

### **Additional GME Policies**

**The following policies are updated on an as needed basis and apply to all residents and fellows in Vandalia CAMC and GVMC programs.**

<ul style="list-style-type: none"><li>• <b>Resident/Fellow Technical Standards</b></li><li>• <b>Required Certifications</b></li><li>• <b>Board Eligibility</b></li><li>• <b>Professional Activities During Residency Period</b></li><li>• <b>Solicited Prescription Medication and Medical Advice</b></li><li>• <b>Resident/Fellow Well Being</b></li><li>• <b>Research Travel Guidelines</b></li></ul>
---

## **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/fellow 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/fellow 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/fellow for whom reasonable accommodation will allow the fulfillment of the complete training program. This policy does not preclude the residency program from temporarily restructuring resident/fellow 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. If Resident cannot comply with this policy or perform the essential functions of the job due to a protected disability, Resident must notify the Program Director and Designated Institutional Official of any request for reasonable accommodations in accordance with the CAMC GME "Disability Accommodations" policy and participate in an interactive review process facilitated by CAMC Human Resources to determine the specific limitations of the disability and to assess potential reasonable accommodations.

### **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 communication with patients and families professional, always maintaining appropriate physician-patient boundaries with all forms of communication including verbal, written, electronic, and social media interactions.
- c. Clearly and effectively communicate verbally in English with patients and other health care professionals in a variety of patient settings.

- d. 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.
- e. Recognize and assess non-verbal communications, including facial expression, body language and affect.
- f. Respond appropriately to emotions communicated verbally and none verbally.
- g. 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 reading 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 non-financial 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.

## **Required Certifications**

All Residents/fellows are required to obtain and maintain Life Support Training 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. Failure to address certification requirements in a timely manner could result in a training delay and/or could result in a reportable action related to a resident/fellow's training record. The list of each program's life support training requirements can be found on the GME Resident/Fellow resources page on CAMnet.

## **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/fellow'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.

## **Professional Activities During Residency Period**

Residents/Fellows 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/Fellow 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/Fellow.

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

Residents/Fellows 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/Fellow for medical advice or prescription medications. In some instances, Residents/Fellows may have one of these employees as a clinic patient. In this case, they are the employee's personal physician. Residents/Fellows **will not** prescribe medications for themselves, spouses, family members, or friends; Residents/Fellows **will only** prescribe for his or her patients.

## **Resident/Fellow Well-Being**

### **Purpose**

In the current health care environment, residents/fellows 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/fellow competence.

### **Policy**

The CAMC GMEC recognizes the importance of the well-being of our residents/fellows and works with the residency programs to ensure that processes are in place to assist the residents/fellows 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/fellows will be supported in their efforts to become a competent, caring and resilient physician.

These must include:

Schedules that:

- Ensure residents/fellows 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/fellows 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/fellow may be unable to perform their patient care responsibilities.
- Policies for time away from the residency that allow the resident/fellow the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Education of residents/fellows and faculty regarding identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation or potential for violence, including means to assist those who experience these conditions. Including recognition of these symptoms in themselves and how to seek appropriate care.
- Access to tools for self screening. At CAMC, we have been using the wellness scale survey tool as an instrument for assessing burnout.
- 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/fellows and faculty members.
- Programs and resources available that encourage optimal resident/fellow and faculty well-being

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

### **Procedures**

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

Program directors will be responsible for monitoring resident/fellow 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

## **Research Travel Guidelines and Procedures**

### **Purpose:**

The CAMC GME Research Travel Program Funds are Foundation supported discretionary dollars available to support the travel expenses of residents and fellows presenting CAMC or GVMC conducted research at regional or national conferences. Any resident or fellow traveling must abide by the rules of the Vandalia travel policy and the required approval and reimbursement processes as outlined by the Institution.

The availability of annual funding support is limited and will be prioritized according to the criteria below.

### **Eligibility:**

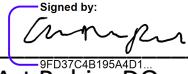
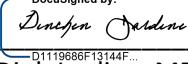
The following conditions must be met to be eligible for the Research Travel Program funds.

- CAMC and GVMC residents or fellows must be in good academic standing.
- Residents or fellows applying for travel support must be listed as an investigator on the research project and the project must be approved by the CAMC Institutional Review Board. The resident or fellow should have contributed substantial work to the research project.
- Resident or fellow must have authored or co-authored a research paper and have it accepted for presentation at a major regional or national medical conference.
- Priority will be given for papers accepted for oral presentation; however, consideration will be given for poster presentations that have been accepted through a competitive review process, as funds allow.
- Awards are for one (1) travel per person per research publication product per year. Additional support considered on a case-by-case basis, as funds allow.
- Program directors have the authority to restrict the number of residents or fellows presenting at a single conference.
- Program directors have the authority to decide whether a resident or fellow attends a conference for the presentation only or if they attend the entire conference.
- Funds are prioritized for presenters. Individuals listed on the project but who are not presenting may consider using their one-time trip dollars if they wish to attend.
- Research travel request approval must be routed using the appropriate GME form and must be approved by the coordinator, Program Director, Project PI, Research Coordinator and Director of Research. Requests must include abstract, acceptance letter and all other documents outlined in travel approval policy.
- Research travel approval must be submitted no later than six (6) weeks prior to the travel date. Late submissions will generally not be accepted.
- To maximize the benefit to as many trainees as possible, proposed travel expenses will be supported up to \$3,000 per trip. Costs exceeding require additional justification but may be considered and approved upon review.
- Residents or fellows interested in presenting research conducted at a former institution may be eligible to use these funds for presenting research given they have approval from their former institution and CAMC required approvers and can demonstrate the research will include the CAMC name. Otherwise, the resident or fellow may have to support their travel independently. Further, efforts to reach out to the prior institution for partial or full funding must occur prior to CAMC requested funds.

Questions related to research travel support can be directed to the GME office at 304-388-9948 or [gme@vandaliahealth.org](mailto:gme@vandaliahealth.org).

Additional GMEC Policies - GMEC approved: 12/2025

**Signatures:**

GMEC Chair:	 Art Rubin, DO 9FD37C4B195AAD1	1/15/2026	Date
DIO:	 Dink Jardine, MD D1119686F13144F...	1/15/2026	Date