



GRADUATE MEDICAL EDUCATION MANUAL 2020-2021

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ADVENTHEALTH ORLANDO, 407-303-7133

“Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.”

Accreditation Counsel for Graduate Medical Education

The AdventHealth Orlando (AH) Graduate Medical Education (GME) Manual is provided as a guide to and summary of the various policies, benefits, and services available and applicable to GME Trainees (Residents and Fellows) as of the date published.

The policies, benefits, and services described in this guide may be changed or discontinued at any time, with or without direct notice to trainees. It is the trainees' responsibility to review the most recent version on New Innovations Residency Management Suite and are encouraged to consult the various booklets, summaries, and governing documents as appropriate, and to contact The Office of Graduate Medical Education for more detailed and up-to-date descriptions when necessary.

Information contained in any handbook, guide, manual, or document prepared for or relating to GME Trainees is for informational purposes only and shall not be construed as a contract.

This manual is renewed on an ongoing basis and posted on the AH GME website and in New Innovations, AH's resident management system. Each training program is required to maintain its own program manual (resident manual) covering items specific to that program based on program requirements and items common to all programs as illustrated in the ACGME Common Program Requirements. Programs are expected to have sections regarding expectations for residents and faculty to participate in Quality Improvement, Patient Safety, Moonlighting, Fatigue Mitigation, and Supervision. Should any residency manual items come into direct conflict with stated policies and guidelines of the GME manual or AH Policy and Procedure, Office of GME and AH policies and guidelines will take precedence.

Should you have any questions or needs do not hesitate to visit or contact The Office of GME. We are here to assist you and look forward to having you in our training programs.

The AdventHealth Orlando GME Manual is certified true and correct in content and policy.

Joseph D. Portoghese, MD, FACS

Chief Academic Officer

Designated Institution Official

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GENERAL INFORMATION

GRADUATE MEDICAL EDUCATION DIRECTORY

EXECUTIVE ADMINISTRATION

SENIOR EXECUTIVE OFFICER ADVENTHEALTH LEARNING	CHIEF ACADEMIC OFFICER DESIGNATED INSTITUTION OFFICIAL	VICE PRESIDENT CLINICAL OPERATIONS
John Moorhead, MD	Joseph D. Portoghese, MD, FACS	Lee Johnson

OFFICE OF GRADUATE MEDICAL EDUCATION

GME DIRECTOR	CLERKSHIP COORDINATOR	EXECUTIVE ASSISTANT
James Jimenez, MBA, C-TAGME	Heather Hernandez	Kimberly Poole
HR COORDINATOR	HR COORDINATOR	GME COORDINATOR
Kristen Price	Shon Bernhart	Cindy Lajoie, M.Ed
GME COORDINATOR	PSYCHOTHERAPIST, WELLNESS COORDINATOR	
Simona Milosevska, BS, C-TAGME	Alexandra Gleason, MA, LMHC	

CONTINUING PROFESSIONAL DEVELOPMENT

CPD MANAGER	CPD COORDINATOR
Virginia Provenza	Emily Fernandez

CENTER FOR COLLABORATIVE RESEARCH

SENIOR MANAGER & BIostatistician	ACADEMIC RESEARCH COORDINATOR	ACADEMIC RESEARCH: MENTOR
Julie Pepe, PhD	Alane Waters, MS, RN	Monica Davilla, MD, PhD
ACADEMIC RESEARCH REGULATORY	BIostatisticians	RESEARCH SCIENTISTS
Donna Shaver, BA	Yuan Du, MS Fanchao, Yi, MS Jiajing Wang, MS	Jingwei Sun, PhD (Health Economist) Rebecca Essner, PhD (Researcher)
MEDICAL EDITOR		
Seema Sernovitz, MSED		

