persons with a sense of belonging and feeling valued.

**Implicit biases:** Attitudes, beliefs or stereotypes that impact how a person understands, acts and makes decisions in an unconscious manner.

**Microaggressions:** Brief, commonplace, and often subtle statements or actions, whether intentional or unintentional, that communicate discrimination, hostility, or prejudice against individuals of a marginalized group.

### **Policy:**

Charleston Area Medical Center is committed to fostering, developing and maintaining a culture of diversity and inclusion in our clinical learning environment. As an institution, we recognize the value in diversity and believe the individual differences that comprise a health care team will help us achieve excellence in our teaching, learning, and in the clinical care of our patients.

CAMC is dedicated to the implementation of ongoing, systematic efforts focused on our recruitment and retention practices. Not only do we want to work to ensure a diverse work force but to also maintain a clinical learning environment that is fair, equitable, respectful, and free from prejudice. To create and sustain the environment we seek, we commit to a holistic approach which will include, but will not be limited to: convening diverse workgroups dedicated to reviewing our program and institutional policies and practices and making recommendations for improvement efforts as part of an action plan; developing programs and educating staff on the topics of diversity and inclusion including implicit biases and microaggressions; collecting and evaluating feedback and data from our residents/fellows and faculty; and

reviewing and evaluating our efforts to determine overall effectiveness.

CAMC is an equal employment employer in compliance with all state, and federal laws and regulations and does not discriminate nor tolerate discrimination based on race, color, age, religion, national origin, ancestry, sex, sexual orientation, disability, or veteran status. It is the Institution's view that all employees should enjoy a working environment free from all forms of unlawful discrimination and harassment. CAMC's core values and expected code of conduct emphasize that all employees will be treated with dignity and respect and any form of harassment is unacceptable and will not be tolerated.

Faculty, residents/fellows and staff can find all employment practice policies including the EEO policy; Harassment, Sexual Harassment and Bullying; Code of Conduct; Reasonable Accommodation; and Core Values in the Employee Handbook and on CAMnet in the Document Management System. Any staff member with questions or concerns is urged to contact the Human Resources or Graduate Medical Education Office.

GMEC approved: February 2020

## **Accommodation for Disability**

Admission to any of CAMC's GME programs is conditional on the candidate/resident having the willingness and ability to satisfy the technical standards, with or without reasonable accommodation.

Candidates/residents/fellows who have a disability and need accommodations should initiate discussions with the Program Director as soon as the offer of admission/promotion is received and accepted. It is the responsibility of a candidate/resident with a disability to provide sufficiently current information documenting the general nature and extent of their disability, and the functional limitations proposed to be accommodated. GME reserves the right to request new or additional information.

Should a candidate/resident have or develop a condition that would place patients, the candidate/resident or others at risk or that may affect their ability to perform the essential functions of their job, an evaluation with CAMC Human Resources and the Employee Health Department may be necessary. As in initial assessments, a complete and careful reconsideration of all the skills, attitudes and attributes of each candidate/resident will be performed.

CAMC GME Programs, program directors and selection committees are responsible for adhering to these technical standards and process during the selection and/or reappointment of interns, residents, and fellows. When an individual enters a Graduate Medical Education Training program it is expected that all necessary accommodations will be detailed and agreed to by the program *before* resident/fellow begins training.

GMEC approved revision: December 13, 2011  
Effective: December 13, 2011

## **Terms and Conditions of Appointment**

### **Appointment:**

This appointment is authorized by Charleston Area Medical Center (CAMC) and is subject to provisions of the rules, regulations and policies of the governing board.

### **Conditions of Employment:**

Consistent with the provisions of the rules, regulations, and policies of CAMC and the requirements set by accrediting boards and regulatory agencies, the appointment, continued appointment and/or compensation and benefits of the position is contingent upon fulfillment of the responsibilities of the position during the term of the appointment, the availability of funding and the conditions listed below. Failure to comply with these conditions may jeopardize Resident's completion of the residency program or delay Resident in the completion of the residency program.

**License to Practice:** If West Virginia law requires Resident to hold a current permit or license for practice in their specialty, the appointment is subject to the Resident maintaining an unrestricted permit or license from the State of West Virginia and from any other state's licensing authority where the Resident may be assigned. Upon renewal of a required permit or license, Resident must provide a copy of current license renewal to the GME office immediately. Resident shall notify the GME office of any action threatened or taken against their license. Once a resident has obtained a full license, they cannot go back to using a training permit per WV licensure rules and regulations.

If Resident has or elects to obtain a license during residency where the license is not required by law, Resident shall provide documentation of licensure to the GME office along with any renewal information and any action threatened or taken against their license.

All licensure requirements as defined by state law and CAMC must be met prior to entry into the residency and to continue residency.

Pharmacy Residents should consult the CAMC Pharmacy Resident Manual available online on the Pharmacy Program page located at [www.camcmedicine.edu](http://www.camcmedicine.edu) or contact the CAMC Pharmacy Residency Program Directors directly for specific licensure requirement details.

**US Citizen or Visa Status:** All Residents/fellows must be United States citizens or be able to obtain an appropriate visa/work authorization prior to entry into the program and maintain visa status for continuation of the program. CAMC requires foreign medical graduates to meet all requirements of the Educational Commission for Foreign Medical Graduates including enrollment in health insurance coverage prior to or upon entry into the program. International graduates are required by the ECFMG to obtain health insurance coverage with specified guidelines. If CAMC does not offer a plan that is within acceptable guidelines, it is the resident's responsibility to seek and obtain acceptable coverage. Residents/fellows must provide proof of such insurance prior to beginning their program or may elect to enroll in the CAMC benefit plan at orientation. CAMC may be required to document and monitor proof of coverage.

**Appointment term:** Appointment of a Resident is contingent upon the ability of the Resident to be physically present at CAMC and to fully participate in the residency training program during the term identified in their Resident contract. If a Resident is unable at any time to be present and to fully participate, the program in its sole discretion may allow a grace period of up to thirty (30) days, may alter the initial appointment and duration of term, and may cancel the appointment. Any extension of a grace period beyond 30 days will require the approval of the Designated Institutional Official but in no circumstance is CAMC obligated to hold a position for a new or continuing Resident.

Contracts to Residents/fellows will be issued approximately 60 days prior to the beginning of the academic year. Residents/fellows may not continue residency beyond a current contract period. The Resident contract year will

typically be for a one-year term; however, a term may be less than one year in special circumstances. CAMC is not obligated to hold a position for a Resident who has not signed a contract.

In addition to the resident contract, residents/fellows will be given a Professional Practice Contract and will be asked to sign that they have read and understood the terms of the contract. A copy of the Professional Practice Contract is in Appendix C.

**House Staff Responsibilities:** Appointment or reappointment is conditional upon the Resident obtaining and maintaining permission to work at CAMC and other affiliated hospitals or institutions to which the Resident is assigned by the program and CAMC. The Resident shall be subject to all policies, rules, and regulations of those hospitals or other locations of assignment.

**Education and Service Responsibilities:** Appointment is conditional upon Resident maintaining physical and mental ability to perform or to be assigned to patient care and education responsibilities with or without reasonable accommodation.

**Resident and Employment Policies:** Resident must comply with the rules, policies and procedures of the CAMC Health System. These policies include benefit options, conditions of living quarters, meals, professional liability, health and disability insurance and others and may be accessed on the web site at [camcmedicine.edu](http://camcmedicine.edu).

### **Background Checks:**

The employment center will conduct background investigations on all incoming residents and fellows in accordance with the Fair Credit Reporting Act (FCRA) and West Virginia state laws. The investigation is conducted to evaluate and assess the employability of those individuals with a criminal conviction, a pending criminal charge, or some other adverse event as it relates to specifically identified positions.

All background investigations are the property of the company and are maintained in a confidential manner. Copies will not be provided to residents or fellows. The fact that an individual has a criminal conviction is not sufficient to disqualify them from employment. The final decision to employ an applicant with a criminal conviction will be at the discretion of the DIO and the Corporate Director for Human Resources.

Depending on the position the individual has accepted, the following checks may be performed at the time that an offer of employment is being extended and authorization has been obtained by applicant:

- Social security number match
- Licensure verification
- Certification verification
- Employment verification
- Education verification
- Criminal background check
- OIG/GSA checks
- Credit report
- Drivers' License and motor vehicle violation verification

It is important to note that institutions outside of CAMC may require more extensive background checks for residents/fellows completing off site rotations in their facilities.

**Benefits:** All Residents/fellows are eligible for the same health care, disability, retirement and other benefits as offered to other employees. These benefits are reviewed annually and any changes are typically made to be effective January 1<sup>st</sup> of each calendar year. An annual benefit enrollment is conducted in the fall of each year for Residents/fellows to make changes for the following calendar year. International graduates are required by the ECFMG to obtain health insurance coverage. Residents/fellows must provide proof of such insurance prior to beginning their program or may elect to enroll in the CAMC benefit plan at



orientation. CAMC may be required to document and monitor proof of coverage. New House Staff will have the opportunity to elect coverages of their choice during the Human Resources Benefit Orientation upon entering the program. Benefit materials detailing each benefit will be distributed at that time. Residents/fellows are eligible to make changes/additional choices during the annual fall benefit enrollment period. Should you have questions concerning the benefits, please call your Human Resource Associate.

**Specific Assignments:** Specific assignments of this appointment will be determined by CAMC or designated representatives of CAMC and reappointment is conditional upon fulfillment of responsibilities as assigned.

GMEC approved revisions: October 2015, February 2019, November 2022

## **Non-competition**

Neither CAMC nor any of its affiliates/programs may require Resident to sign a non-competition guarantee or restrictive covenant as a condition of appointment to a CAMC sponsored residency program.

GMEC approved revisions: December 10, 2013

GMEC approved revisions: November 1, 2021

## **Mandatory Orientation**

An annual orientation for matched residents/fellows is held prior to the start of a new academic year. Residents/fellows matching into CAMC residency programs will receive a schedule and are expected to be in attendance for the duration of orientation. Failure to attend orientation could result in a delay in the start of residency. Residents/fellows will be given the opportunity to complete all required life support certifications during orientation. Off-cycle residents/fellows will be required to attend a two-day corporate orientation before starting residency.

## **Required Certifications**

All Residents/fellows are required to obtain and maintain Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, and/or Advanced Trauma Life Support certifications as required and defined by each individual program, CAMC patient care standards or the Code Blue Committee. Residents/fellows are responsible for meeting and maintaining these Requirements and sharing updated certifications cards with GME staff. Any resident or fellow found to be more than 60 days out of compliance will be suspended from service until such requirements are met.

## Life Support Training Requirements by Program

Programs	BLS	ACLS	PALS	NRP	ATLS	Additional Comments
Emergency Medicine	X	X	X		X	
Cardiovascular Fellowship	X	X				
Interventional Cardiology	X	X				
Family Medicine	X	X	X			
GI Fellowship	X	X				
Internal Medicine	X	X				
Internal Medicine/Psychiatry	X	X	X			
Neurology	X	X				
OBGYN	X	X		X		NRP only required during 1st year of training
Pediatrics	X	X	X	X		
Pharmacy PG1 Residency	X	X	X			
Pharmacy PG2 Geriatrics	X	X	X			
Pharmacy PG2 Critical Care	X	X	X			
Pharmacy PG2 Internal Medicine	X	X	X			
Psychiatry	X	X	X			
Psychology	X					
Pulmonary/Critical Care Fellowship	X	X			X	ATLS required during second year of fellowship prior to STICU rotation
Surgery	X	X	X		X	
Urology	X	X	X through PG3 year only		X	PALS is required through PGY3 PGY4-5 only what the institute requires (BLS)
Vascular Fellowship	X	X			X	
Vascular Integrated	X	X			X	
GVMC ONMM	X	X	X	X		Required to recertify yearly
GVMC FM	X	X	X	X		Required to recertify yearly

GMEC approved: June 2023

## Health Information and Testing Requirements

Upon initial appointment at CAMC and throughout a resident's appointment, resident must provide all health information as may be required by CAMC for residents/fellows to perform assigned duties. Such information may be required upon notification of initial appointment at CAMC; may be required prior to the date of employment/assignment; and for continued appointment at CAMC. Residents/fellows shall not assume on site duties without meeting all requirements defined by CAMC Employee Health and Safety policies. Non-compliance to such policies and/or failure to present required documentation will result in the cancellation of a resident's appointment to the residency program.

Residents/fellows appointed to CAMC residencies will be required to meet all employee health requirements prior to assuming or continuing resident duties. Requirements include but are not limited to:

- completion of the Health Assessment Form is considered part of the resident contract. All residents/fellows must complete and return a completed signed contract including the Health Assessment

Form, when requested. Failure to complete and return the form shall result in voiding the resident agreement/contract;

- submission of supplemental information or additional testing documentation as may be deemed necessary by the Employee Health Department;
- completion of an on-site employee health evaluation that may include an examination; review and/or administration of all CAMC required immunizations; and/or and additional health testing as prescribed by the Employee Health department;
- submission to drug testing for the purpose of determining drug use or alcohol abuse as required of all CAMC employees; and
- other requirements as may be deemed necessary by the Employee Health Department upon initial appointment to the program.

Charleston Area Medical Center is committed to providing a safe and substance-abuse free environment for employees, patients, and visitors. Residents or fellows who are experiencing problems with alcohol or other drugs are urged to voluntarily seek assistance through a mental health or substance abuse program to resolve such problems before they interfere with their work. A resident or fellow who is impaired or under the influence of, or in possession of, unauthorized drugs or other substances while on duty, while carrying out the business of the organization, or during work hours is in violation of CAMC's commitment to safety.

CAMC may test both current resident and resident applicants for inappropriate drug and/or alcohol use as a condition of continued employment or hire.

The term "unauthorized drugs or other substances" refers to the use of alcohol and to both illegal drugs and legally prescribed drugs when such drugs are used in a manner inconsistent with how they were prescribed. CAMC treats medical marijuana the same as any other illegal drug. Misuse of prescribed drugs while engaged in company business will be considered a violation of the substance abuse policy. Residents/fellows who use prescription medications that could reasonably impact their performance of essential job duties should notify employee health of these prescriptions and should update their employee health records during their health review and/or if the prescription changes. The company may conduct drug and/or alcohol testing for, among other legitimate drug abuse prevention and/or treatment purposes, the following:

- Deterrence and/or detection of possible illicit drug use, possession, sale, conveyance, or distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner, on or off the job, or the abuse of alcohol or prescription drugs;
- Investigation of possible individual employee impairment;
- Investigation of accidents in the workplace or incidents of workplace theft or other employee misconduct;
- Maintenance of safety for employees, customers, clients or the public at large; or
- Maintenance of productivity, quality of products or services, or security of property or information.

If the company receives a drug and/or alcohol test result indicating a violation of its policies, the resident could face termination. Residents/fellows who refuse to submit to the test, or cannot produce a specimen in the required timeframe, could also face termination.

If a drug or alcohol is found to be present in the resident/fellow's system, the resident/fellow may be terminated and forfeits their eligibility for unemployment compensation benefits and, if injured at the time of the intoxication, indemnity benefits under the Worker Compensation Laws.

Testing of current residents/fellows will be conducted during, or immediately before or after, a regular work period, and will be considered time worked for purposes of compensation. The company will pay the costs of all drug and/or alcohol tests it requires of residents/fellows. (Note: confirmatory retests, if authorized, are usually at the individual's cost.) Any individual whose drug test is confirmed positive will be offered the opportunity to provide, in confidence, information that may explain the positive result, such as recently used prescription or

nonprescription drugs, or other relevant medical information. If the individual provides information demonstrating that the test result may be explained by a lawful medical reason the test provider will report the test as negative to the company. Residents/fellows who need an accommodation to participate in the testing process, should please contact a human resources representative or the test administrator as soon as possible.

Because it is a criminal offense to use, possess, distribute, or sell illegal drugs, or to have illegal possession of legal drugs, offenses of this nature will result in immediate termination. The company reserves the right to report such activity to appropriate licensing boards, agencies, and law enforcement.

Alcohol may be present and consumed in moderation at officially sanctioned events when authorized by senior management.

The results of all examinations of Resident or Fellow shall be provided to the CAMC Employee Health Office. All health information including on-site examination, immunizations and testing results shall become part of the Employee Health record at CAMC.

Annual Employee Health Review. As CAMC employees, Residents and Fellows are to report to employee health every year during their birth month. Screening may include, but is not limited to, a review and/or administration of all required immunizations and a blood pressure check. Residents and Fellows will receive periodic reminders and are expected to comply with requirements or face possible disciplinary action for noncompliance.

Periodic Testing. Subsequent to the Commencement Date, residents and fellows must submit to periodic (post-appointment) health examinations and supplementary tests, provided by CAMC Employee Health, which may include tests for drug use and/or alcohol abuse, as are deemed necessary by CAMC or the Institute to ensure that Resident/Fellow is physically, mentally, and emotionally capable of performing essential duties and/or as are otherwise necessary to the operation of the Program.

Resident/Fellow agrees to continue to meet CAMC's, the Institute's and the State of West Virginia's standards for immunizations in the same manner as all other CAMC personnel. Residents/fellows seeking an exemption to a required immunization are required to consult the CAMC Employee Health office for instruction. Failure to comply with all CAMC employee health requirements including required immunizations, in the absence of a CAMC granted exemption, may result in termination of appointment.

The same requirements concerning Resident's health status that applied at the time of Resident's initial appointment shall apply thereafter and shall constitute a continuing condition of this Agreement and Resident's appointment to the Staff unless CAMC or the Institute changes these requirements subsequent to the Commencement Date hereof.

Revised and GMEC approved: 10/12/2021, 11/1/2022

## **National Provider Identifier (NPI)**

The National Provider Identifier (NPI) is a 10-digit identifier resulting from a HIPAA mandate that a standard, unique identifier be adopted for health care providers. Once assigned, a provider's NPI will not change and will remain with them regardless of location or employer changes. All health care providers who bill for services will need to use the NPI in the processing of health care claims covered under HIPAA. Residents/fellows may apply individually for a number at any time and are asked to do so immediately upon accepting a residency position. There is no charge and the process only takes a few minutes to complete. NPPES will send an email notice with the assigned NPI number which residents/fellows need to share with the GME office and appropriate program coordinator.

As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share NPIs with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes. Residents/fellows need to include their NPI numbers on all prescriptions.

Instructions for the application of an NPI are sent out with resident onboarding materials but are also available on the NPI link at <https://nppes.cms.hhs.gov>.

## **Medicaid Enrollment**

Residents/fellows will need to enroll with West Virginia Medicaid and CHIP programs as ordering, referring, and/or prescribing providers for state Medicaid beneficiary patients. Appropriate enrollment documents and forms are distributed prior to new resident orientation and can also be obtained in the GME office.

## **Provider Enrollment, Chain and Ownership System (PECOS)**

Residents/fellows will need to enroll with Medicare as an ordering and referring provider as part of the Provider Enrollment, Chain and Ownership System (PECOS) using form CMS-855O from the Centers for Medicare and Medicaid Services found on their website found on <https://www.cms.gov/MedicareProviderSupEnroll> . Residents/fellows need to register with PECOS solely for the purpose of ordering and referring items or services for Medicare beneficiaries. New residents/fellows will receive instruction with their onboarding materials.

## **Institutional Drug Enforcement Agency Number (DEA)**

Residents/fellows are assigned an Institutional DEA number plus a resident identifier suffix when they begin residency with CAMC. The DEA numbers assigned will be specific to this institution, can only be used for CAMC patients, and cannot be used for patients seen at affiliated institutions or on outside rotations. In those circumstances, the resident would have to rely on the supervising physician for prescribing. If a resident applies for and receives an independent DEA number for the purposes of moonlighting or other reasons, the resident must share that number with the GME office and should use it. Residents/fellows should provide their institutional DEA number on all scripts.

## **Diploma/Transcripts**

An official copy of a resident's diploma and final transcript showing the resident's professional degree with graduation date must be received by the GME office before the resident can commence training with CAMC. Under unusual circumstances, residents/fellows unable to obtain a transcript and diploma before the start date should consult the GME office for direction.

# III. Administrative Policies and Procedures

CAMC's Policy and Procedures are available on CAMnet as part of the CAMC Document Management System and can be found using the following link: <http://camnet/dms/app/home.aspx>

Residents/fellows are expected to be familiar with the scope of the policies and act in accordance with relevant CAMC policies at all times. Policies are updated on an as-needed basis on-line.

If a resident needs help locating a specific policy, they can contact the Graduate Medical Education office or Human Resources for assistance.

## **Employment Practices**

Charleston Area Medical Center (CAMC) is committed to employ, in its judgment, the best qualified candidates while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. The best qualified individuals are selected without regard to race, color, age, religion, national origin, ancestry, sex, sexual orientation, disability, or veteran status. It is the policy of the company to provide equal employment opportunity to all applicants and employees.

CAMC, as an Equal Opportunity Employer, provides equal employment opportunity in compliance with all local, state, and federal laws and regulations and does not discriminate nor tolerate discrimination based on race, color, age, religion, national origin, ancestry, sex, sexual orientation, disability, or veteran status.

Additional information regarding personnel policies and procedures is contained in the CAMC Employee Handbook

GMEC approved: December 10, 2013  
Revised and GMEC approved: 11/1/2022

## **Documentation of Orders**

Orders should be in a physician's own **legible handwriting or electronically as allowed by institutional policy. All orders should be dated, with the time the order is written.** Verbal orders and telephone orders are discouraged at all times and are acceptable only when physician presence is not possible. When physicians are present, nurses or other health professionals may require written orders by Residents/fellows. If verbal orders are necessary, they must be reduced to writing by nursing personnel and signed by the Resident within 24 hours.

An error in writing orders should be marked out with a single line through the error and the word "error" written above, signed, dated and the order given directly to the nurse or unit clerk. Changes may not be made after the nurse signs an order. Any change must be written as a new order.

Resident documentation must be provided in legible handwriting. To avoid potential identification issues, Residents/fellows should provide pager numbers as an additional identifier for all required documentation. Handwriting consultation will be available to Residents/fellows who may need assistance in meeting legibility requirements. Residents/fellows may be required to attend special courses or consultation at their own expense.

Informed consent for procedures requires the signature of the attending physician prior to any procedure. Residents/fellows may provide informed consent and document with signature only if they are directly involved in the care of the patient.

## **Medical Student Orders**

Third and fourth year medical students may write orders in the medical record for the care of patients. Orders written by medical students may not be carried out until confirmed (in writing or verbally by the Resident and/or the attending physician). Medical Student orders confirmed verbally by either a Resident or attending physician must be signed by the Resident/attending within 24 hours. Medical students are not permitted to give verbal or telephone orders.

## **Medical Records**

Completion of medical records is essential to assuring the highest quality of patient care. Therefore, it is imperative to complete medical records immediately. Residents/fellows must comply with medical records policies set forth by the institution which states that *“the patient’s medical records shall be made complete at the time of discharge and include progress notes, final diagnosis, and clinical summary, but regardless of any other circumstances medical records should be made complete within 15 days of discharge or as otherwise specified by CAMC.”* The Resident will be notified of any delinquencies and all delinquencies will be reported to the Graduate Medical Education Office and the Residency Program Director. Residents/fellows not in compliance with medical records policies are subject to disciplinary procedures.

## **Requirement of Chaperone in Patient Examinations**

Unless otherwise specified by the program or medical staff department policy, the presence of a chaperone of the patient’s gender is required whenever a Resident of either sex examines a female patient’s breasts or any patient’s genitalia. The only exception would be in the event of a true emergency.

## **Non-Hospital/Non-CAMC Settings Assignments**

Residents/fellows may not provide services to patients in non-hospital settings without the expressed permission of the residency program director. All non- hospital or non-CAMC location assignments must be assigned by the program director and is subject to the approval of the Designated Institutional Official (DIO) for GME at CAMC. CAMC’s professional liability insurance program applies only to official Resident assignments within the training program requirements as assigned by the official program director and approved by CAMC. All such assignments must be approved in advance and are subject to duty hour policy. Provision of physician services outside the residency training requirements as assigned by the program director shall be considered Moonlighting and is subject to Moonlighting policy. Residents/fellows shall not engage in physician services at non- CAMC facilities unless assigned as part of the training assignment by the program director or approved as an approved Moonlighting experience.

# IV. Resident Benefits and Support Services

## Overview

New House Staff will have the opportunity to elect coverages of their choice during the Human Resources Benefit Orientation upon entering the program. Benefit materials detailing each benefit will be distributed at that time. Residents/fellows are eligible to make changes/additional choices during the annual fall benefit enrollment period. Should you have questions concerning the benefits, please call your Human Resources Office.

## Educational Travel

Residents/fellows in a one-year training program are eligible to receive up to \$500 in travel reimbursement toward the costs of local and/or regional meetings/conferences during the academic year. Residents/fellows at the PG2 level and above are eligible to receive reimbursement up to \$3,000 toward the costs of one (1) approved continuing medical education (CME) conference during the residency program.

Approved travel funds are not taxable. In order to request use of travel funds, residents/fellows must complete the "Education-Request for Travel" form and submit required paperwork at least sixty (60) days in advance. This form must be completed with an estimate of all required expenses, justification for travel, and the signatures of the Program Director and the Director of Education. Submitted travel requests must meet the following criteria:

Educational activity should be sponsored or hosted by the resident program's national organizations or societies or a board review course for PG2 residents/fellows and above. (A list of approved sponsors can be provided in advance by the program director.) One-year programs must consult with the program director regarding acceptable local and regional meetings/conferences.

Educational activity expenses are not reimbursable above \$3,000 for PG2 residents/fellows and above or \$500 for interns in one-year programs.

- Events must meet current CAMC travel guideline.
- Out of the country travel is not permissible.

In addition, the Program Director's signature will serve as confirmation of relevance of proposed meeting to the clinical, educational or research assignment at CAMC. All travel reimbursement is subject to Institutional Travel Policy 20DAA01939 specifying reimbursement and payment processing procedures. Residents/fellows will be held responsible for obtaining an updated travel policy upon making travel plans. Residents/fellows should contact the GME office in order to complete and process the "Request for Travel" forms and reimbursement forms. Travel reimbursement requests for all residents/fellows must be turned in no later than ten (10) days after the trip. Additionally, graduating residents/fellows must ensure that all travel reimbursement requests are submitted to the GME office no later than 30 days prior to the end of the residents/fellows' residency with CAMC to be eligible for reimbursement.

GMEC approved: October 2015 Effective: July 2016



## **Board Eligibility**

Residents/fellows must monitor for the duration of their residencies/fellowships their progression toward board eligibility requirements as defined by their specialty boards including, but not limited to, procedural requirements, time away from the training program limits, and months served per PG level. Any interruption in the resident's training has the potential to impact the duration of the residency training, graduation date and/or board eligibility. For questions regarding eligibility for specialty board examinations, residents/fellows should consult the board directly or consult with their program director regarding their board requirements.

Links to each board website are listed below:

Cardiovascular Disease - [www.abim.org](http://www.abim.org)  
Interventional Cardiology –[www.abim.org](http://www.abim.org)  
Emergency Medicine –[www.abem.org](http://www.abem.org)  
Family Medicine – [www.theabfm.org](http://www.theabfm.org)  
Gastroenterology – [www.abim.org](http://www.abim.org)  
Internal Medicine – [www.abim.org](http://www.abim.org)  
Neurology – [www.abpn.com](http://www.abpn.com)  
Obstetrics and Gynecology – [www.abog.org](http://www.abog.org)  
Pediatrics – [www.abp.org](http://www.abp.org)  
Pulmonary/Critical Care –[www.abim.org](http://www.abim.org)  
Psychiatry – [www.abpn.com](http://www.abpn.com)  
Surgery/Vascular – [www.absurgery.org](http://www.absurgery.org)  
Urology – [www.facos.org](http://www.facos.org)

GMEC approved: December 10, 2013; Updated: June 2023

## **CAMC Professional Liability Protection**

CAMC participates in an actuarially sound self-insurance trust fund dedicated to protecting the assets of the corporation, its employees, including House Staff and certain other individuals against expenses, fees, settlements, and judgments related to claims based on alleged negligence in the care of patients. The House Staff is protected by this trust fund while acting within the scope of employment as a Resident at CAMC. The protection afforded to House Staff shall at all times be in an amount at least equal to the minimum amount required of CAMC medical staff members as a condition of staff membership.

### **Scope of Coverage**

Because CAMC covers House Staff through the assets of the trust fund, the protection afforded to the House Staff is equivalent in scope to “occurrence” based insurance coverage. Accordingly, House Staff are protected by the self-insurance trust fund for liability arising with respect to events that occur while they are House Staff acting within the scope of their employment, regardless of when the claim is first asserted. While most malpractice claims are asserted within two years after the provision of the allegedly negligent medical care, under certain circumstances, malpractice claims may be made as long as twelve years following the provision of medical care. The financial protection herein continues to apply even after the Resident is no longer employed by CAMC, as long as the event at issue occurred within the scope of the Resident's former employment with CAMC.

CAMC's professional liability protection does not extend to activities outside the scope of employment or the scope of the training program (see also “Moonlighting” in this manual). The House Staff is advised to contain their practice of medicine, dentistry, pharmacy, or psychology to their assigned duties if they do not have their own personal malpractice insurance coverage and permanent licensure. Any House Staff who has questions about the scope of protection available through the trust fund should consult with CAMC's Office of the General Counsel. A copy of the professional liability insurance coverage details is available from the Office of the General Counsel to the resident upon request.

## **Obligations of House Staff**

The extension of professional liability protection by CAMC to House Staff invokes certain obligations on the part of the House Staff. Although CAMC is not an insurance company and does not issue a “policy” to its employees, CAMC does expect cooperation from the House Staff in connection with reporting claims, settling claims, defending lawsuits, and related matters. By accepting the liability protection provided by CAMC, House Staff agree to make themselves available and participate in the defense of any professional liability claim in which they are involved in any manner, even after they have completed their residency training.

CAMC reserves the right to make all decisions with respect to the defense and settlement of claims and lawsuits involving CAMC and/or a member of the House Staff. CAMC may be obligated by law to report payments of malpractice settlements and judgments on behalf of physicians to the National Practitioners Data Bank and the West Virginia Board of Medicine and shall do so with respect to the House Staff as required by law.

House Staff are expected to adhere to all CAMC policies and procedures relating to reporting claims and incidents, whether or not the same are referred to in this manual. House Staff should report any direct knowledge of intent by any individual to pursue a claim against CAMC with respect to an alleged event of medical malpractice by contacting CAMC’s Office of the General Counsel. Such contact shall be in addition to any other procedures applicable to the situation.

A House Staff employee who is served with a summons and complaint or any other legal document with respect to an alleged event of medical malpractice must contact CAMC’s Office of the General Counsel immediately. Failure to do so could result in a default judgment against the House Staff member and a voiding of the protection of the House Staff member by CAMC.

House Staff are expected to cooperate fully in their own and CAMC’s defense. While CAMC pays expenses associated with lawsuit defense, House Staff are expected to give whatever time is necessary to participate in the defense of a case that involves a House Staff employee, whether or not the House Staff employee is actually a named party in the lawsuit.

In-service training sessions are conducted periodically for House Staff with respect to insurance and liability matters. House Staff are required to attend such sessions as notified and directed by their Program Director or as directed by CAMC administration. These in-services will be designed to prevent and to protect House Staff members and CAMC from liability for alleged acts of medical malpractice.

## **Legal Consultations**

Attorneys employed by CAMC are available for consultation with regard to matters involving potential professional liability and other patient care matters within the scope of the House Staff’s employment. House Staff who seek legal advice in these matters are encouraged to contact the attorneys directly. Please call the CAMC Office of the General Counsel for a consultation.

GMEC approved revision: December 10, 2013

## **Leave**

Leave time is subject to review by all parties involved with the resident or fellow assignment, with sufficient advance notice and appropriate consideration for patient care. Vacation, educational leave, planned leave of absences, and flex days must be approved in advance by the Program Director responsible for the resident and the Program Director and the attending of the service to which the resident is assigned.

Residents/fellows are expected to be in attendance for the full contract term unless they are on scheduled leave or granted a leave of absence. Attendance or approved leave is required for the duration of the contract even if the resident has completed all program requirements before the contract’s end date. Leave times are allotted

per PG-year, not per Academic year. New allotments of leave are available once a resident promotes to the next PG level.

### **Board requirements regarding absences from the training program**

Most specialty boards have policies regarding the impact that absence from the training program has on specialty board eligibility. **Residents/fellows should be aware of their specific program and certifying board requirements regarding absences from the training program when requesting time off.** Excess time off may result in an extension of the residency program.

### **Vacation leave:**

All residents/fellows are allocated three (3) weeks of vacation during the PG year. The vacation time must be taken in three seven-day blocks. The Program Director may, at their discretion, allow smaller increments to be used for one of the weeks in one PG year. The Program Director may, at their discretion, assign vacation as appropriate to meet educational or patient care requirements and has the authority to approve or deny individual vacation requests. Vacation time is allocated with the understanding that it will be used within the allotted time period. No vacation days can be carried over.

A work week block is counted as seven (7) consecutive days. Once vacation is assigned or approved, changes to the schedule are not permitted without expressed approval of the program director or as otherwise defined by program policy. Residents are responsible for notifying all necessary individuals, including paging operators, of changes to a published or posted schedule that occur because of a change.

There is no compensatory vacation leave for holidays worked by the resident.

Efforts will be made to respect cultural preferences when considering holiday schedules. The program director will structure or assign leave during holiday periods to ensure quality patient care, while considering equity, fairness, and compliance with duty hour requirements.

*\*Note: Pharmacy residents have a slightly different vacation policy to ensure the programs are in alignment with the ASHP program requirements and board eligibility requirements. Pharmacy residents should abide by their program policy regarding vacation time.*

### **Educational leave:**

Educational leave is provided at the discretion of the program director to support educational activities that require the resident to be excused from clinical duty. Most frequently, residents/fellows use educational leave to attend a specialty-focused meeting or board review course. A maximum of seven (7) days can be approved during an academic year for the purposes of attending approved activities. Educational leave time may not be accumulated and carried over to the following academic year. All educational leave must be approved in advance.

### **Well-Being Flex Days:**

All Residents/Fellows receive a maximum of three (3) paid Flex Days per academic year. Unused Flex Days do not carry over to the following academic year. Flex Days must be used in one full day increments and require pre-approval by the program director.

Flex Days are intended to assist residents/fellows in managing personal issues (such as health appointments or other scheduled well-being appointments) or unexpected life events (such as home, family or personal situations that require time away from work). Flex Days are not intended to extend approved vacation time or holidays, substitute for unapproved vacation time or holiday requests, to be taken to avoid work assignments (such as night or weekend shifts), or to replace the use of any other leave covered in this policy for which the resident/fellow is eligible.

In a resident/fellow's senior year when fellowship/post training interviews may occur, or in the case of a preliminary program resident interviewing for a categorical position, three (3) additional flex days may be granted exclusively for the purposes of interviews. The program director may request documentation of a scheduled interview.

Flex Days should be scheduled in advance via written request to the Program Director or designee using the GME Flex Time Off Request Form or using the leave approval process designated in your program.

Unless requested for an interview, a resident/fellow is not required to disclose why they wish to use a Flex Day; however, the program director or designee may ask a resident/fellow to voluntarily self-disclose, especially if concerned about Resident/Fellow well-being or if concerned that the policy is being used inappropriately. **If the program cannot accommodate the time away due to patient care needs, the program director or designee may deny a resident/fellow's request to use a Flex Day.** For any denials, the program director or designee will notify the resident/fellow of the reason for the denial.

### **Bereavement leave:**

Residents/fellows are eligible to receive time off with pay in the event of the death of a family member or relative. This leave provides up to three (3) scheduled workdays with pay for immediate family members and one (1) scheduled workday for an immediate relative. The program director or their designee must approve any bereavement leave request. Immediate family members are defined as: spouse, child, stepchild, parent, brother, sister, grandparent, grandchild, foster parent, stepbrother, stepsister, or stepparent, son-in-law, daughter-in-law, or parent-in-law. Immediate relatives are defined as: nephew, niece, aunt, uncle, great grandparent, brother-in-law, or sister-in-law. Proof of relationship or attendance may be requested.

### **Sick leave:**

Residents and fellows are provided with a maximum of five (5) total sick days per academic year for their own personal illness. Any resident/fellow off for three or more consecutive days will need to have approval from Employee Health to return to work. For any absences after three total days, residents and fellows may need to provide a doctor's excuse. The intent of providing a sick leave benefit is to ensure uninterrupted salary income in the event of an illness. Sick leave will be paid in conjunction with worked time in a fourteen (14) day pay period regardless of the days in which the actual illness occurred. Therefore, weekend days are counted in sick leave calculations for residents. Resident sick time is not to be used to care for a sick relative. Time off for family must be counted as vacation time or scheduled as a Flex Day.

### **Paid Medical, Parental, and Caregiver (PMPC) leave:**

Residents and fellows are entitled to a total of six (6) weeks of paid medical, parental, and caregiver (PMPC) leave once during their residency/fellowship program. During PMPC leave, residents/fellows will receive one hundred percent (100%) of their pay and benefits. This leave time is separate from vacation, sick and flex days but is designed to coincide with Family Medical Leave, when applicable.

Residents/fellows may apply for this leave at any time during their program, beginning with their first day of employment agreement. To apply, residents/fellows must first obtain a copy and complete the "Intent to Apply for PMPC leave" form available from their program coordinator. For non-emergent leave, requests should be made at least four weeks prior to the anticipated leave period, or at the earliest date possible. In an emergent situation, the resident/fellow should complete the request for leave as soon as feasible and submit to the program coordinator. Once the "Intent to Apply for PMPC Leave" has been submitted to the respective program director and the GME office at [gme@camc.org](mailto:gme@camc.org), the resident/fellow will then also apply directly for Family Medical Leave (FML) by calling the FML intake line at 304-388-3924. A member of the CAMC HR or GME team will follow back up with the resident/fellow about their FML request to discuss next steps.

Residents/fellows should discuss their leave plans as soon as they identify a need, to minimize disruptions to patient care and to plan for implications of the leave. Certifying boards have differing requirements and vary on the number of training dates inclusive of vacation, sick, PMPC, and other leave types a resident/fellow can miss during residency or fellowship. When the total amount of missed days exceeds the number allowed by the certifying specialty board, additional time may need added to the end of the residency or fellowship training period. If a resident/fellow misses the completion of certain rotations, required as part of residency or fellowship training, additional time may need added to make up for the training. The program director will provide an impact on training letter to the resident/fellow to communicate the impact the leave period will have on residency/fellowship training dates.

Residents/fellows can use PMPC leave to cover absences related to parental leave (birth, adoption, placement for adoption, or fostering), a personal illness/injury, or family member's illness/injury to include spouse, child, or parent.

- Parental leave must be taken within ninety (90) days after delivery, adoption of a child or placement of a child for foster care.
- To be eligible for PMPC leave for personal illness/injury, residents/fellows must provide medical certification from their own physician.
- To be eligible for PMPC leave for a family member's illness/injury, residents/fellows must provide medical certification from the official physician of the family member. Caregiver leave can be taken for the care of a sick spouse, child, or parent. Caregiver leave for any other family member would require an exception from GME and HR leadership.

### **Extended absences beyond PMPC leave:**

Any resident/fellow anticipating an extended absence from the training program must communicate with their program director, program coordinator and the central GME office. The program, the GME office and CAMC Human Resources must all be aware of the time off to ensure that a resident/fellow continues to receive the appropriate pay, benefits, and training credit during the absence.

For absences that exceed the six-week absence outlined in PMPC leave policy, additional leave time options may be available. Other leave options include, but are not limited to, additional vacation leave, sick leave, Flex Days, short term disability, FMLA or unpaid leave.

### **Short-term Disability:**

Residents/fellows are encouraged to sign up for short-term disability coverage during orientation. Short-term disability, if elected, is effective beginning their first day of employment with CAMC. Residents/fellows electing to use short-term disability are required to use five (5) days of vacation time, or five (5) days of non-paid time in the event there is no vacation balance, before short-term disability coverage takes effect. If residents/fellows do not elect short-term disability, unused vacation or other leave can be used to maintain pay. If residents/fellows have no vacation or other options for paid time off, residents/fellows will be unpaid for time off beyond the benefit offered in the PMPC leave benefit.

### **Authorization to return to work:**

If a resident/fellow misses three (3) consecutive days of work due to illness, including parental leave, Employee Health must release the resident/fellow prior to returning to work. Residents/fellows are required to provide physician documentation outlining the return-to-work date and any work-related restrictions to the Employee Health office.

### **Family medical leave:**

The Family and Medical Leave Act (FMLA) provides residents/fellows up to 12 weeks of leave (unpaid, paid or combination of paid and unpaid) in a 12-month period provided the resident/fellow has completed twelve (12) months of total service with the company and has worked 1,250 hours in the previous twelve (12) months.

Residents/fellows who apply at the Human Resources Office for Family Medical Leave (FML) will receive a summary of this policy titled “Your Rights and Responsibilities Under The Family and Medical Leave Act of 1993 (FMLA)” and will be asked to sign that they received the form.

Family Medical Leave (FML) may be requested through the Human Resources Office for one or more of the following reasons:

- The birth of a child, or to care for such child (leave must be concluded no later than 12 months after date of birth); or
- A child's placement for adoption or foster care (leave must be concluded no later than 12 months after date of adoption); or
- To care for a spouse, child (age 18 or under), or parent (but not parent-in-law) who has a serious health condition; or
- A Resident/fellow's serious health condition that prevents the employee from performing one or more essential functions of the job.
- Qualifying exigency arising out of the fact your spouse, son, daughter, or parent is on active duty or call to active-duty status in support of a contingency operation as a member or the National Guard or Reserves.
- You are the spouse, son, daughter, parent or next of kin of a covered service member with a serious injury / illness.

Intermittent FML approvals will not exceed thirty (30) calendar days unless expressly indicated by Employee Health and documented on a FML approval letter.

Residents/fellows with spouses who also work at CAMC are required to notify the company as such at the time of FML application for birth, adoption or to care for each employee's own parent with a serious health condition. Employees will be limited to share a maximum of twelve (12) weeks FML time off in a 12-month period. Failure of the Resident to provide such information may result in the loss of Family Medical Leave protection for all or part of the leave.

**FML is an “unpaid” bank of time;** however, you may be required to concurrently use accrued benefits to generate pay (i.e., vacation days, PMPC leave) and in some cases you may voluntarily request/apply to use other pay sources (i.e. short term disability benefits, long term disability benefits, sick days). In all cases, Residents/Fellows must exhaust all forms of paid leave before being approved for unpaid leave by the Program Director.

#### Medical Certification for Paid Medical, Parental or Caregiver Leave and Family Medical Leave (Certificate of Health Care Provider Form)

CAMC requires a Certificate of Health Care coverage to be completed by the healthcare provider that is treating the Resident/Fellow or family member for the PMPC or FML reason requested. This certification is required for all applications of PMPC or FML regardless of reason. This certification must be returned no later than 15 calendar days after the form is received from the Human Resources Office.

It is the Resident/Fellow's responsibility to deliver the certification to the healthcare provider and conduct any necessary follow up to ensure that it is completed and returned on time to Employee Health. Failure to meet the 15-calendar day time frame may result in the delay or denial of the PMPC or FML request.

Once the certification has been returned to Employee Health, a verbal decision of “approved” or “denied” will be conveyed to the Resident/Fellow. A written notice will be issued to the Resident/Fellow, Program Director, GME office, and the Human Resources Office within a reasonable period of time documenting the decision.

CAMC may require a second medical opinion at the expense of the company. If the first opinion (health care provider chosen by the Resident/Fellow) and the second opinion (health care provider chosen and paid for by CAMC) differ, CAMC may require a binding third opinion from a healthcare provider approved jointly by the company and Resident/Fellow (paid for by CAMC).

## Employee Responsibility of Advance Notification of the Need for Leave

To the extent foreseeable, the Resident/Fellow must give the Program Director a minimum of 14-calendar days' notice of the need for Family Medical Leave unless it is not practicable due to unforeseen circumstances that would prevent such notification. If the leave is not foreseeable, absent unusual circumstances, employee must comply with the employer's usual and customary notice and procedural requirements for requesting leave.

If leave will be used for planned medical treatment for the employee or family member (i.e., scheduled medical appointments) it is the employee's responsibility to make a reasonable effort to consult with the manager/supervisor to schedule those appointments outside the work schedule and/or to minimize the disruption to the company.

The company reserves the right to inquire about advance notice and scheduling efforts of the employee to the extent necessary to determine if a reasonable effort was made. Failure to meet proper notice requirements may result in the delay or denial of FML coverage.

## Job Protection and Benefits

The Resident/Fellow and Program Coordinator are responsible for tracking used and remaining FML hours. The starting total hours will be issued to the Resident/Fellow at the time of FML application through Human Resources.

While on Family Medical Leave the Resident/Fellow will be entitled to medical benefits with the same premium payment, as they would have if they were not on Family Medical Leave. Those premiums will be deducted from the paycheck, or in some cases, when an employee is placed on a "Leave of Absence," they will be notified in writing that it will be necessary for the Resident/Fellow to pay premiums directly to the company (i.e., personal check). Failure to make required benefit payments (30 days in arrears) may result in the loss of benefit coverage and in some cases may result in new waiting periods for certain benefits. If loss of benefits occurs, the Resident (and family members where applicable) will be notified of their COBRA rights for continuation of coverage.

It should be noted that extended leaves might also extend the anticipated residency/fellowship completion date accordingly.

## Returning To Work

Residents/fellows return to the same or an equivalent position and general terms and conditions of employment and benefits if the employee returns to work prior to the exhaustion of Family Medical Leave. However, an employee has no greater right to restoration or to other benefits than if the employee had been continuously employed during the leave period. "Equivalent position" is defined as one with the same pay, benefits, working conditions, shift and status held prior to the leave. Employees who do not return to work upon the expiration of their PMPC or Family and Medical Leave may be terminated.

Upon returning to work from each PMPC or Family Medical Leave occasion, the Resident/Fellows must be evaluated by Employee Health no later than two business days after the employee's return to work date. In some cases, such as for short term disability or Workers' Compensation, Employee Health must evaluate the Resident/Fellow prior to returning to duty. This evaluation includes a fitness for duty exam, verification of medical information, and advance notice requirement analysis. Failure to complete this required step in the PMPC or FML process may result in the forfeiture of coverage and may result in termination of employment.

Residents/Fellows who have been released to return to work from a leave of absence and do not report to Employee Health for fitness for duty determination within two business days may be terminated from employment.

If a Resident/Fellow is released to return to work from PMPC or FML with medical restrictions which prevent them from performing all the essential functions of the job, the Resident will not be entitled to the original position.

If a Resident/Fellow is utilizing intermittent PMPC or FML and is not able to meet work responsibilities or required status hours, (i.e., full-time = 80 hours a pay period) the company may require the Resident/Fellow to transfer temporarily to an available alternative position with equivalent pay and benefits if qualified for the position and it better accommodates recurring periods of leave better than the Resident/Fellows regular job. An alternative position for these purposes does not have to have equivalent duties and may require a status change, work schedule change or change in duties to an alternative position or assignment to accommodate the reoccurring Family Medical Leave. When the employee is fully again able to perform all the essential functions and meet the work schedule requirements, they will be restored to the original status and assignment.

### Workers' Compensation, Short Term Disability and FML

Workers' Compensation leave greater than three calendar days and FML will automatically run concurrently if the Resident/Fellow's condition qualifies for Family Medical Leave. Employee Health will utilize the OSHA form as the medical certification to verify that a Workers' Compensation illness or injury also qualifies under the FMLA as a "serious health condition".

Prior to the expiration of the FML entitlement, the Resident/Fellow may not be forced to return to work in a light duty assignment. However, if a Resident/Fellow refuses to accept a medically approved light duty assignment, the FMLA does not prevent state workers' compensation laws from suspending the payment of workers' compensation benefits as a result of the Resident's refusal.

A Resident/Fellow does not have to exhaust vacation days, short term disability benefits, and sick days while receiving Workers' Compensation benefits.

Short term disability leave and Family Medical Leave will automatically run concurrently if the Resident/Fellow's condition qualifies for FML. Employee Health will utilize the Short-Term Disability Certification form as the medical certification to verify that a STD illness or injury also qualifies under the FMLA as a "serious health condition".

Matters not specifically covered in this section will be controlled by the provisions of the Family Medical Leave Act of 1993.

GMEC approved revisions: 11/1/2022; 06/2023

## **Extension of Residency Due to Leave Time**

In general, extended absences from the training program will require extension of the training program subject to the program requirements in each department and specialty board requirements. Residents/fellows are entitled to timely notification from the program regarding the effect that time away from the training program will have on meeting training requirements necessary for program completion, graduation and board eligibility.

GMEC approved revision: December 10, 2013

## **Housing**

CAMC operates housing units in Dunlop Hall and Maier Village near Memorial; Jefferson Place near General; as well as a number of single-family homes near Memorial. Residents may contact Charleston Medical Center Housing Corporation at (304) 345-0171 for housing information. Housing applications must be in the Housing Office by May 1. The application may be downloaded from [www.camcmedicine.edu](http://www.camcmedicine.edu) Residents utilizing CAMC housing options are subject to the policies and procedures as established by the institution.



## **Resident Call Rooms**

Call rooms are available at each hospital for the use of all Residents while on call. Residents are expected to remain on premises for call as dictated by departmental policies. The institution provides safe, quiet and private sleep/rest areas to accommodate on call assignments. All furnishings and equipment provided in the call room is for use by all Residents and remains the property of the institution. Residents who intentionally destroy equipment or furnishings in any of CAMC call rooms or other facilities shall be subject to disciplinary procedures. Lockers are available in resident work areas for use. To receive a locker assignment and lock, a resident should contact the GME office. Assigned locks must be used. Lockers, per CAMC policy, are subject to inspection. Graduating/departing residents are expected to remove all of their personal belongings prior to their last workday and return lock to the GME office. Charleston Area Medical Center and the GME office is not responsible for locker items.

## **Safe Ride Home**

Charleston Area Medical Center is committed to ensuring residents get home safely after extended shifts and anytime driving might be hazardous due to fatigue or illness. To support our commitment to resident safety, CAMC will provide residents safe rides home utilizing cab services provided by C&H Taxi Service. Residents wishing to utilize the cab service must be picked up from the assigned duty location and dropped off at the local home address only. CAMC will also pay for the return trip to the hospital, when necessary. The cab company will provide written documentation to CAMC Graduate Medical Education stating the resident's pick up time, pick up address, drop off time, drop off address, total mileage and required resident signature.

CAMC is happy to provide this service to ensure resident safety. Residents who try to abuse the taxi service program for purposes other than a safe ride home may be subject to disciplinary action.

If a resident is too tired or too ill to drive home safely and does not wish to sleep in the call room, the Resident may utilize C&H Taxi Service for a safe ride home.

Residents needing to use this service should call C&H at 304-344-4902. The Taxi Company and cab driver will need to know that CAMC has an account and they should bill the hospital for this service. The resident will be asked to provide name, pick up location, drop off location, and signature. The resident will have to tell the cab driver that they are a CAMC resident. If a resident encounters a driver unaware of the policy, the driver should contact the dispatcher. Cab vouchers are located in the main call room areas.

## **Meals**

Residents are provided access to meals in all hospital-based cafeterias/contracted food service vendors. In addition, the hospital maintains food-vending services at all hospitals for after hour use. CAMC on-call meal allowance is provided to Residents/Fellows and is based on analysis of overall duty hours; number of 12 plus hour shifts; and number of 24 plus hour shifts. frequency of call;. Residents at GVMC may have a different policy at their facility.

## **Lab Coats**

All CAMC residents will be provided with one monogrammed white coat upon admission into a CAMC residency or fellowship program. Additional coats may be ordered periodically at the resident's expense. GVMC residents may have a different policy in place.

## **Pagers**

CAMC provides the resident's first pager at no charge. Residents will be responsible for the replacement cost of lost or damaged pagers. Replacement batteries can be picked up from the registration desks at each hospital.

Upon completion or termination of training, each Resident is responsible for returning their pager to the Graduate Medical Education office.

## **Email**

CAMC provides all residents with a CAMC email address. CAMC will use this email system to communicate with all residents. Every resident is expected to check email on a routine basis sufficient enough to be familiar with system messages, alerts, and other important communication distributed to employees on a regular basis. CAMC email accounts cannot be forwarded to a personal email account.

## **Counseling, Medical and Mental Health Services**

### **Medical Services**

Residents have access to a variety of health plan options for medical coverage offered through CAMC (please see Benefits at a Glance document at [camcmedicine.edu](http://camcmedicine.edu)). If a Resident does not have a health plan or insurance provider, they may go to a CAMC Employee Health Department (EHD), located at each hospital. The EHDs are available for the evaluation of illnesses and injuries, and offer appropriate treatment and/or referral. All needlesticks and blood or body fluid exposures are handled by EHD (24 hour call coverage).

### **Counseling and Mental Health Services**

CAMC acknowledges that residency training requires sustained intellectual and physical effort throughout the training period. A successful balance of professional and personal needs is critical to the house staff's ability to fulfill training and patient care responsibilities. Recognizing that this balance can often be difficult, CAMC desires to encourage Residents who are experiencing any type of personal problems to seek professional and confidential personal assistance as soon as possible. Personal problems that are identified at an early stage

can often be successfully addressed if referred to an appropriate form of care. Residents are encouraged to seek assistance quickly for any personal problem affecting their residency training performance.

Residents experiencing an urgent/emergency mental health need that require immediate attention are encouraged to use of CAMC's emergency rooms available 24 hours a day/7 days a week. CAMC's Urgent Care located in Cross Lanes is open 7 days a week and requires no appointment if there is an urgent/non-emergency need for services. You can reach urgent care at 304-388-7070. CAMC's Family Resource Center (FRC) is located next to Women and Children's Hospital and offers assistance with relationship issues, loss/crisis, depression, anxiety and other issues. The FRC is available by appointment at 304-388-2545.

Another private mental health facility in our community is Highland Hospital located at 300 56<sup>th</sup> Street East, Charleston/304-926-1600. While an option for care, Highland is a private facility not affiliated with CAMC but can provide services in an emergent situation. Coverage of services will vary depending on a resident's insurance plan. CAMC's Urgent Care located in Cross Lanes is open 7 days a week and requires no appointment if there is an urgent/non-emergency need for services.

CAMC provides coverage for mental health services predominantly through the health plan options offered to individual Residents or through family plan selections. Residents are encouraged to familiarize themselves with requirements for accessing services and seek assistance as needed on a voluntary basis. Residents seeking assistance will be subject to conditions of coverage as defined in the plan option to which the Resident subscribes. Unless the individual requests in writing that the institution be notified or if conditions relating to Exception to Confidentiality are met, all communication and interaction sought by the Resident through the health plan will be held in confidence.

Employee Assistance Program – Residents can take advantage of Employee Assistance Programs offered through NY Life. Confidential guidance and resources for residents/fellows and members of their immediate household include unlimited and confidential online/phone support 24/7; 3 free in-person sessions with a

licensed professional counselor; work/life specialist that can assist with child/elder care, legal questions, identity theft, and financial service; and a licensed counselor that can help with stress, anxiety, depression; relationship issues/divorce; job stress/work conflicts; family/parenting problems; anger; and grief/loss. The EAP program is available by phone at 1-800-344-9752 or online at [www.guidanceresources.com](http://www.guidanceresources.com) (web ID: NYLGBS)

CAMC's 24/7 Care Center provides 24 hour a day, 7 days a week, 365 days a year access to U.S. board-certified physicians and licensed physician assistants and nurse practitioners through secure video visits for non-emergency illnesses like the flu, ear infections, sinus infections and more. 24/7 Care providers can prescribe medications for a wide range of conditions when medically appropriate. 24/7 Care visits are always free for CAMC employees and their immediate family members (spouse and dependent children through age 25). Employees can download the 24/7 Care app and request a visit anytime. Specific instructions and frequently asked questions can be found on CAMNET.

CAMC's Employee Wellness Center is located at 3418 Staunton Avenue in Charleston. Residents/fellows can schedule appointment at 304-388-2130 between 8AM and 4:30PM weekdays. CAMC offers this service to make wellness more convenient and more affordable to residents/fellows and their families. The Employee Wellness Center provides convenient, no costs options for primary care who are enrolled in CAMC's PPO medical plan. The Center visits are free (sick visits, well visits, in-office screenings); there is not co-pay or co-insurance; there is easy appointment and scheduling; and there are some labs that can be provided at no or little cost.

Residents who do not have access to mental health services through a CAMC offered health plan or through any other health plan, may seek services independently from the following internal providers: The WVU Department of Behavioral Medicine and Psychiatry and the CAMC Family Resource Center. Dr. John Linton, in the WVU Department of Behavioral Medicine is available for residents who would like to see assistance for counseling and mental health services. He can be contacted at (304) 388-1032 or [jlinton@hsc.wvu.edu](mailto:jlinton@hsc.wvu.edu). A resident may call the CAMC Psychiatry Department 24 hours a day/7 days a week and ask for the Psychiatry faculty member on call for assistance when they cannot wait for an appointment.

Unless the individual Resident requests in writing that CAMC be notified, or if conditions relating to Exception to Confidentiality noted below are met, all communication and interaction sought by the Resident through these services will be held in confidence.

**All Residents are encouraged to seek assistance for any personal problem as quickly as possible through any of these alternative provider choices. No Resident will be denied appropriate counseling or support services because of financial concerns or lack of insurance coverage.**

#### PROCEDURE FOR REFERRAL BY PROGRAM DIRECTOR OR ADMINISTRATION

- Referral to mental health services can be based on a decline in work performance on the part of the Resident or a particular on-the-job incident that indicates the possible presence of a personal problem. If the Program Director believes there may be concerns that have the potential for impacting performance of the Resident, the Program Director may recommend that the Resident seek services. Residents may also be referred for counseling or mental health services directly by the Program Director as part of a remediation or disciplinary action. The Program Director is available to assist the Resident in seeking services if the Resident requests this.
- When issues of impairment are recognized, there may be Exceptions to Confidentiality. When Counseling or Mental Health Services are mandated as part of remediation or disciplinary action the compliance in attending services provided may be reported to the Program Director.

#### TIME OFF FOR MENTAL HEALTH SERVICES

- Residents are provided sick leave time off to attend medical, dental, mental and other health services upon approval by the program director with advance notification and verification of appointment

## JOB SECURITY

- CAMC will not illegally discriminate against a Resident who seeks mental health services.

## RELEASE OF INFORMATION BY CONSENT ONLY

- All mental health services are conducted in confidence and no information will be provided to the Program Director, the Institute, CAMC, or another family member without the Resident's written consent unless covered by the Exception to Confidentiality.

GMEC approved: February 2018  
Revised and GMEC approved: 11/1/2022

## **Medical Library for Charleston-Based Residents and Fellows**

West Virginia University's Charleston Campus features a full-service medical Library for Residents. There is an accredited medical librarian / experienced staff to assist residents, and there are personal computers available for use. The Charleston Campus' Library is connected to the WVU Health Sciences Library on the main campus in Morgantown and that connectivity allows the online publications and subscriptions to be shared between campuses.

The Library is located on the 1st floor of the West Virginia University education building on CAMC's Memorial Campus. It is open from 8:00am to 4:00pm, Monday through Friday. After hours and on weekends the Residents and medical students have 24-hour access using the CAMC photo ID.

| The library web page can be accessed at <https://lib.wvu.edu/charleston/> . From the web page you can access Ebsco Host (full-text journals), the Cochrane Library (full-text), PubMed, Elsevier's ClinicalKey, UpToDate online, and a host of other digital resources. Through the Library's access to the National Library of Medicine and OCLC, a global library cooperative, all national medical libraries can be accessed for borrowing journal articles. | Many times, the requested article can be sent directly to your email account.

## **Medical Library for Greenbrier Valley Residents**

The WV School of Osteopathic Medicine (WVSOM) library provides the residency programs access electronically to library resources and has provided hardcopy reference textbooks for the Trainees at GVMC. The Mountain State OPTI is located on the WVSOM campus provided added resources for the graduate medical education program. WVSOM OPP and anatomy labs provide additional learning opportunities.

## **Certificate of Service**

At the successful completion of training/appointment, a certificate of service will be awarded to the resident or fellow. CAMC will provide one original certificate. Duplicate originals will be at the expense of the resident. The legal name of record, at the time the certificate is issued, will be the one printed on all official documents. If a resident/fellow has married or divorced, it is required that the name change be processed through the CAMC Human Resources office and entered into the CAMC system before it will be printed on a certificate. If a name is changed after graduation, the new name will not be put on a reprinted certificate without legal proof of name change provided to CAMC GME office. Reprints of certificates may require fees.

A resident or fellow who leaves the program prior to graduation will also receive a certificate outlining the total amount of credit awarded in a CAMC residency or fellowship program. The program will additionally provide a document outlining which rotations were completed satisfactorily.

## **Residency Training Verifications**

Physicians, pharmacists, and psychologists who trained with a Charleston Area Medical Center sponsored internship, residency, or fellowship program may request verification of training. Requests for verifications from third parties must be accompanied by a signed authorization from the former trainee. Official verification requests must be mailed or faxed to the Office of Graduate Medical Education for completion. Graduate Medical Education faculty and administrative staff cannot provide verbal confirmation, verification, or evaluative information on former trainees via email or telephone. Verification requests requiring confirmation of training years can be completed by the Office of Graduate Medical Education and can typically be completed in a few business days. However, requests requiring assessment of training and evaluative information must be forwarded to that specific training program and can take a few weeks to complete and return.

## **Employment Verification and Loan Deferment Paperwork**

Residents who need employment verification paperwork or loan deferment paperwork completed should contact the CAMC Human Resources Office for assistance.

# V. Resident Work Environment

## **House Staff Council**

The House Staff Council is a forum which allows residents from across CAMC residency programs to communicate and exchange information with each other relevant to their programs and their learning and working environments.

The House Staff Council in Charleston consists of two residents chosen by each core program (*Surgery, Internal Medicine, Family Medicine, Psychiatry, Emergency Medicine, Urology, Pediatrics and Obstetrics and Gynecology*) and one resident chosen by each internship, fellowship or combined program (*Integrated Vascular Surgery, Vascular Fellowship, Cardiovascular Medicine fellowship, Internal Medicine/Psychiatry, Psychology Internship, Pulmonary/Critical Care, and Pharmacy*). Representatives are peer selected and must be approved by the Program Director as residents in good standing. Core programs selecting two members to the Council are strongly encouraged to select two residents from different PG levels. While member selection will occur every year, representatives may serve up to two terms on the Council. A term is defined as one academic year from July to June. Greenbrier Valley Medical Center residents may attend Charleston House Staff Council meetings virtually and may also engage in House Staff activities on their GVMC campus.

The House Staff Council representatives shall serve at the discretion of the program director/institution and shall provide program level interaction and serve as liaison with program administration. Resident members serving on the House Staff Council will be expected to attend the majority of House Staff Council meetings and attend a minimum of two to three assigned institutional committee meetings annually.

The House Staff Council is chaired by a House Staff President elected annually by the Council membership. Representatives serving on the Council may nominate themselves or others for the position of House Staff President. Vote by ballot will determine the House Staff President which is a one year term. The House Staff President shall serve as the primary representative of the residents to administration for administrative and academic matters concerning the Residents. The House Staff President shall provide minutes and reports on Council activities and issues to the President of the Institute and the Associate Vice President for Health Sciences. The House Staff President will attend and provide a standing report at the Graduate Medical Education Committee. The House Staff President will serve on the CAMC Medical Executive Committee.

The Council will meet at the discretion of the House Staff President or GME administration, or at least quarterly; and serve to facilitate communication with administration and faculty; and to provide an interdepartmental approach to appropriate Resident issues regarding the quality of the educational experience or work environment. The House Staff Council meetings are open to all CAMC residents and any resident may raise a concern to the Council. The House Staff President may elect, at their discretion or by request, to convene an Executive Session during House Staff meetings allowing residents the opportunity to meet without the presence of GME administration. Residents interested in attending that are not Council representatives are asked to notify the Graduate Medical Education office to ensure adequate materials and meals are provided.

## **Communicating Issues on the Educational Experience and/or Work Environment**

CAMC wishes to promote a learning environment of open communication, performance improvement and opportunity for direct dialogue among Residents, faculty and administration. CAMC and WVU uphold an environment of open communication where quality of care, patient safety and work safety are emphasized. As a member of House Staff, Residents have a professional responsibility and are obligated to report issues of quality and safety concerns in a timely fashion.

Residents should feel free to raise and resolve issues without fear of reprisal and with a spirit of improving quality of care, patient safety, the education experience, and the overall work environment. Residents are

strongly encouraged to report retaliatory actions and unprofessional behaviors using one of the many avenues for reporting concerns outlined in this policy.

Residents should notify administrative staff or faculty immediately of any patient-related issues that require immediate attention. Administrative officials are on-call 24/7 and may be reached by contacting the hospital operator. Administration will schedule periodic forums or departmental-based forums for discussion with Residents or meetings may be scheduled at the request of the Chief Resident or the House Staff Council.

Program directors or program chairs should always be a first source of communication contact. They should be able to address issues, route you to the appropriate officials, or speak to officials on your behalf. Residents are also encouraged to report issues of non-compliance to regulatory requirements or issues contradictory to institutional policies or professional ethics. Residents are encouraged to report any such issues to any individual as named above or other individuals in CAMC or WVU administration, legal counsel or the compliance office.

Residents who wish to discuss issues or concerns in a confidential and protected manner may choose among options at their discretion depending on the nature of the situations as may arise. Residents must understand, however, that total confidentiality is not always possible. Residents may provide information through a number of communication mechanisms:

- Residents are encouraged to bring forth issues and concerns to department Chairs, Program Directors or Program Faculty of their choice and comfort level.
- Residents may bring issues to staff in the Office of Graduate Medical Education who may serve to advise them for appropriate communication options.
- Residents may bring issues to other program representatives including the Chief Resident, the program coordinator and other non-faculty program staff representatives.
- Residents may bring issues to non-program based representatives including attending medical staff, clinical directors or any administrative or institutional officials.
- Residents may bring issues to corporate representatives of the Human Resources Department or to the CAMC Office of General Counsel.
- The Resident may at any time seek confidentiality and protection via the Associate Vice President for Health Sciences or the President of the Institute who may serve, at the request of the Resident, as liaison between institution and program officials.
- A Resident who discovers any event or behavior which is of a questionable, fraudulent or illegal nature or which appears to be in violation of the corporate Code of Ethical Conduct should report the event or behavior immediately to the Program Director or Graduate Medical Education Office. Also, a reporting hotline has been established for you to report these events. There will be no retribution for asking questions or raising concerns about the Code of Ethical Conduct or any suspected instance of inappropriate conduct. Reports to the Compliance hotline (1-877-777-0787) are identified only by a numeric code to assure the caller's anonymity.
- A safety hotline has also been established to encourage reporting of clinical or other practices that may be considered to place patients, medical staff, or employees at risk. A prompt response to safety issues requires prompt and accurate reporting and should be encouraged at all times and at any time of the day. It is our desire to create an environment of reporting that can result in optimal responsiveness; but anyone may choose to report issues to the confidential hot line at 304-388-7233 (SAFE).
- CAMC takes employee safety seriously. In the event a resident/fellow were to feel unsafe within the hospital, CAMC has issued employees a Strongline Panic Button to wear on their badge. Once activated, this button quickly directs security personnel to the scene. Any resident/fellow feeling unsafe and wanting an escort to or from the parking lot or parking garage can stop by the security desk and request assistance or they may call Security directly with any concerns at 304-388-7200 at General Division; 304-388-5572 at Memorial; and 304-388-2171 at Womens and Children.

- All residents are responsible for reporting incidents of harassment, sexual harassment, or bullying to their program director or to human resources. A resident will not receive unfavorable treatment for presenting a claim of harassment. CAMC prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. Incidents of harassment may be reported to the human resources hotline at (304) 345-2393. The HR hotline at 304-345-2393 may also be used to report issues or concerns related to human resources/personnel issues. The HR hotline is answered by HR staff who will record concerns and forward them to appropriate HR staff for investigation and follow-up. The hotline is available 8AM to 4PM, Monday through Friday.
- A GME voice mail hotline is available 24 hours a day/7 days a week to report concerns regarding your educational experience and/or work environment at 304-388-4390. Messages will be reviewed routinely. Callers are urged to leave detailed messages with specific information related to their experience, issues or concerns. If a caller wishes to receive direct follow-up and response, the caller is asked to leave their name and number. Callers may also leave messages anonymously. While anonymous messages lacking identifying data are difficult to follow-up, GME staff will do their best to identify problems and address them.

**Remember---what is most important is that your communication and concern is reported in a timely fashion as you think appropriate. You should select the most comfortable avenue for reporting individual issues.**

GMEC approved revision: December 10, 2013  
Revised and GMEC approved: 11/1/2022; 06/2023

## **Professional Conduct**

Residents are expected to maintain professional conduct at all times. Annually, each resident will sign a Professional Practice Contract as part of their Resident Agreement. (See Appendix C for the full document). CAMC wishes to promote an environment of professionalism and open communication. A resident who experiences or witnesses unprofessional behaviors has an obligation to report these actions using one of the avenues available for reporting concerns including GME leadership, GME office, and/or Compliance, Safety or GME hotlines. Everyone should be treated with respect, dignity, and courtesy, and strive to practice high standards of ethical conduct in the institution and in the community. Unprofessional conduct or behavior could lead to dismissal. (Please refer to Appendix B for the Core Values)

GMEC approved revision: December 10, 2013

## **Confidential Information and the Health Insurance Portability and Accountability Act (HIPAA)**

As a Resident, you will have access to information about patients and employees, their illnesses, and other confidential information. In accordance with HIPAA regulations, you must not access or discuss this information with anyone, including other employees, except when necessary for work. Each employee is expected to keep this information confidential. ***Disciplinary action will be taken for violations of confidentiality.***

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to protect patients' privacy. Patients' right to privacy and confidentiality must be protected and respected at all times. Patient information should only be accessed if there is a business need-to-know. Patient information should be protected from others by keeping computer screens from public view, keeping any paper charts secured, etc.

Verbal communication regarding patients must be protected. Necessary conversations regarding patient information must occur in private settings, away from the general public. Information about patients must not be discussed on an elevator, in the cafeteria, in waiting rooms or in any other public areas, or with anyone who



does not have a right or need to know.

**Knowingly accessing Protected Health Information without a business need to know will result in termination. All other breaches of privacy can result in discipline up to and including termination.**

Criminal penalties can also be imposed on individuals, such as fines and imprisonment by the United States of America for HIPAA violations. Whether on duty or off duty, patient information must always be held in the strictest of confidence.

It is your responsibility to read, understand, and sign an Employee Confidentiality Contract. It is your responsibility to assure that you understand all aspects of the contract and adhere closely to it.

Computer passwords must not be shared under any circumstance. Always log off the computer when your task is complete and before you leave the computer station. Employee breaches of password security will result in discipline up to and including termination. Identification badges must be worn at all times with photo facing outwards. Potential problems or privacy/security breaches of information systems security should be reported immediately to your manager, the Privacy Office at 304-388-3387, Human Resources or to the Compliance Hotline (1-877-777-0787).

### **Professionalism: Interactions with Patients and Families**

Residents are reminded that family or visitors of patients are alert to chance remarks made about a patient or concerning a patient's condition. Residents must use caution in public areas to respect the privacy concerns of patients. Hallway or elevator comments or consultations are inappropriate as they may be overheard by unauthorized individuals. House staff must at all times be respectful and professional in all interactions with patients, families and visitors and in their communication to other health professional about patients.

### **Professionalism: Medical Staff Interaction**

Residents are reminded that the ultimate responsibility for the care of the patient rests with the attending physician. The attending physician's wishes are to be kept in mind when any changes of treatment are contemplated. Until the Resident is familiar with the attending physician's wishes, it is best to contact the attending by telephone or in person before writing an order for other than emergency medication. The attending physician may delegate these responsibilities to the Resident supervising their service, as they feel appropriate, and for which the Resident is competent.

The health care team is comprised of many individuals but relies on good communication and teamwork among the medical professionals responsible for patients. Residents are expected to promote and maintain a professional and collegial approach to working with attending medical staff in the care of patients. **Residents must adhere to the code of conduct for professionalism as outlined by medical staff or GMEC approved policy.**

### **Professionalism: Staff Interaction**

Mutual respect in interaction with the nursing and other staff will greatly facilitate patient care and lighten the workload of the Resident. Experienced health care colleagues are good teachers and allies.

Building a professional relationship with all staff is an important facet of the Resident's training and is an expectation of all employees. Difficulty with nursing staff or other staff interactions or misunderstandings should be brought to the attention of the Program Director and/or chairman of the department for appropriate action.

Residents are expected to promote a work environment where positive communication and teamwork is emphasized. Professionalism is a key core competency expected of all Residents to successfully complete their training requirements and has been defined by the ACGME as a major component of Resident performance.

## **Professionalism: Resident and Program Interactions with Vendors**

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs. Furthermore, Residents, faculty and program leadership are expected to maintain a professional environment conducive to learning and adhere to the core competencies as defined by the ACGME, APA, and ASHP. Those core competencies state that Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including a responsiveness to patient needs that supersedes self-interest and accountability to patients, society and the profession.

It is the policy of CAMC that interactions with industry and its vendors should be conducted so as to avoid or minimize conflicts of interest. When potential conflicts of interest do arise they must be addressed appropriately. See the Corporate Compliance policies in the Document Management System (DMS) on the *CAMnet* intranet (<http://camnet>) for additional specific advice about when and how to address potential conflicts of interest.

Consistent with the guidelines established by the American Medical Association Statement on Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. In addition, each Resident, as a CAMC employee, must comply with CAMC's Code of Ethical Conduct and Conflict of Interest Policy. Any gifts accepted by Residents should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function. Residents may not accept cash payments directly or indirectly from industry representatives. Residents may not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Industry representatives are not permitted in any CAMC patient care areas except to provide in-service training on devices and other equipment and then only in accord with the policies and procedures of CAMC's Materials Management Department.

Industry vendors are permitted in non-patient care areas by appointment only and must be at the invitation or advanced approval of the program director/department management.

Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, with the approval of the program director or department chair, or their designated hospital or clinic personnel issuing the invitation.

Industry support of educational conferences or other events involving Resident physicians may be used for official programs or events sponsored by the program/institution provided that the funds are provided to the institution not directly to the Resident or faculty. The program director or other institutional official should determine if the funded conference or program has educational merit. The institution or program must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the meeting sponsor. The meeting or lecture content must be determined by the speaker and not the industrial sponsor. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

Food of modest standards may be supplied by industry representatives for education programs or conferences if in the context of approved or officially sponsored educational programs, in-services, and clinical conferences. It is expected that industry representatives would only make a brief presentation for a specified period of time to the department and with adequate faculty representation present. Following the industry representative's

presentation, the Resident should be excused from the meeting to allow the Residents to use their remaining educational program time effectively. Food may not be provided on-site for educational programs or events that are not approved or officially sponsored educational programs.

All continuing medical education (CME) or Accreditation Council for Pharmacy Education (ACPE) program support or support of receptions/events conducted in conjunction with an approved CME or ACPE program sponsored by CAMC shall be approved by the Corporate Director, Education Division and shall comply with accreditation requirements defined by CAMC, the ACCME and the ACPE.

Scheduling or organizing educational meetings with Residents outside the residency program is not encouraged or endorsed by CAMC and WVU. Such meetings may not be conducted on the premises of CAMC and WVU or be advertised as affiliated with CAMC or WVU. Residents participating in educational activities or events supported from industry vendors or organized by industry representatives that are outside the program or are not sponsored or approved by the program or CAMC are doing so at their own discretion and shall do so on their own time. Residents shall not be required or expected to attend any meeting organized or sponsored by an industry representative that is not approved or officially sponsored by the program.

Industry representatives are prohibited from using the CAMC paging systems to contact Residents. All

Residents should receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry representatives.

GMEC approved - minor revision: December 13, 2011  
Effective: December 13, 2011 GMEC approved revision: December 10, 2013

## **DISCRIMINATION, HARASSMENT, SEXUAL HARASSMENT, and BULLYING**

It is the company's view that all employees should enjoy a working environment free from all forms of unlawful discrimination and harassment, including sexual harassment. The company defines bullying as repeated inappropriate behavior, either direct or indirect, whether verbal, physical, sexual in nature, or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. Such behavior violates the company's code of behavioral conduct and core values, which emphasize that all employees will be treated with dignity and respect. Any form of harassment is unacceptable behavior and will not be tolerated.

In addition to other examples, it is specifically against the policies of the company for any employee to harass another employee by:

- making acceptance of unwelcome sexual advances or request for sexual favors or other verbal or physical conduct a condition of continued employment;
- making submission to or rejection of sexual conduct the basis for employment decisions;
- creating an intimidating, hostile, or offensive working environment through conduct of a sexual nature;
- shouting or raising voice at an individual in public and/or in private or making obscene gestures;
- not allowing the person to speak or express for themselves (i.e., ignoring or interrupting);
- issuing personal insults and/or using offensive nicknames;
- constantly criticizing someone on matters unrelated or minimally related to the employee's job performance;
- repeatedly accusing someone of errors which cannot be documented;
- spreading rumors and gossip regarding individuals;
- encouraging others to disregard a supervisor's instructions;
- refusing reasonable requests for leave in the absence of work-related reasons not to grant leave;
- engaging in unwanted physical contact, physical abuse, or threats of abuse, to an individual

- or an individual's property (defacing or marking up property);
- making inappropriate postings online that may include discriminatory remarks, harassment, and threats of violence, or similar inappropriate or unlawful conduct towards another employee, patient, customer, or other individual(s) known to the employee through the course of company business.

The company will discipline any person who threatens or insinuates, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's evaluation, wages, advancement, assigned duties, shifts, or any condition of employment or career development. The company recognizes that the question of whether a particular action or incident is a purely personal, social relationship without a discriminatory employment effect requires a determination based on all facts in each particular case. Therefore, the company will investigate alleged harassment claims and will work to effectively remedy them when an allegation is determined to be valid. In addition, it is understood that harassment or inappropriate behavior toward an employee as outlined above is not limited to employee-to-employee interactions. The company will investigate all employee complaints regarding improper conduct by vendors or non-company individuals and, once validated, will take appropriate action to ensure that such behavior ceases immediately. Employees who behave inappropriately with patients, visitors, or vendors may also be disciplined.

All employees are responsible for reporting incidents of harassment to their manager or to human resources. An employee will not receive unfavorable treatment for presenting a claim of harassment. The company prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

Claims of discrimination, bullying or any form of harassment should be reported immediately to the Program Director, Department Chair, Institute President, CAMC Human Resources Director, GME Administrative Director, Title IX Coordinator or may be reported using the HR hotline at 304-345-2393 or Compliance hotline at 1-877-777-0787.

The company also recognizes that false accusations can have serious effects on innocent people. Therefore, false accusations, or accusations not made in good faith, may result in disciplinary action.

GMEC approved revisions: October 11, 2011; Revised and GMEC approved: 11/1/2021

## **Substance Abuse**

CAMC is committed to maintaining a productive, safe and healthy environment free from unauthorized alcohol and drug use. The companies have a right to prohibit alcohol and drug use and require that employees be free from the influence of alcohol or drugs at the workplace.

## **Process for Handling Impaired Professionals (Including Substance Abuse)**

As soon as the Program Director and/or the Department Chair learn that a Resident/Fellow may be impaired, the Program Director and/or the Department Chair must consult the CAMC Human Resources Director. The CAMC Human Resources Director shall help the Program Director and/or Department Chair deal with the situation in a way that complies with applicable state and federal laws.

## **Solicited Prescription Medication and Medical Advice**

Residents should refer any employee of CAMC or its affiliates to the CAMC Employee Health Department, the CAMC Emergency Department, or to the employee's personal physician if the employee asks the Resident for medical advice or prescription medications. In some instances, Residents may have one of these employees as a clinic patient. In this case, they are the employee's personal physician. Residents **will not** prescribe medications for themselves, spouses, family members, or friends; Residents will **only** prescribe for his or her patients.

## **Solicitation, Distribution and Employee Merchandising**

CAMC and the other entities affiliated with the CAMC Health System (the Company) have adopted the following policy concerning solicitation, distribution, and merchandising to patients, employees, and visitors to prevent disruption of patient care and other operations.

### **Solicitation and Distribution by Non-Employees**

The selling of products or services by vendors or other non-employees is prohibited on Company property without prior authorization from the Purchasing Department. Solicitation or distribution on behalf of any organization by non-employees is prohibited on Company property.

The Company sponsors CAMC Auxiliaries, CAMC Foundation and United Way as approved solicitations.

### **Solicitation and Distribution by Employees**

Employees are prohibited from distributing literature or soliciting employees for membership for any organization in a work area on Company property during working time.

In addition, under no circumstances may a Resident solicit any gift or contribution from a vendor or supplier or potential vendor or supplier. Residents who are approached by vendors who want to make a philanthropic contribution or an educational grant, travel sponsorship or any other form of a "gift" should contact or refer vendor representatives to the GME office for proper evaluation and referral.

### **Employee Merchandising**

Employees are prohibited from selling or distributing tickets, chances, merchandise or services in a work area on Company property during working time.

Violation of this policy will subject employees to disciplinary action up to and including discharge.

## **Fire Alarms**

The paging operator announces all fire drills and fire alarms as "Code Red." This designation was implemented to standardize announcements at all divisions in compliance with the Fire Safety Policy.

## **Security**

It is the institution's policy to attempt to safeguard everyone and everything associated with CAMC. Uniformed guards are utilized to assist in this work. Residents should report to their Program Director, Graduate Medical Education Office or to a security guard any suspicious person or circumstance. In the event a resident/fellow were to feel unsafe within the hospital, CAMC has issued employees a Strongline Panic Button to wear on their badge. Once activated, this button quickly directs security personnel to the scene. Any resident/fellow feeling unsafe and wanting the assistance of a member of the security team can stop by the security desk and request assistance or they may call Security directly with any concerns at 304-388-7200 at General Division; 304-388-5572 at Memorial; and 304-388-2171 at Womens and Children.

Residents can also help by observing the rules and regulations of the various departments with regard to the proper securing of company property. CAMC cannot be responsible for loss or damage to personal property or valuables of the Residents.

GMEC update approved: 06/2023

## **Disaster or Emergency Call**

In case of disaster or emergency, all Residents will be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Staff in-house will be notified by audible page ("Emergency Response Plan is now in effect") and/or by pager with the same message. Off-duty house staff are notified by the Command Center and are to report to the hospital as assigned. Upon notification, all Residents on in-house duty are to report to the Emergency Department for assignment to treatment areas. You must have your identification badge with you at all times, but in this instance, it is particularly important.

## **Tobacco Use Policy**

CAMC is committed to providing a safe and healthy environment for employees, patients, and visitors. In support of this, the use of all tobacco (including but not limited to cigarettes, cigars, pipes, chewing tobacco, and snuff) or tobacco-like products (including but not limited to E-cigarettes or any electronic smoking device designed to be used in a manner similar to the use of a tobacco product) by employees is prohibited on company property or facilities that are owned, leased or maintained by the company, during work time. Work time is defined as any time a resident/fellow is being paid by the company, including rest breaks.

Any resident/fellow who desires to use tobacco or tobacco-like products while at work must use their meal period and leave company property and must have prior authorization from the manager or designee. Residents/fellows are not permitted to use tobacco or tobacco-like products in their vehicles if the vehicle is parked on company property.

Revised and GMEC approved: 11/1/2022

## **Dress Code**

For safety considerations and to enhance communication and cultural sensitivity, Residents are required to place a high value on personal appearance, including appropriate attire. Patient trust and confidence in the health care provider are essential to successful treatment experiences and outcomes. A professional dress and appearance plays a fundamental role in establishing trust and confidence and in considering the cultural sensitivities of patients and co-workers.

### **Non-Clinical Assignments**

Time in lectures or other activities that do not involve patients, attire should be comfortable and not detracting from the academic atmosphere. When on assignment at any public location, Residents should wear neat, clean and professional attire, and avoid dress or attire that could be potentially offensive to the public, your peers, patients, faculty and co-workers. ID badges must be worn at all times while on assignment.

### **Clinical Assignments**

Scrub Suits are to be worn in specified patient care areas only or as required by your program or as defined by CAMC. Hats, masks, and hair covers must be removed before leaving the clinical area. Stained or soiled scrub suits must be changed as soon as possible (source of contamination). The complete policies for Surgical Attire can be found in the DMS on CAMnet.

Residents must abide by the dress code outlined in the CAMC Employee Handbook for work in all clinical and non-clinical areas including policies related to general dress, hair, hygiene, jewelry and other dress code requirements.

The program director or hospital administration may at any time prohibit a Resident from any location based on appropriate and professional dress code and standards.

## **Academic Improvement Policy**

**Purpose:** To establish a policy and process for all programs at CAMC to use during the course of evaluating and assessing the competence and progression of residents enrolled in CAMC graduate medical education programs. Specifically, this policy will address the process to be utilized when a resident is not meeting the academic expectations of a program including the core competencies and specialty specific milestones, and therefore, fails to progress.

### **Process:**

**Performance Feedback:** All residents should be provided routine feedback regarding their performance that is consistent with the educational program. Some examples of feedback include verbal feedback, monthly evaluations, semi-annual evaluations, 360 evaluations, and mentoring. The Program must provide residents with objective performance evaluations based on the competencies and specialty specific milestones using multiple evaluators and feedback from the core competency committee.

**Clinical Competence Committee:** Each residency program must have a Clinical Competence Committee that is responsible for routinely assessing resident performance and making recommendations to the Program Director.

**Letter of Deficiency:** When a resident does not show improvement following normal feedback (i.e. verbal, written, structured or unstructured), a letter of deficiency should be prepared and provided to the resident. The letter of deficiency is to amplify the need for improvement; clearly articulate the deficiencies as they relate to the core competencies; adequately describe the expected academic standard; and determine an appropriate monitoring and evaluation process. Letters of deficiency generally require the resident to develop an independent learning plan that will be discussed and endorsed by the program director or advisor. A letter of deficiency is structured feedback that should be prepared by the program director or their designee and is not considered a reportable action.

**Failure to Cure the Deficiency:** If the Program Director determines that a resident is not meeting the expected academic standards discussed and satisfactorily cured outlined deficiencies, the program director may consider further action. In their determination of next steps, the program director will review the resident's entire academic record, subjective and objective assessments and evaluations, feedback from the faculty, and feedback from the Clinical Competence Committee. After making appropriate consultations, the Program Director may take further action, which may include one or more of the following steps:

Non-reportable action:

- Additional Letter of Deficiency

Reportable actions:

- Election not to promote to the next PGY level;
- Requiring the repeat of a rotation that in turn extends the required period of training;
- Extension of contract, which may include extension of the defined training period;
- Probation/Suspension (with or without pay at the discretion of the DIO);
- Denial of credit for previously completed rotations that in turn extends the required period of training; and/or,
- Dismissal from the residency or fellowship program.

**Reportable Actions:** The decision not to promote a resident to the next PGY Level; to extend a resident's contract; to extend a resident's defined period of training; to deny a resident credit for a previously completed

rotation; and/or to terminate the resident's participation in a residency or fellowship program are each considered "reportable actions". Before implementing a reportable action, a program director must consult with the DIO who will facilitate consultation with Human Resources, Office of General Counsel, and others before rendering a decision. Reportable Actions are those actions that the Program must disclose to others, including without limitation, future/potential employers, privileging hospitals, credentialing boards, and licensing and specialty boards. If the Program and/or Institution have decided to implement a reportable action, such decision must be provided to the resident in writing.

Residents who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

**Request for Review:** A Review of the Decision to take a reportable action may be requested by the resident.

- A Written Request for Review Form (available from the GME office or Program Coordinators) must be submitted to the Administrative Director of GME in the Central GME office within seven calendar (7) days of receiving a written notice of a Reportable Action. Requests received after the deadline will not be subject to review and the decision will be final.

*Upon receipt of the Request for Review, the Administrative Director of GME (central GME office), in consultation with others, will first determine whether the matter is reviewable under this Policy. If it is considered a matter that can be reviewed, the DIO shall convene a review committee. On matters related to academic deficiency and improvement, the review committee will be comprised of three of the following representatives or their designees: Chair of the GMEC; Chief Academic Officer; and a Chair/Faculty Member from outside of the resident's department. The committee may also elect to consult representatives from other departments, including but not limited to, Medical Affairs, Legal Counsel, Administration and Human Resources. The committee will review the complaint to ensure that the policy was followed; determine if any critical information subsequent to the initial review was received; review any extenuating circumstances; or consider any matters that were not covered in the initial review process. The committee will make a final determination within fourteen (14) calendar days of the receipt requesting the review. The committee's decision is considered the final review and is a binding decision. Upon conclusion of the review, the committee's decision will be provided to the resident, the program director and/or others as appropriate.*

GMEC approved: 10/20/2020  
Revised and GMEC approved: 11/1/2022

## **Resident Misconduct Policy**

**Purpose:** To establish a policy and process for all programs at CAMC graduate medical education programs to use when allegations of misconduct are made against a resident.

**Scope:** This policy applies to all CAMC graduate medical education programs.

**Definition of misconduct:** Misconduct can be broadly defined as improper behavior; intentional wrongdoing; or a violation of a law, standard of practice or program, department or hospital policy. CAMC Graduate Medical Education cannot list all acts, omissions and behaviors that residents are expected to avoid, however, examples of the types of misconduct that could result in disciplinary action, include but are not limited to, termination include: gross negligence; dishonesty or fraud; falsification of records; accessing confidential information without a business need to know; physical mistreatment of another person; theft; deliberate damage or destruction of company property; abandonment of patient care responsibilities; a serious violation of health and safety rules; a serious violation of core values/standards of behavior; unapproved absence; failure to safeguard confidential information; violation of any prescribing policies and privileges; insubordination; illegal possession or



unauthorized use of drugs or alcohol including inappropriate use of legally prescribed drugs; possession of weapons on company property; intimidating or threatening behavior toward another person; and/or fighting.

**Process:**

**Allegations of Misconduct:** A resident, employee of the Institution, attending physician, patient, or any other person who believes that a resident has engaged in misconduct or improper behavior of any kind should immediately report their concerns to their supervisor and/or residency program leadership. The supervisor or program leader shall communicate the allegations to GME administration (Administrative Director in the GME office or the DIO) who shall provide direction for conducting an inquiry.

Upon receipt of a complaint regarding the conduct of a resident, the Program Director may conduct an initial inquiry which generally includes the following actions:

- Follow-up on the report of misconduct to understand the nature of the complaint and any related information.
- Follow-up with the resident to advise the resident of the existence of the complaint, give the resident an opportunity to respond to the allegations, and identify any potential witnesses to the alleged misconduct.
- Based on the information received from the initial inquiry, the Program Director will consult with GME administration (Administrative Director in the GME office or the DIO) to determine if a continued inquiry is necessary to reach a conclusion in the matter.
- If a continued inquiry is warranted, GME administration (Administrative Director in the GME office or the DIO) will provide direction. Others may be included in the continued inquiry process (i.e. Human Resources, Corporate Compliance, Security, Medical Affairs, or other departments/officers).
- All allegations of harassment (including sexual harassment) will be reported immediately to Human Resources in accordance with the Institution's policy against harassment.
- While the inquiry process is underway, the DIO/Program Director has the authority to remove the accused resident from duty. The DIO has the authority to designate the removal from duty as paid/unpaid. If the inquiry reveals no misconduct occurred, then the resident's pay will be reinstated in full.

Upon conclusion of the investigation, the Program Director and GME administration (Administrative Director in the GME office or the DIO) will determine what the next appropriate course of action should be. It could be determined that: 1) no further action is warranted and the matter is considered closed; 2) action is required but the action required does not rise to the level of a reportable action, therefore, it is considered a non-reportable action. The Program will follow up with the resident for documentation of their misconduct and/or academic improvement plan following the steps outlined in those policies respectively; or 3) a more serious reportable action is warranted and may, therefore, impact a resident's standing in the program.

The Program/Institution may take actions including, without limitation, the following:

- **Non reportable actions** include a documented verbal warning or written letter of misconduct. If a resident has the ability to learn from the experience through an academic improvement process, the resident should receive a letter of misconduct outlining the issue, future expectations, and academic improvement required under the competence of professionalism.

It is important to note that resident misconduct may also constitute unprofessional behavior, which may also trigger a letter of deficiency under the Academic Improvement policy for failure to meet professionalism core competencies. This would result in a resident receiving a letter of misconduct as well as an academic

performance improvement plan.

- **Reportable Actions** are those actions that the Program and/or Institution must disclose to others, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. The Institution may be under a legal obligation to report certain infractions which violate local, state or federal law. If the Program and/or Institution has decided to implement a reportable action, such decision would be provided to the resident in writing. Residents who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

Reportable actions include the following:

- Election to not promote to the next PGY level;
- Non-renewal of contract;
- Probation/Suspension (with or without pay at the discretion of the DIO); or
- Dismissal from the residency or fellowship program.

### **Request for Review:**

A review of the decision to take a Reportable Action may be requested by the resident.

A Written Request for Review Form (available from central GME office staff or coordinators) must be submitted to the Administrative Director of GME in the Central GME office within seven calendar (7) days of receiving a written notice of the Reportable Action. Requests received after the deadline will not be subject to review.

*\*Upon receipt of the Request for Review, the Administrative Director of GME in the central GME office, in consultation with others, will first determine whether the matter is reviewable under this Policy. If it is considered a matter that can be reviewed, the DIO shall convene a review committee. For matters related to misconduct, the review committee will be comprised of three of the following representatives or their designees: Chair of the GMEC; Chief Academic Officer; Chief Medical Officer; Chief Operating Officer; Vice President of Human Resources; and Chief of Staff. The committee may also elect to consult representatives from other departments, including but not limited to, Legal Counsel and Administration. The committee will review the complaint to ensure that the policy was followed; determine if any critical information subsequent to the initial review was received; review any extenuating circumstances; or consider any matters that were not covered in the initial review process. The committee will make a final determination within fourteen (14) calendar days of the receipt requesting the review. The committee's decision is considered the final review and is a binding decision. Upon conclusion of the review, the committee's decision will be provided to the resident, the program director and/or others as appropriate.*

### **No Retaliation:**

Initial and full inquiries will be conducted with due regard for confidentiality to the extent possible. Under no circumstances may anyone retaliate against, interfere with, or discourage anyone from participating in good faith, in an inquiry conducted under this policy. A resident who believes they may have been retaliated against in violation of this policy should immediately report it to their supervisor, the Administrative Director of GME in the central GME office, or any other supervisor.

**Resident actions that are identified and upon investigation as gross misconduct, egregious, fraudulent or unlawful in nature shall be subject to disciplinary action including possible termination. All such actions will be reviewed as subject to the due process.**

## **Dismissal from a Residency Program and Termination of Employment**

**Purpose:** To establish a policy for all CAMC graduate medical education programs for use in the dismissal of residents from a residency program, and the corresponding termination of a resident's employment prior to the date of contract expiration.

**Dismissal:** The Hospital may elect to dismiss a resident from enrollment in a program prior to the established completion date due to:

- Academic failure to progress;
- Misconduct;
- Abandonment of position/employment; and/or,
- Any other reason set forth in the resident agreement.

The decision to dismiss should be made consistent with other applicable House Staff Handbook policies, such as the "Academic Improvement Policy" or the "Resident Misconduct" Policy.

When a resident is informed of dismissal, they have the right to request a review/due process as delineated in the House Staff Handbook.

### **Non-Renewal of Contract:**

A program director may elect not to renew a resident's contract (i.e. deny promotion to the next level of education) consistent with the "Academic Improvement Policy" or "Resident Misconduct Policy".

The Office of Graduate Medical Education should be notified immediately upon a Program Director's decision to not renew a resident's employment contract.

As required by the ACGME, CAMC shall ensure that each program provides a resident with a written notice of intent for the following actions: formal suspension from duty with or without pay; non-renewal of contract; non-promotion; or dismissal. Following such notice, a resident has the right to exercise their right to due process following the policies outlined in the House Staff Handbook.

GMEC approved: October 20, 2020

## **Grievance Policy**

**Purpose:** To establish a policy for all graduate medical education (GME) training programs within Charleston Area Medical Center to use in the formal resolution of resident complaints and grievances. This policy does not apply to actions arising out of the Academic Improvement Policy or the Misconduct Policy outlined in the CAMC House Staff Handbook.

**Scope:** This policy applies to all CAMC graduate medical education programs.

### **Definitions:**

Grievance – a cause of distress (such as an unsatisfactory working condition) felt to afford reason for complaint or resistance.

## **Process:**

- A. Grievances should be dealt with in a confidential manner, and without fear of retaliation. Incidents should be reported directly to the supervising Resident and/or attending in charge at the time of the incident.
- B. If the Resident in charge is unable to rectify the situation, the attending on the team should be consulted.
- C. For any incident that is not resolved as stated above or that is not associated with a particular incident on a patient unit, Resident should proceed directly to their Chief Resident.
- D. If the Resident does not feel as though the Chief Resident has effectively resolved the issue, they should take the problem to the Program Director for resolution.
- E. If satisfactory resolution is still not apparent after the Program Director has become involved, then the Resident should provide a written grievance report directly to the Administrative Director of Graduate Medical Education (GME office) outlining the issue. This report should describe the involvement of the Chief Resident and the Program Director.
- F. The Administrative Director of Graduate Medical Education (GME office) will review the written grievance report to ensure that all of the appropriate steps, as indicated above, were followed. If appropriate, a grievance committee will then be formed consisting of, at least, the following individuals: Program Director for the grievant (or separately appointed program director); Designated Institutional Official/DIO (or designee); a Resident not involved with the situation; and any other department representative deemed necessary by management to perform a reasonable investigation.
- G. Upon hearing the grievance, the committee will investigate any and all issues associated with the complaint and will provide a final written decision to the Resident.
- H. All proceedings and decisions of the grievance committee shall be reported to the Graduate Medical Education Committee and the applicable program director, in a confidential manner.

GMEC approved: October 20, 2020

## **Due Process Policy**

**Purpose:** To establish a policy for all CAMC graduate medical education programs to use in reviewing all reportable actions resulting in dismissal or otherwise altering the intended career path of the resident.

**Scope:** This policy will apply to all residents who participate in a CAMC graduate medical education programs. Due Process, as described within, applies to all reportable actions that are taken as a result of academic deficiencies or misconduct (see related Academic Improvement Policy and Resident Misconduct policy).

**Academic Matters:** CAMC's Academic Improvement Policy as found in the House Staff Handbook affords due process to residents who are dismissed from a residency program or whose intended career development is altered by an academic decision of a program. See Academic Improvement Policy for delineation of the specific processes available to a resident to challenge an academic decision made by their Department.

**Misconduct Matters:** CAMC's Misconduct Policy as outlined in the House Staff Handbook affords due process to residents who are formally disciplined or dismissed from a residency program in a manner that alters their intended career development. See Resident Misconduct Policy for delineation of the specific processes available to a resident to challenge discharge or disciplinary decisions based on alleged misconduct by a resident.

GMEC approved: October 20, 2020

# VI. Educational Program

## Training

Residents will be assigned a level of PGL1, PGL2, etc., or in the appropriate training program. The postgraduate level determines, among other things, a Resident's salary and number of vacation days.

Overall evaluation and assessment of the Resident's performance, rotation schedules and supervision of the first postgraduate year will be under the direction of the Program Director. The PGL1 is expected to fulfill certain duties and responsibilities, which are defined by the program requirements. These duties and responsibilities are in accordance with the specific requirements listed in the following:

- Essentials of Accredited Residencies as published by the Accreditation Council on Graduate Medical Education
- The American Dental Association
- The American Psychological Association
- The American Society of Health Systems Pharmacists

## Resident Agreement

Unless otherwise specified in the Resident agreement, each Resident agreement will be for a one (1) year term.

## Evaluation of Performance

Ongoing feedback from the faculty, in the form of formative and summative evaluations, is imperative to the resident's learning. Written and verbal feedback from the faculty in combination with self-reflection serves to help the resident identify their strengths, areas of deficiencies and target areas that need additional work.

Faculty members must directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar educational assignment with a written evaluation completed at the end of the rotation. The program must use multiple evaluative tools to include faculty evaluations; peer evaluations; patient evaluations; and/or assessments from other professional staff members working in teams with the residents.

The Program Director's decision to offer a Resident Agreement to a Resident for the next academic year must be based upon evidence of progressive scholarship and professional growth of the Resident as demonstrated by their ability to assume increasing responsibility for patient care. This determination is the responsibility of the Program Director, with advice from members of their faculty that are part of the Program's Clinical Competency Committee (CCC), and cannot be delegated to a professional or non-professional staff member.

The Program Director will assure that the professional performance of each Resident employed pursuant to a Resident Agreement with CAMC must be evaluated in writing at least semi-annually during the period of each such Resident Agreement. The Program Director or their designee with input from the CCC must meet with and review with each resident their documented semi-annual evaluation of performance including progress along the specialty specific milestones. The semi-

annual review should also include assistance in developing individualized learning plans to capitalize on the resident's strengths and identify areas of growth. The review should also address plans for residents that may be failing to progress in accordance with CAMC House Staff policies.

Each Resident will have access to written evaluations of their professional performance during the period of their employment with CAMC. A Resident desiring to review the written evaluations of their performance will direct a written request to their Program Director specifying the evaluation or evaluations desired for review.

At least annually, the Program Director must complete a summative evaluation of each resident that includes their readiness to progress to the next year of the training in the program.

A final summative evaluation will be completed at the end of each resident's training. The specialty specific milestones, and when applicable, the specialty specific case logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. The final competency-based evaluation must become part of the resident's permanent record maintained by CAMC and must be accessible for review by the resident in accordance with CAMC policy. The final evaluation should verify that the resident has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice. It should consider the recommendations of the program's Clinical Competency Committee and it should be shared with the resident upon completion of the program.

GMEC approved: October 20, 2020

## **Promotion**

All first year residents/interns, including preliminary residents must sit for and successfully pass the USMLE Step III/COMLEX Part III examination prior to promotion to a second year position. Each resident/intern is responsible for contacting the appropriate board to register for the USMLE Step III/COMLEX Part III within the first 3 months of the PGL1 year. Every first-year resident must take the exam within the first 6 months of their PGL 1 year. The results of the first attempt must be made available to the Program Director prior to completion of the ninth (9<sup>th</sup>) month of PGL1 training. If the resident/intern was unsuccessful on the first attempt, this will allow time for a second attempt. Currently, the USMLE Step III/COMLEX Part III exam may be taken up to three (3) times in a 12-month period with a 90 day waiting period between each exam. The resident/intern MUST provide a copy of the scores of each exam to the Program Director.

A resident/intern may only be given a contingent PG1 contract extension up to a maximum of six (6) months under the following conditions:

- The resident/intern first attempted, but failed, the USMLE Step III/COMLEX Part III during the first nine months of the PGL1 year and has taken or registered to take the exam for a second time. The USMLE Step III/COMLEX Part III results will be available no later than two months after the contract start date.
- The Program Director has presented evidence to the Graduate Medical Education Committee (GMEC) demonstrating that the resident has otherwise fulfilled all of the requirements for progression.

Residents who fail to adhere to all aspects including the time frames outlined in this policy may not be given a contingent contract and may risk dismissal from the program. Failure to pass the USMLE Step III/COMLEX Part III exam on a third attempt may result in dismissal. Failure to pass the USMLE Step III/COMLEX Part III exam in 18 months will result in immediate dismissal.

Each department's program director determines the program curriculum in accordance with the specific requirements for training as outlined by the accrediting body. These requirements are available through the program director's office.

Appointment and promotion of house staff will depend on performance as determined by the Clinical Competency Committee and the Program Director. Such evaluation shall be based on the resident meeting program requirements as defined by the program curriculum and accreditation requirements. Pharmacy residents must have completed a PGL1 residency in pharmacy practice to advance to a PGL2 level.

Revisions approved: Sept 2017; June 2023

GMEC approved: October 2015 Effective: July 2016

## **Non-Renewal of Agreement of Appointment or Non-Promotion of Resident**

In instances where a Resident's agreement is not going to be renewed or a Resident is not going to be promoted, the program director shall make a good faith effort to provide a written notification of intent to Resident no later than 90 days prior to the end of the Resident's current agreement. However, if the primary reason(s) for the non-renewal or non-promotion occurs within 90 days prior to the end of the Resident's current agreement, Residents will receive as much written notice of the intent not to renew the agreement or not to promote as the circumstances will reasonably allow. The Program Director will provide a resident with a written notice of intent when a resident will not have their contract renewed, when they will not be promoted to the next level of training or when they will be dismissed.

Residents will be allowed to implement the institution's grievance procedures if they have received a written notice of intent for the following actions: suspension, non-renewal, non-promotion; or dismissal.

GMEC approved revision: December 10, 2013

## **Transfer**

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. A program director must also seek a written summative evaluation from a former program for any resident/fellow that has not already successfully completed a residency training year or program even when the candidate is participating in a formal match. The program director must receive milestones evaluations for the resident upon matriculation.

A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

### **Definition of a transfer resident**

Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident, the program director of the 'receiving program' must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term 'transfer resident' and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

## **PROCEDURES**

### Resident transfer into a CAMC residency program:

Prior to anticipated transfer, obtain a statement regarding the resident's current standing and indication of when the summative competency-based performance evaluation will be completed.

Obtain written or electronic verification of previous educational experiences, including rotations completed and procedural/operative experience.

Obtain a written or electronic summative competency-based performance evaluation from the Resident/fellow's current program director.

Discuss the results of the summative evaluation with the current program director in person or via telephone, and keep written documentation of this discussion along with the training verification and summative evaluation in the resident's permanent file.

Determine the appropriate PG level of the incoming resident and the amount of "credit", if any, will be awarded for prior training. This decision should be consistent with policies and requirements of the respective RRC. Written documentation from the appropriate specialty board must be provided to the CAMC GME office before a contract will be sent to the transferring resident.

Program must seek a summative evaluation from the former program for any resident/fellow that has not already successfully completed a residency training year or program even when the candidate is participating in a formal match.

### Resident transfer from a CAMC program:

For a resident transferring out of a CAMC residency program prior to completion of the program, the CAMC program director must provide timely verification of previous educational experiences and a summative performance evaluation to the program director of the program into which the resident is transferring.

For residents completing a preliminary program or in a CAMC training program and moving into another CAMC training program, the program director of the preliminary program must provide timely verification of previous educational experiences and a summative performance evaluation to the CAMC program director of the program into which the resident is transferring.

GMEC approved: December 13, 2011 Approved revision: February 2018

## **Resident Supervision and Accountability**

Purpose:

The purpose of this Supervision and Accountability Policy is to initiate institution-wide, general standards regarding resident supervision in post-graduate medical education programs at Charleston Area Medical Center (CAMC) and to outline essential guidelines for program-specific supervision policies to meet. Basic principles of supervision among all CAMC residency programs are patient safety, education, quality patient care, communication and documentation.

Ultimate supervision and accountability is provided by licensed independent practitioners including full-time and part-time clinical attending physicians or off-site approved attending physicians of the program.



Each program will develop and maintain program-specific policies consistent with the principles set forth in this policy and according to guidelines established by their respective Residency Review Committee or residency accreditation standards.

**Accountability:**

It is the responsibility of program directors, attending physicians, supervising independent practitioners, and senior residents involved in the supervision and education of residents at CAMC and other training sites to act in accordance with this policy.

**Responsibility:**

*Responsibilities of Institution/GMEC*

Charleston Area Medical Center GMEC is responsible for resident supervision in the following capacities (As outlined in ACGME Institutional Requirements, III.B.4.):

- Monitor programs' supervision of residents and ensure that supervision is consistent with:
  - Provision of safe and effective patient care
  - Educational needs of residents
  - Progressive responsibility appropriate to residents' level of education, competence, and experience
  - Other applicable Common and Specialty/subspecialty-specific Program Requirements

*Responsibilities of Residency Program*

The graduate training programs of CAMC will afford each resident appropriate and sufficient supervision for all activities involved in patient care in order to help ensure patient safety as a priority. The following guidelines describe standards and responsibilities for residency training programs in supervision of their residents:

- Each program must share their policy with residents and attending physician on an annual basis.
- The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.
- Each program will ensure that residents will perform under the supervision of attending physicians or licensed independent practitioners who hold appropriate appointments and have been credentialed at the specific training site.
- Each program is responsible for setting guidelines for circumstances and events where residents must communicate with appropriate licensed independent practitioner/senior resident.
- A supervision plan must include actions to be taken in the event the supervising physician or independent practitioner is unavailable or cannot be reached.
- The program's policy should include procedures for providing feedback and notification in the event a supervising physician/licensed independent practitioner or resident identifies issues with supervision.
- Each program will establish methods for monitoring compliance with its supervision policies. Examples of processes used to monitor this include duty hour log reports, procedure logs, resident and attending physician feedback, evaluation questions regarding adequacy of supervision and quality improvement reports.

### *Responsibilities of Residents/Supervisees*

Clinical activities and procedures are conducted only by residents with the necessary knowledge, skill, and judgment, and only under proper supervision. Residents are responsible for performing their duties to the best of their abilities under the guidance and instruction of their supervisors and for promoting behaviors that lead to patient safety.

The following standards summarize the roles and responsibilities of residents regarding supervision in their training program.

- The resident must inform each patient under their care of their trainee status and the name of the licensed independent practitioner physician who is supervising them.
- Residents should aim to develop understanding and awareness of their limitations and areas of improvement and to request assistance when appropriate.
- Residents will ask for supervision from an attending physician or licensed independent practitioner if the resident has insufficient experience with the procedure and/or skill.
- The resident will notify their supervisor if for any reason they are not able to carry out any assigned duties. The resident will also immediately report any concerns or issues they have regarding adequacy of supervision.

### *Responsibilities of Supervisors*

When residents are involved in the care of patients, the ultimate responsibility for these patients lies with the supervising resident or fellow, attending physician, or licensed independent practitioner.

The following are general responsibilities and expectations of attending physicians and licensed independent practitioners:

- In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician or licensed independent practitioner who is ultimately responsible and accountable for the patient's care. This information must be available to the resident, faculty, and other members of the health care team. The supervising physician or licensed independent practitioner will maintain the appropriate level of privileges at each clinical site.
- Each supervising physician or licensed independent practitioner supervisor will comply with the requirements of CAMC for supervision and documentation of activities. Licensed independent practitioner supervisors will be knowledgeable of CAMC policies.
- The supervising physician, and resident or must inform patients of their respective roles in the patient's care when providing direct patient care.
- At the outset of each rotation, the supervisor should set expectations for circumstances and events in which residents must communicate with appropriate supervisors.
- Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident to delegate the resident the appropriate level of patient care authority and responsibility.
- The supervisor should make every effort to recognize signs of fatigue and sleep deprivation, and aid residents in avoiding and counteracting the negative effects of these.
- The supervisor should recognize when a resident is not fit for duty and when the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

## Graduated Levels of Responsibility:

As residents advance in their training program, they will be given progressive responsibility for care of patients. Residents are supervised by attending physicians and licensed independent practitioners in order for residents to assume progressively increasing levels of authority and responsibility, conditional independence, and the role of supervisor in patient care consistent with their level of education, ability, and experience.

- Each program should be organized in a way that promotes and allows residents to assume increasing levels of responsibility consistent with their individual progress in their training program.
- Each program director will delineate the levels of progressive responsibility for each year of residency training. The amount of supervision will vary with the clinical circumstances and the training level of the resident. The Program Director must evaluate each resident's abilities based on specific criteria guided by the milestones. When appropriate, the program will set specific expectations for non-supervised clinical activity. The program will communicate the defined levels of responsibility to each resident.
- Faculty members functioning as supervising physicians must delegate portions of care to residents, based on the needs of the patient and the skills of the resident.
- Senior residents or fellows will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- Each resident must know the limits of their scope of authority and circumstances under which they are permitted to act with conditional independence. Some activities require the physician presence of the supervising faculty member.

## Direct and Indirect Supervision:

Unless specified further by the Program's specific RRC or respective residency accreditation requirements, PGY1 residents must initially have either Direct Supervision or Indirect Supervision in which the supervisor is immediately available and within the confines of the site of patient care. Each Review Committee may describe the conditions the achieved competencies under which PGY-1 residents' progress to be supervised indirectly, with direct supervision available.

### *Direct Supervision*

When the resident receives direct supervision, the supervising physician or licensed independent practitioner supervisor must be physically present with the resident and patient.

### *Indirect Supervision*

When the resident receives indirect supervision, the licensed independent practitioner supervisor must be immediately available to the resident either in person or via telephone or pager. With direct supervision **immediately available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

With direct supervision **available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision. The supervisor must also be capable of being physically present within a sufficient amount of time (within 30 minutes of being contacted by the resident), if necessary.

If supervision is being provided via oversight, the supervisor is available to provide review of procedures/encounters with feedback provided after care is delivered.

#### Documentation of Supervision:

Documentation is a crucial element of the exchange of information between resident and supervising attending physician. Supervision of resident activities must be documented appropriately and accurately in the patient record at all times. This guideline includes, but is not limited to, documentation of consultations, admitting notes, procedural activity, continuing care and progress notes, and discharge summaries for patient encounters.

The medical record must clearly indicate the involvement of the supervising physician in resident care of the patient. The supervising attending physician's documentation must comply with standards mandated by CAMC and DNV.

#### Monitoring:

The DIO and GMEC will monitor resident supervision through monthly supervision assessments completed in New Innovations by residents and reported on the monthly dashboard reports. Additional resources used for monitoring compliance include resident evaluations, survey results and physician feedback. Procedures pages as found on CAMNET link to New Innovations where residents are listed by PG level and program. Programs are responsible for routinely reviewing procedure pages to ensure residents are listed with the correct supervision level per procedure listed. Staff utilizing the procedure pages are urged to contact the Program Directors as outlined on the site with any questions they may have regarding resident supervision.

GMEC revisions approved: February 2018

## **Clinical Experience and Education Hours (CEEH)** (formerly Duty Hours Policy)

#### Purpose:

The resident CEEH policy is structured to ensure that the resident's clinical experience and education are providing optimal resident training and patient care. The overarching goals of the duty hours requirements are to: 1) promote and support the physical and emotional well-being of all residents in CAMC sponsored residency programs; 2) to promote a strong educational environment for our residency programs; and to 3) ensure a focus on the safety and needs of our patients and the continuity of their care.

#### Policy:

All CAMC residency training programs must adhere to all applicable accreditation requirements on CEEH regulations as expressed in the Institutional Requirements, Common Program Requirements and/or specialty specific Program Requirements. Program and individual resident compliance with CEEH requirements will be monitored by the Institution and the Graduate Medical Education Committee (GMEC) with a frequency sufficient to ensure compliance with the requirements. Each program must have written policies and procedures consistent with the Institution's policy and with their respective accreditation requirements for resident CEEH and the working environment including moonlighting. These policies must be distributed to the residents and the faculty.

#### Requirements:

- Maximum hours of clinical work and education per week: CEEH must be limited to 80 hours per week, averaged over a four-week period or the length of the rotation, inclusive of all in-house clinical and education activities, all clinical work done from home and all moonlighting.

- Mandatory free time of clinical work and education: Program structures must be configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents 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 one day off in seven requirements.
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education every week (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 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 education. Additional patient care responsibilities must not be assigned to a resident during this time.
- Clinical and educational work hour exceptions: In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site 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.

If a resident elects to stay or to return and it results in a short break violation the resident must enter a comment and cause for this violation in New Innovations.

- Maximum in house on-call frequency: residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- At-home call/Work from Home: Time spent on patient care activities by residents on at-home call and time spent on patient care activities while at home must count towards 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. Work from Home time will not impact the Short Break rule but does count toward the 80-hour limit.
  - At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour weekly maximum.

**Emergency Medicine Rotation Clinical Experience and Education Hour Requirements:**  
When residents are on an emergency medicine rotation, the following standards apply:

- While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours.
- There must be at least one equivalent period of continuous time off between scheduled work periods.

- A resident must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 total hours per week.
- Residents must have a minimum of one day (24-hour period) free per each seven-day period. This cannot be averaged over a four-week period.

**Monitoring Requirements:**

CEEH policies and procedures must be distributed annually to all program candidates, residents and faculty. Faculty and residents must be trained on the CEEH policies. Call schedules for residents and faculty must be maintained and available at all times.

All CAMC residency programs are required to use New Innovations for the reporting of CEEH. All residents are required to record CEEH into New Innovations at a minimum of every 72 hours.

Program coordinators will maintain resident time off due to vacation and leave time as recorded in the program.

The Program must monitor resident CEEH with a frequency sufficient to ensure compliance with the requirements including attention to scheduling, work intensity, and work compression that impacts resident well-being. The Program must adjust schedules as necessary to mitigate excessive service demands and/or fatigue and, when applicable, must monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. The Program must monitor the needs for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.

Programs must work with residents to ensure that they are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. There may also be circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. Residents faced with an event of this nature should not fear negative consequences when unable to provide clinical work.

The Institution and/or GMEC may implement monitoring mechanisms to assess program and/or resident compliance to CEEH requirements and program-level oversight. The Institution and/or GMEC may monitor compliance of CEEH requirements through a number of various methods, which may include, but are not limited to, audits, internal reviews, resident surveys or interviews. The Institution and/or GMEC may, at any time, require enhanced or more frequent monitoring of the CEEH requirements for programs and/or residents. Individual residents who fail to maintain compliance with CEEH requirements are subject to disciplinary action.

GMEC approved: February 2018

**Transitions of Care**

A responsibility of the Institution that sponsors Graduate Medical Education is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. The ACGME has charged the institution and the programs with designing clinical assignments to optimize transitions in patient care including their safety, frequency and structure; ensuring and monitoring effective, structured hand-over processes to facilitate both continuity of care and patient safety; ensuring that residents are competent in communicating with team members in the hand-over process; and finally ensuring that program and clinical sites maintain and communicate schedules of attending physicians and residents responsible for care. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced, in the

event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

#### DEFINITIONS:

Transitions of Care – the transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.

Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.

#### PROCEDURE:

1. Each program will be responsible for adhering to a standardized approach to hand-offs and a hand-off template as directed by the Institution and GMEC policy.
2. When possible, residents and faculty will identify a quiet area to give report that is conducive to transferring information with few interruptions.
3. Off going residents will have at hand any supporting documentation or tools used to convey information and immediate access to the patient's record.
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality.
5. Residents will afford each other the opportunity to ask or answer questions and read or repeat back information as needed. If the contact is not made directly (face-to-face or by telephone), the resident must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow up calls or inquiries.
6. The patient will be informed of any transfer of care or responsibility, when possible.

#### MONITORING:

The DIO and GMEC will review each department's approach to hand-offs at least annually when the department submits its annual report/program director checklist. Each department will utilize a monitoring tool in New Innovations to document monitoring of resident transitions for each resident at a minimum of semi-annually, but preferably for every service rotation.

GMEC approved: December 13, 2011

Effective: December 13, 2011

GMEC approved revision: 12/10/2013; 12/2015; 2/2018

## **Resident Well-Being**

### **Purpose**

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

### **Policy**

The CAMC GMEC recognizes the importance of the well-being of our residents and works with the residency programs to ensure that processes are in place to assist the residents in developing the skills to achieve their personal well-being.

Each CAMC residency program shall have policies and schedules in place that spell out ways in which the residents will be supported in their efforts to become a competent, caring and resilient physician.

These must include:

- Schedules that: A. Ensure residents have protected time with their patients B. Are not unduly burdensome with intensity and compression C. Have contingency plans in place for when there are circumstances in which residents may be unable to attend work, including but not limited to fatigue, family emergencies, and illness. These contingencies must ensure coverage of patient care in the event a resident may be unable to perform their patient care responsibilities.
- Policies for time away from the residency that allow the resident the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Education regarding recognizing the symptoms of burnout, depression, and substance abuse including recognizing these symptoms in themselves and how to seek appropriate care.
- Resources that minimize non-physician obligations and undue administrative burdens
- Supervision policies that promote progressive autonomy and flexibility
- Monitoring workplace safety data to address the safety of residents and faculty members.
- Programs and resources available that encourage optimal resident and faculty well-being

All of these must be implemented without fear of negative consequences for the resident who may be having any issues interfering with their well-being.

### **Procedure**

The institution will verify that each program has a program level Resident Well-being policy which describes how the program provides resources to the resident to promote their well-being.

Program directors will be responsible for monitoring resident and faculty well-being and recommending any appropriate resources that they may need.

### **Monitoring**

The GMEC will monitor compliance with the institutional and program policies through the following venues:

- Resident burnout/well-being assessment tool
- Annual program evaluation
- Special review of the program
- ACGME Annual Resident Survey
- Annual CAMC Resident Survey
- ACGME Annual Faculty Survey
- House staff council minutes and/or reports
- Anonymous contact via established hotlines and/or online complaints

GMEC approved: February 2018

### **Timely Care**

It is strongly suggested that residents reside within the geographic service area of the three Charleston-based CAMC hospitals, close enough to fulfill their resident responsibilities and to provide timely care for their patients for the duration of their residency period. Residents should live



close enough to the Charleston-based CAMC hospitals that a resident on-call who is requested to return to the hospital can return within thirty minutes of the request.

## **Paging and On-Call Duties**

Each Resident is assigned a pager. When a resident is on duty, they are expected to return all pages within 15 minutes of the page. Those persons assigned to the cardiac arrest call schedule will respond to the 1-2-3 pages immediately.

Residents must be prompt in their response to calls. When a call is received from the nursing unit involving an emergency situation, it is imperative that the Resident go to the patient area as quickly as possible to see the situation rather than depend on telephone impressions. This is important to protect the welfare of the patient.

On-call duties are considered a residency training as well as clinical responsibility. Residents may not at their discretion reassign these responsibilities without permission of the residency program

director or their designee. In extenuating circumstances where a change in call schedules would be necessary, Residents must follow institutional policies defined by the institution and the program requirements.

## **Professional Activities During Residency Period**

Residents and fellows in good academic standing are encouraged but not required to be involved in voluntary professional activities related to their chosen specialty or as a physician professional. These activities include membership or leadership roles in professional societies, association committees, community forums and other activities that are voluntary or non-patient care activities that are not specified as residency or accreditation requirements. Such activities should not interfere with board eligibility requirements, patient care assignments or other requirements of the residency.

With approval of the program director, Residents may be able to recognize these efforts as part of meeting the ACGME/ASHA/APA core competency requirements as may be appropriate. Residents should provide such documentation as may be necessary to the program director or program training committee who will provide a determination of how such activity might contribute to the Resident's portfolio or other requirements established by the program.

Residents who are not in good academic standing and who have been officially placed on a status of "proposed probation" or "probation" by the program or other administrative officials are discouraged from engaging in professional activities that may distract or place time pressures on the Resident from meeting program requirements or the requirements specified by the remediation plan. The program director has the discretion to curtail or prohibit such activities as part of the overall remediation plan imposed on the Resident.

GMEC approved revision: December 10, 2013

## **Moonlighting**

CAMC strives to ensure a sound academic and clinical education carefully balanced with concerns for patient safety and overall resident well-being. Administration, faculty and residents collectively have responsibility for ensuring the safety and welfare of patients and the adherence to duty hours and moonlighting policies.

***Moonlighting:*** A term used to refer collectively to both External Moonlighting and Internal

Moonlighting.

**External Moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. (Source: ACGME Glossary of Terms, November 30, 2010).

**Internal Moonlighting:** Voluntary, compensated, medically-related work (not related to training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. (Source: ACGME Glossary of Terms, November 30, 2010).

Compensated employment of residents for **non-patient care services** performed outside the scope of residency or fellowship program duties and performed at CAMC Health System facilities or on behalf of CAMC Health System facilities shall also be considered Internal Moonlighting and is subject to all provisions set forth in this policy.

### **General Institutional Criteria**

- Residents must not be required to engage in moonlighting and moonlighting is not encouraged.
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Time engaged by residents in moonlighting must be counted as duty hours for purposes of meeting all work and duty hour requirements as defined by accreditation standards, institutional or program requirements and policies. This provision applies to all moonlighting
- “Sunlighting” (working for income during hours when an individual has duties and responsibilities to the service on which they are training) is not permitted at any time.
- Individual residency programs must adhere to program-level and institutional-level requirements specific to their accrediting institution (i.e. ACGME, ASHP, etc).
- The Graduate Medical Education Committee (GMEC) or Charleston Area Medical Center (CAMC) may monitor policy compliance at any time.

### **Resident requirements and responsibilities**

The primary responsibility of the resident is to the service or activity to which the resident is assigned. Residents who choose to engage in moonlighting of any type shall do so outside the scope of their residency program. CAMC shall not be responsible or liable for the consequences of a resident's moonlighting activity unless otherwise agreed to in writing.

Moonlighting must not interfere with clinical and educational performance. The resident must obtain permission for moonlighting and adhere to criteria for moonlighting that is set forth in this policy and by the residency program director. The residency program director has authority to restrict moonlighting at any time and may establish more stringent reporting requirements than outlined in this handbook. Permission will be based on individual academic, clinical and professional performance. An adverse effect on performance may lead to withdrawal of permission.

The following requirements must be met and maintained before moonlighting permission can be granted:

- PGL1 level physician residents are not permitted to engage in moonlighting.
- Residents with J-1 or other restrictive visa status are not allowed to engage in internal

or external moonlighting.

- Residents must be in good academic standing within their residency training program demonstrating overall satisfactory performance.
- Residents must demonstrate in-training exam scores at the national median or 50<sup>th</sup> percentile for residents in training at the comparable training level in order to be granted permission to moonlight. Program directors are responsible for scheduling the residents off at least 8 hours prior to and during the exam for ideal conditions conducive to enhancing the resident's performance on the exam.
- Residents must accurately report and document moonlighting hours through New Innovations or through other recording methods as defined by the institution and program.
- Residents are solely responsible for securing confirmation of malpractice coverage for patient care services provided outside the scope of the residency training assignment. Such confirmation shall be required in writing prior to obtaining permission to moonlight.
- Residents who moonlight must be licensed for independent medical practice or obtain any other license/certification that may be required in the state where the moonlighting occurs. The program director shall not approve moonlighting for any resident who does not meet state licensing/certification requirements.
- Residents must obtain a separate Drug Enforcement Administration (DEA) certificate for use in prescribing medications while moonlighting.
- Resident in combined programs must have permission to moonlight from both programs.

### **Requesting Permission to Moonlight**

A resident desiring to moonlight must complete a "Request for Permission to Moonlight" Form prior to moonlighting. It is the responsibility of the individual resident to provide all additional information and documents required by the program director, coordinator or institution.

- Permission to moonlight will be granted for a maximum period of six months and be approved for effective time periods from January 1 through June 30 and from July 1 through December 31 of each academic year. Permission cannot extend beyond June 30 or December 31 within each 6 month period without completion of and approval of a new request form. Interim reporting may be required by the program director, coordinator or institution at any time.
- A request form is required for each employer of a moonlighting resident. Multiple sites staffed by the same employer may be listed on one request form and may be updated at any time prior to the resident performing services at a new location.
- A copy of the resident's license or certification requirements, DEA certificate in their name and confirmation of malpractice insurance at the moonlighting institution must be submitted with the request form.
- Upon approval by the program director, the program shall provide a copy of the approved request form and all attachments to the Graduate Medical Education (GME) office. Originals will be placed in the resident's permanent program file.

### **Program Director Responsibilities**

The program director is responsible for monitoring and for determining the potential and actual impact of moonlighting on the clinical or educational performance of resident, program,

accreditation status or impact on patient care, patient quality and safety requirements of CAMC and the residency program. The program director must:

- Inform and communicate policies, requirements or updates as may be required to residents who seek approval to moonlight.
- Support and enforce applicable policies and procedures regarding moonlighting.
- Monitor the resident or fellow's eligibility to moonlight as defined by this policy as well as accreditation standards, institutional and program requirements.
- Establish appropriate mechanisms for continuous monitoring of overall duty hours including the number of hours and the workload of residents/fellows who moonlight.
- Review and approve the resident or fellow's "Request for Permission to Moonlight" form and ensure that resident has submitted all required paperwork and documentation.
- Consider and approve a maximum number of hours per week specified by location. Any change that results in additional Moonlighting hours or changes in locations will require an updated application and approval by the program director.
- Forward a copy of the completed and approved permission form and all required attachments to the GME office prior to resident engagement in moonlighting activity.
- Provide summary reports or respond to requests for reports/information from the GMEC, the GME Office or the Designated Institutional Official (DIO) at any time.

### **Institutional Oversight Responsibilities**

The GMEC shall monitor program compliance to policies and procedures and have authority to revoke moonlighting privileges at the program or individual level. CAMC and/or the DIO have ultimate authority to permit, restrict or withdraw permission to moonlight or to revoke moonlighting privileges at the program or individual level.

Residents are professionally responsible for compliance to moonlighting policies, accurate completion of moonlighting requests, accurate reporting of moonlighting experiences/requirements and for compliance with duty hour requirements. Failure to comply with the moonlighting policy requirements will result in revocation of moonlighting privileges. Reporting of false information when requesting permission to moonlight or when reporting moonlighting information or hours will result in disciplinary action including potential dismissal/termination. Engaging in moonlighting without obtaining permission as outlined per policy will result in immediate termination.

### **Off Site Rotations**

Charleston Area Medical Center supports residents' rotation to off-site locations to gain additional, specific education experiences needed for future career development, fellowship positions, and/or educational opportunities not offered at CAMC facilities. Residents interested in rotating with an off-site location must first obtain approval by their respective program director. Program directors are required to send a written request using the "Request for Off-Site Rotation" form to the designated institutional official for their approval. A copy of the request should be sent to the GME office.

#### **Procedure:**

Residents interested in a rotation to an off-site location must obtain approval from their respective program directors. Program directors should notify the DIO/GME office using the "Request for Off-Site Rotation" form when seeking to establish an off-site experience. Requests for such rotations should be received a minimum of ninety (90) days before the anticipated start of the rotation due to the time it takes to establish rotation agreements and obtain proper medical licensure.

Upon approval of the off-site rotation by the Program Director and DIO, residents will be responsible for working with the GME office and off site location to ensure that an agreement between the institutions is in place and that they have properly submitted all required documentation to the site including the proper medical license for the state in which they will rotate. The Graduate Medical Education office will draft a rotation agreement with the off-site location and provide a final copy to the resident prior to the start of the rotation. Residents rotating off-site must be sure to check with the GME office before departing for the start of a rotation to be certain all requirements have been met and all paperwork submitted.

During the off-site rotation, residents are responsible for complying with all policies/procedures at the off-site location; including all HIPAA regulations; and employee health responsibilities. Residents are responsible for their own transportation, parking, housing, meals and other personal needs while completing the off-site rotation, unless otherwise approved. Further details and responsibilities are outlined in the rotation agreement.

## **Participation in Research**

Learning about research and research regulatory processes is considered an important part of residency training experiences. Residents may be required to participate in research as deemed appropriate by the program. Fellows may serve as principal investigators on research programs. Residents who are not fellows may serve as an investigator but not as principal investigator on research projects. Residents must coordinate potential research study ideas through the Program Director and/or a designated attending physician who shall serve as Resident's research supervising physician. Pharmacy Residents should consult with the Clinical Pharmacy Specialist. Residents are subject to all institutional research requirements as established by the institution. Research Policies may be accessed on the CAMnet (<http://camnet>) internal Web site for Resident review: search on CHERI under the DMS. Once a resident has access to the research system (IRIS), the SOP Manual is located under Operating Procedures. Residents conducting research will need to work with the Institute's Research and Grants Administration Office (388-9970), located in room 3284 on the 3<sup>rd</sup> floor of the WVU Building for clarification of requirements and to assure that research regulatory requirements are met.

**Federal regulations require all research to be approved by the CAMC/WVU-Charleston Institutional Review Board (IRB) prior to initiating a research study. Approval will not be granted after research has been initiated. Findings from research that has not been approved by the Institution and the IRB may not be submitted for presentation or publication under any circumstances.**

In addition, certain types of research may require review by the CAMC/WVU-Charleston Scientific Review Board. Residents should be aware that the review process could take several weeks to complete. The Institute Research and Grants Administration Office will provide guidance and clarification of research requirements to Residents and help the Resident to plan for appropriate review time periods toward a goal of expediting the process as much as possible.

Individuals engaged in research at CAMC and/or WVU-Charleston Division are required to complete an online human subjects training course. The course can be accessed on the Research and Grants Administration Page on CAMnet at <http://medseekcn.camc.hsi/researchgrants> .

Support and assistance for developing research protocols can be obtained by contacting the Institute Center for Health Services and Outcomes Research (388-9910).

## **Internal and External Grants and Sponsored Programs**

Internal grant funds are available to Residents and students conducting CAMC-WVU-Charleston IRB approved research projects. Applications for research funding are available by contacting the Institute's Sponsored Projects Specialist at 388-9974 located in room 3273 in the WVU Building.

The Institute's Grants Development Specialists may assist Residents in accessing external grant sources and applications. Applications for extramural grants and sponsored programs are the responsibility of the supervising research investigator and will require appropriate institutional review and signatures as required by CAMC. Residents must work directly with the Research and Grants

Administrative office that shall provide guidance and direction for all such funded activity involving Resident research. Anyone interested in pursuing funding for a project is encouraged to contact Research and Grants Administration early in the process.

## **Presentation or Publication of Scientific Papers**

Papers submitted to journals or programs for presentation must be approved for submission by the supervising research faculty/investigator and the program director and follow institutional guidelines and policy. Such submissions shall follow guidelines for appropriate designation of research co-authorship and institutional designation. The Research and Grants Office will provide guidelines to Residents on these issues. If a Resident authors a scientific paper, which is accepted for oral or poster presentation at a plenary session or workshop at regional, national or international meeting, they may request financial support for travel expenses related to this meeting. If travel is approved by the Program Director, the conference participation time must be counted as assigned/scheduled duty hours. Special grant funds may be available for this purpose but may be limited. Residents should contact the Graduate Medical Education Office for assistance as soon as notification of acceptance for presentation is received. CAMC or departments may be unable to approve all requests or to support the total meeting expense.

## **Research Day**

Research Day is held in the spring of each academic year. Residents are strongly encouraged to submit abstracts for presentation. Some programs may have specific requirements of Residents to provide submissions for Research Day presentation as part of training requirements. You are encouraged to discuss requirements with your program director that can provide clarification of such requirements.

Abstracts are submitted to a review committee according to annual instructions. **No presentations may be accepted for Research Day presentation unless such research has been approved in advance of initiation by the CAMC/WVU-Charleston Division IRB and CAMC.** Including more than one case within a case study presentation could require review by the IRB. Consult the Research and Grants Administration Office for guidance on this issue.

## **Extreme Emergency Situation and Substantial Disruptions in Patient Care or Education Policy**

CAMC and its training programs must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or other substantial disruption in patient care.

### **Definition of a Local Extreme Situation**

A local extreme emergent situation is an event that affects resident education or the work environment but does not rise to the level of an ACGME or other accrediting institution's declared disaster which could impact an entire community or region for an extended period of time. Activation of the disaster response is at the discretion of CAMC. Example: a hospital-declared disaster for an epidemic. An extreme emergent situation is localized to one sponsoring institution, a participating institution, or another clinical setting.

## PROCEDURES

### Duties of Residents during Local Extreme Emergent Situations

1. Residents are first and foremost, physicians, pharmacists or psychologists, whether they are acting under normal circumstances or in extreme emergent situations. Residents must be expected to perform according to society's expectations as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. Many residents at an advanced level of training may even be fully licensed in the state and therefore they may be able to provide care independent of supervision.
2. Residents are trainees. Residents should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a resident is working under a training license from a state licensing board, they must work under supervision. Resident performance in extreme emergent situations should not exceed expectations for their scope of competence as judged by program directors and other supervisors. Residents should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident must not be expected to perform in any situations outside of the scope of their individual license. Expectations for performance under extreme circumstances must be qualified by the scope of licensure.
3. Decisions regarding a resident's involvement in local extreme emergent situations must take into account the following aspects of their multiple roles as a student; a physician, pharmacist or psychologist; and an employee:
  - o The nature of the health care and clinical work that a resident will be expected to deliver;
  - o The resident's level of post-graduate education specifically regarding specialty preparedness;
  - o Resident safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand;
  - o Board certification eligibility during or after a prolonged extreme emergent situation;
  - o Reasonable expectations for duration of engagement in the extreme emergent situation; and,
  - o Self-limitations according to the resident's maturity to act under significant stress or even duress.
4. In case of local extreme emergent situation or disaster, all Residents may be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Scheduling during an emergency situation will be done in collaboration with the CAMC Incident Command staff. Staff in-house will be notified by audible page ("Code Triage is now in effect") and/or by pager with the same message. Off-duty house staff are notified by the Command Center and are to report to the hospital as assigned. Upon notification, all Residents on in-house duty are to report to the Emergency Department for assignment to treatment areas. You must have your identification badge with you at all times, but in this instance, it is particularly important.

### Defined Responsibilities Concerning a Local Extreme Emergent Situation

#### Responsibilities of the CAMC Designated Institutional Official (DIO)

1. Serve as the point of contact for all Program Directors for answers to questions.
2. The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect CAMC or any of its programs' ability to conduct resident education in substantial compliance with ACGME or other accrediting bodies Institutional, Common, and individual Program

Requirements. On behalf of CAMC, the DIO will provide information to the ED-IRC regarding the extreme emergent situation and status of the educational environment for its accredited programs resulting from the emergency. The DIO will stay in contact with the CAMC Incident Command Center to obtain information on the emergent situation and to continue to monitor the situation during extended situations.

3. At the ED-IRC's request, the DIO will submit a written description of the disruption at the institution and provide details regarding activities undertaken in response. The DIO will provide updates as requested.
4. The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs). The DIO will distribute this confirmation to Program Directors.
5. The DIO will notify the ACGME or other accrediting institution when the extreme emergent situation has been resolved.

#### Responsibilities of the Program Directors:

1. Upon receipt of the electronic confirmation of the correspondence between the DIO and ED-IRC, PDs may contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on the educational environment.
2. PDs are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RRCs regarding any program specific issues.

#### Other Responsibilities Related to Local Extreme Emergent Situation

1. The ED-IRC will alert EDs-RRCs when CAMC reports an extreme emergent situation. These communications will be included as interim correspondence in institutional and program files.
2. PDs from affected institutions may communicate directly regarding specialty-specific concerns once local extreme situations have been confirmed through the ED-IRC.
3. After communication between a PD and an ED-RRC, the ED-RRC will notify the ED-IRC if there is a perception of substantive institutional accreditation issues occurring within CAMC during the event.
4. The ED-IRC will notify all EDs-RRCs when institutional extreme emergent situations have been resolved.

GMEC approved: October 2011 Effective: October 2011

## **Extraordinary Circumstances- Interruption of Training Policy**

### **PURPOSE**

To define the basic procedures and responsibilities necessary to effectively reconstitute or restructure resident training experiences following extraordinary circumstances including the assistance necessary for the continuation of resident assignments.

### **POLICY**

CAMC and its training programs must have a policy that addresses administrative support for GME programs and residents in the event of extraordinary circumstances.

### **Definition of an Extraordinary Circumstance**

An extraordinary circumstance is an event or set of events causing significant alteration to the residency and/or fellowship experience at one or more residency and/or fellowship programs. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a



catastrophic loss of funding.

## **PROCEDURES**

In the event of extraordinary circumstances impacting the graduate medical education programs sponsored by Charleston Area Medical Center, the GMCEC establishes this policy to protect the well-being, safety and educational experience of residents enrolled in our training programs.

The definition of extraordinary circumstances will be determined by ACGME or other accrediting institution as defined in their published policies and procedures. Following declaration of an extraordinary circumstance, the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the event.

When the accrediting institution deems that a sponsoring institution's ability to support resident education has been significantly altered, the sponsoring institution must:

- a. revise its educational program to comply with the applicable Common, specialty specific Program and Institutional Requirements within 30 days of the invocation of the policy; and,
- b. arrange temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,
- c. assist the residents and/or fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.

If more than one program or institution is available for temporary or permanent transfer of a particular resident or fellow, the preferences of the resident or fellow must be considered by the transferring program or institution. Programs must expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents and/or fellows so as to maximize the likelihood that each resident or fellow will complete the academic year with the least disruption to her or his education. CAMC will provide information to displaced residents regarding the continuation of their salary, benefits, professional liability coverage and program assignment in the event of a disaster.

*For ACGME accredited programs: Within 10 days of the invocation of the Extraordinary Circumstances policy, the designated institutional official, or designee(s), of each affected sponsoring institution must contact the ACGME President and Chief Executive Officer, or designee, to receive the timelines the ACGME has established for its programs.*

*These timelines will establish deadlines for the sponsoring institution(s) to:*

- a. *submit program reconfigurations to the ACGME; and,*
- b. *inform each program's residents of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.*

*The due dates for submission of said plans shall be no later than 30 days after the invocation of the Extraordinary Circumstances policy unless other due dates are approved by the accrediting institution. If within the 10 days of the invocation of the Extraordinary Circumstances policy the*

*accrediting institution has not received communication from the designated institutional official(s), the accrediting institution will attempt to establish contact with the sponsoring institution(s) to communicate its expectations.*

*On its website, the ACGME will provide phone numbers and e-mail addresses for communication with the accrediting institution from affected institutions and programs. Designated Institutional*

*Officials should call or e-mail the Institutional Review Committee Executive Director with information and/or requests for information.*

*Program directors should call or e-mail the appropriate Review Committee Executive Director with information and/or requests for information. Residents should call or e-mail the appropriate Review Committee Executive Director or the Office of Resident Services ([residentservices@acgme.org](mailto:residentservices@acgme.org); or 312.755.5000) with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident e-mail information through Accreditation Data System.*

*The ACGME will expedite the process for transfers of affected residents and/or fellows. The process of approval of requests for increases in resident complement from receiving programs to accommodate resident and/or fellow transfers from the affected programs must be handled through the Accreditation Data System (ADS). The Review Committees will expeditiously review applications for complement changes and communicate their decisions. Affected institutions must coordinate temporary or permanent transfers through the ACGME.*

*The ACGME will expedite the review and approval of submissions by programs relating to:*

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

At the outset of a temporary resident or fellow transfer, programs must inform each transferred resident or fellow of the estimated duration of his or her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, it must promptly notify each transferred resident or fellow.

Upon invocation of the Extraordinary Circumstances policy, the accrediting institution may determine that one or more site visits is required. Prior to the visit(s), the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by the accrediting institution during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to the extraordinary circumstances may be postponed.

GMEC approved revision: December 10, 2013

## **CAMC or Program Closure/Program Reduction**

In the event of a closure of CAMC's hospitals, institutional closure of GME/withdrawal of institutional accreditation and/or an intent to reduce or discontinue a residency Program, CAMC administration will:

1. Inform the Resident (s) DIO and the GMEC of action to be taken and of projected timelines. Upon request of the DIO and the GMEC, CAMC will evaluate the institutional and accreditation issues and make efforts to allow currently enrolled residents to complete their education at CAMC if possible. In the event residents cannot complete their education at CAMC, CAMC will make best effort to assist residents in securing a position as appropriate in an accredited program in the same specialty at the appropriate PGL level;
2. In the event of an institutional closure or withdrawal of institutional accreditation or involvement in GME, CAMC will make effort to address the transfer of cap for the purpose of reimbursement as may be allowed under CMS or regulatory requirements. In the event of intent to discontinue a residency program that does not allow for continuation of training of existing residents, CAMC may consider the option to seek a temporary transfer of residency cap as may be allowed under CME or regulatory requirements for the duration

of time to complete resident training periods.

3. Exercise proper care, custody and disposition of Resident's education and program records, and appropriately notify accreditation, regulatory entities including licensure and specialty boards; and
4. In the event the closure of CAMC's hospitals or an institutional closure of GME programs/withdrawal of accreditation constitutes a "plant closing" or "mass layoff," CAMC shall comply with the Worker Adjustment and Retraining Notification Act, if required by law.

GMEC approved revisions: December 13, 2011

Effective: December 13, 2011

# Appendix A

## **Mission Statement**



**Striving to provide the best health care to every patient, every day.**

# Appendix B

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## Charleston Area Medical Center Statement of Core Values

**Quality:** *We strive for excellence in our performance. We believe that continuous improvement will lead to performance excellence and that we each have an individual responsibility to understand and act on the needs and expectations of our patients and customers.*

**We recognize the importance of continuous improvement and our individual responsibility to demonstrate this by the following:**

1. I will listen to the voice of my customer in an effort to meet their personal needs. Personal needs include the need to be treated with respect and dignity, the need to feel valued and unique, and the need to be listened to and involved.
2. I will identify opportunities to continuously improve my workplace and participate in our quality improvement structure and process.
3. I will use my performance feedback and we will welcome constructive feedback from my managers and peers to build on my areas of strength and to work on areas for improving my performance.
4. I will accept responsibility for my work performance and participate in education and training that will improve my ability to serve patients and customers.

**Service with Compassion:** *We provide care with concern, compassion, courtesy and skill. This requires us to understand and act on the needs of our patients and customers to protect and promote their rights and to recognize their cultural differences.*

**We are committed to exceptional patient and customer service and will demonstrate this by the following:**

1. I will meet my customers' personal needs by maintaining or enhancing their self-esteem, listening and responding to them with empathy, and involving them whenever possible.
2. I will greet people with a smile, make eye contact and speak in a pleasant tone of voice.
3. I will wear my nametag, knock before entering, introduce myself and explain my role and purpose.
4. I will ask for and address patients and visitors as Mr., Mrs., Ms., or Dr. unless directed otherwise.
5. I will explain the plan of care and treatments in understandable language.
6. I will inform my customers of any delay and apologize for any inconvenience it causes.
7. I will ask my customer if there is anything else I can do for them and state that I have time.
8. I will answer the telephone with a pleasant voice and return calls promptly.
9. I will escort lost patients and visitors to the appropriate areas.
10. If I can't meet someone's needs, I will find someone who can.

11. When a problem arises, I will hear out my customer, empathize and apologize for the situation, and take responsibility for action. (From Service Plus, this is referred to as taking the HEAT (hear them out, empathize, apologize, take responsibility for action))
12. At discharge, I will thank the patient for choosing CAMC for their health care needs.

***Respect: We believe that each person has dignity and we value the contribution each individual brings to Charleston Area Medical Center. We are committed to the principles of fairness.***

**We will demonstrate positive attitudes through our behaviors and demonstrate this by the following:**

1. I will meet the practical needs of my customers by acknowledging them, clarifying to make sure I understand their need, meeting or exceeding their need, and confirming their satisfaction.
2. I will recognize the positive contributions of others and myself.
3. I will listen to and respect customers' opinions.
4. I will acknowledge the beliefs, spiritual needs and concerns of my customers'.
5. I will show genuine concern and caring for others.
6. I will respond to others' needs for information in a timely manner.
7. I will dress and act professionally when I am at work.
8. I will strive to manage my personal stress and emotions so they do not interfere with my interactions with others.
9. I will not disturb others by talking quietly in shared areas, limiting group conversations in public areas and being aware of where personal conversations take place.

***Integrity: We are honest in our dealings. We ensure confidentiality and privacy for our patients and our behaviors are consistent with our thoughts, feelings and values.***

**We will maintain the highest ethical standards at all times and will demonstrate this by the following:**

1. I will actively protect and safeguard confidential, sensitive and proprietary customer information
2. I will not solicit personal gifts, tips or gratuities from my customers including vendors.
3. I will not take part in harassment or discrimination of any kind.
4. I will not use the company's equipment, supplies, materials or services for personal benefit.

***Stewardship: We are committed to the wise use of our resources to achieve our mission and to responsibly meet our community's healthcare needs. We will protect our community resources and leave Charleston Area Medical Center a better organization than we found it.***

**We understand our responsibility as a non-profit health care provider and will demonstrate this by the following:**

1. I will use our resources wisely.
2. I will take care of property and equipment.

3. I will strive for efficiency, eliminate re-work and reduce supply waste.
4. I will speak positively about CAMC in the community.

***Safety: We are devoted to the provision of a safe environment for patients, staff, medical staff, residents, students and visitors. We promote safety as a primary component of decision-making; support non-punitive reporting of errors; require the use of safe devices and equipment in daily practice; recognize and correct unsafe practices; and share lessons learned throughout the organization.***

**We are committed to the implementation of processes, systems and environments of care that reduce the risk of harm and will demonstrate this by:**

1. When caring for patients, I will wash my hands.
2. I will double-check medications before giving them. If MAK is available on my unit, I will use MAK to double-check the medications.
3. I will use safety devices as provided.
4. I will wear personal protective equipment when required.
5. I will maintain a clean environment.
6. I will make recommendations to improve safety in my work.
7. I will complete a Safety Report on-line immediately after an event.
8. I will contact the Sentinel Event Team if a serious patient event occurs.
9. I will work safely to avoid injuries.

# Appendix C

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## **PROFESSIONAL PRACTICE CONTRACT: COMMITMENT TO PROFESSIONALISM, PERSONAL RESPONSIBILITY AND PATIENT SAFETY CHARLESTON AREA MEDICAL CENTER**

### **APPLICABLE TO: INTERNS, RESIDENTS AND FELLOWS IN THE CAMC WORK ENVIRONMENT**

#### **INTRODUCTION**

As an intern, resident or fellow at Charleston Area Medical Center (CAMC), I commit to the highest standard of professional practice in all clinical and educational experiences and interactions with other learners, medical staff, clinical and non-clinical staff, patients, families and the generalized community. I understand that my responsibilities for the highest standard of professional practice extend to all assignments of duty and may extend to behaviors outside of duty.

As an intern, resident, fellow in the environment, I understand that CAMC has a Compliance Program applicable to all employees and medical staff that is founded on corporate values and principles of ethical conduct that are defined in the documents listed below. I understand that my responsibilities include, but are not limited to, compliance with these rules and standards.

*Statement of Corporate Values*  
*CAMC Code of Ethical Conduct*  
*CAMC Medical Staff Professionalism: Principles and Expectations*  
*Resident Agreement (Contract)*  
*House Staff Manual*

As a learner, I understand that I have additional roles and responsibilities to commit to standards of professionalism, personal responsibility and patient safety as may be defined by accreditation, regulatory or institutional requirements. I understand that these standards represent obligations necessary to meet requirements of my program and the institution and that failure to meet such obligations represents a violation of the **PROFESSIONAL PRACTICE CONTRACT** and may be subject to disciplinary action including potential adverse action/dismissal. As such, I understand and agree to commit to the following standards throughout my appointment (or assignment) as an intern, resident or fellow at CAMC:

#### **PROFESSIONALISM**

1. Through my actions and communications, I will promote a culture of professionalism that supports patient safety and personal responsibility in the environment.
2. Through my actions and communications, I will promote an environment of learning that recognizes that I am both a learner and teacher. I am obligated to assist others in their learning as part of my program requirements.
3. I accept responsibility for my role as a member of an inter-professional health care team. I will perform my duties working collaboratively and respect the roles of each member of my team.
4. I will not abuse privileges, including supervising privileges with junior level learners in the environment. I will treat learners of all levels and disciplines with respect and dignity with a focus on promoting positive teaching and learning relationships.



5. I will maintain a personal program of self study and professional growth with guidance from faculty. It is my role as a professional to monitor my performance and to make a commitment to life-long learning.
6. I will participate fully in the educational and scholarly activities of my program.
7. I will fully engage and participate in institutional, department and other committees/councils, especially those that relate to patient care and my education as assigned by my program.
8. When elected or appointed to committees/councils or other forums, I will maintain professional and ethical standards of service in representation of my colleagues, my institution and my program.
9. I will extend the same professional and ethical standards beyond my workplace into the greater community. While in the public eye, I recognize that I represent my profession, my institution, my program and my community and that my personal behavior may have an effect on the ability to continue in a residency program. As physicians in the community, my personal behaviors can also affect licensure.

### **PERSONAL RESPONSIBILITY**

1. I will accept responsibility for my own learning and for pursuing requirements of my program. I will accept feedback from my teachers and take action to use feedback to improve my performance.
2. I will maintain personal honesty and integrity in all interactions.
3. I will be truthful in verbal and written communication including honest and accurate reporting of supervision, duty hours, patient outcomes, and clinical experience data.
4. I accept personal responsibility for management of my time before, during and after clinical assignments and for adhering to duty hours and moonlighting requirements as defined by accreditation standards, the program and/or the institution. I will be responsible for maintaining and adhering to an accurate schedule of duty so that my patients, supervisors and members of my care team are informed of my availability for duty.
5. As a clinical learner, I accept responsibility for patients entrusted to my care under supervision of my faculty/attending that are ultimately responsible for my care to patients. I will inform patients of my status as a learner and will identify my role and those who will be supervising my care. I will seek appropriate levels of supervision and will not perform clinical duties or assignments without a level of supervision appropriate to my level of training or appropriate to my level of competency.
6. I will immediately communicate to supervisors, faculty and others with authority when I do not feel fit for duty or when I believe that I am unable to safely perform my duty. If my supervisors, faculty or others in authority believe I am unable to safely perform my duty, I will respectfully follow their guidance and direction.
7. It is my duty to report observations or concerns regarding individuals in the environment who I believe to be ill, impaired or fatigued and unable /unfit to perform duties. I must report these observations immediately to my supervisors, faculty, program administrators or others in authority in the environment.
8. I will respect the right of others under my supervision to self report their inability to perform duty without imposing judgment, retaliation or adverse action.

9. I will immediately report observations or concerns of potential unsafe working conditions or practices to my supervisors, faculty or others with authority. I will immediately report observations or concerns of behavior that I observe in the environment that do not adhere to standards of behaviors as outlined in corporate values and codes of conduct.
10. If I am uncomfortable reporting practices and observations directly to supervisors, faculty or my program director, I will utilize other mechanisms available to me including confidential reporting “hot lines” and other mechanisms as defined in the House Staff Manual.

**PATIENT SAFETY**

1. It is my duty to respond to patient needs that supersede self-interest. I recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.
2. I will approach my clinical and educational assignments through provision of patient and family-centered care.
3. I will actively participate in interdisciplinary clinical quality and patient safety programs as assigned by my program. I will continuously monitor institutional communications regarding patient care. I will monitor my patient care practices to assure quality and safety.
4. I will appropriately recognize and pursue competencies of progressive and conditional independence. I will adhere to the limits of my scope of authority and supervision standards appropriate to my PG-Level of learning and as defined by my program/institution. In my learning process, I will recognize my personal limitations and ask for assistance from supervisors, faculty, attending or other individuals that may be able to assist me.
5. When in a supervisory/educator role of other learners, I will provide supervision as defined by my level/skills and based on the needs of patients and the level /skills of the learner. I will adhere to communication standards as set by the program/institution.
6. As I engage in my clinical and learning assignments, I will self-assess my level of alertness and fatigue and adopt fatigue mitigation processes to manage potential negative impact. I will assess my fitness for duty and take steps to limit or eliminate risk by reporting my concerns immediately to my supervisor, faculty or others in authority.
7. I understand that I am able to refuse to perform an assignment that I believe I cannot safely perform without fear of retaliation or consequences. I understand that I should report any retaliatory or perceived threats so that my program director or others individuals with authority may intervene.
8. I will practice safe transitions of care according to standard protocols as defined by my program, accreditation requirements or the institution.

I have read and understood the Professional Practice Contract:

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Resident Signature

Date