GME PROGRAMS

RESIDENCY PROGRAM DIRECTOR & COORDINATOR

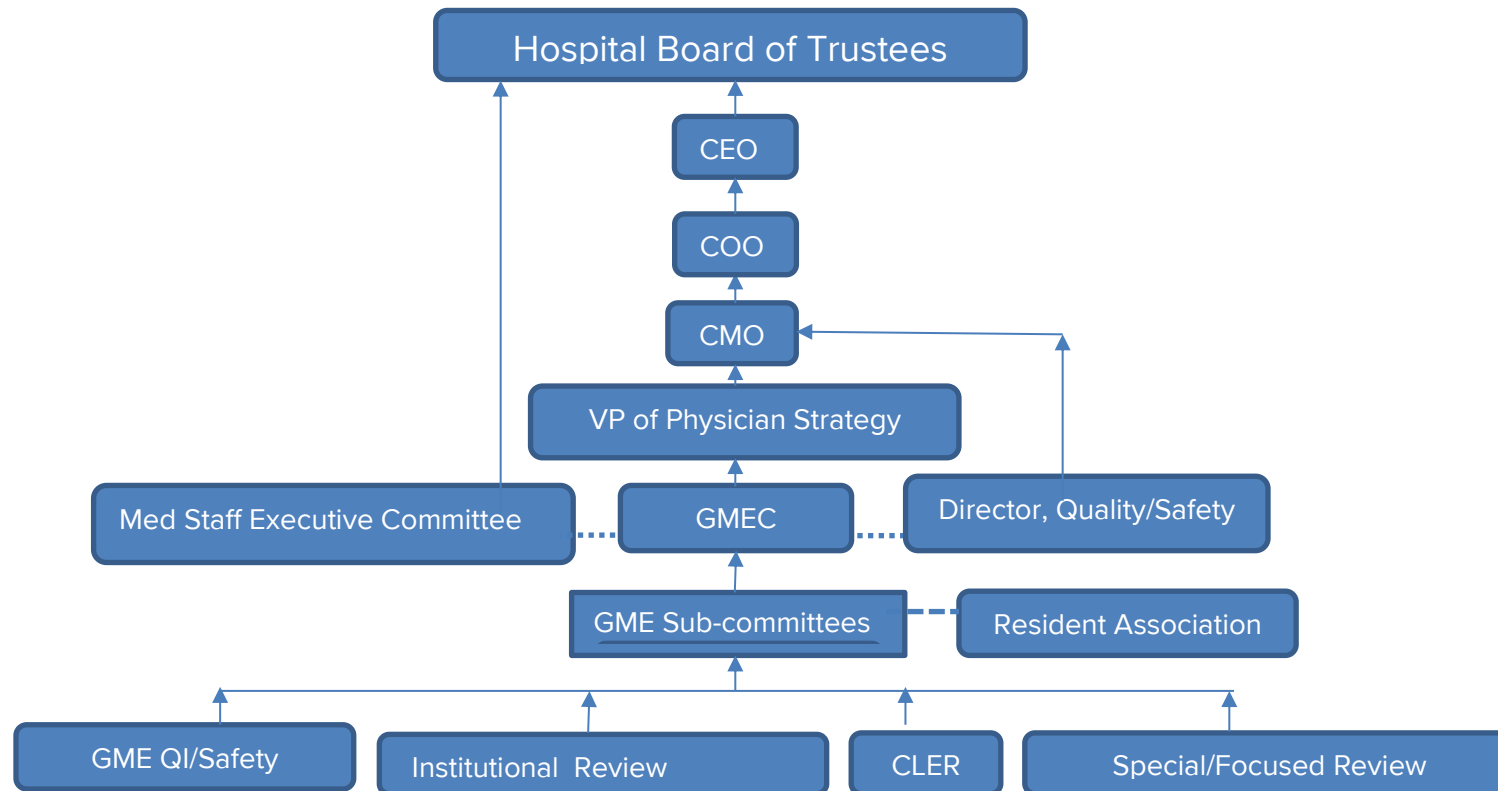
DIAGNOSTIC RADIOLOGY <i>ACGME</i>	EMERGENCY MEDICINE <i>ACGME</i>	FAMILY MEDICINE at EAST ORLANDO <i>ACGME</i>
Rola Altoos, MD Mark Uva	Dale Birenbaum, MD Suzette Persaud, MHSA	Kamini Geer, MD Celina Diaz, Lori Baiji
FAMILY MEDICINE at WINTER PARK <i>ACGME</i>	GENERAL PEDIATRICS <i>ACGME</i>	GENERAL SURGERY <i>ACGME</i>
Edward Needham, MD Christine Joseph	Stacy Mcconkey, MD Nancy Ramos	Scott Bloom, MD Maria Cepero
INTERNAL MEDICINE <i>ACGME</i>	PODIATRIC MEDICINE & SURGERY <i>CPME</i>	OSTEO NEUROMUSCULOSKELETAL MEDICINE (ONMM3) <i>ACGME</i>
George Everett, MD Joann Whittington Kristin Gilliam	Jay Bornstein, DPM Lori Baiji	Richard Margaitis, DO Lori Baiji

FELLOWSHIP PROGRAM DIRECTOR & COORDINATOR

GYNECOLOGIC ONCOLOGY <i>ACGME</i>	COLON & RECTAL SURGERY <i>ACGME</i>	ADVANCED UPPER GI/HPB
Nathalie McKenzie, MD Carrie Hersman	Bruce Orkin, MD Carrie Hersman	Sebastian De La Fuente, MD Maria Cepero
GERIATRIC MEDICINE <i>ACGME</i>	WOMEN'S HEALTH FACULTY YEAR	HOSPICE & PALLIATIVE MEDICINE <i>ACGME</i>
Ariel Cole, MD Christine Joseph	Ann Klega, MD Christine Joseph	Dominick Mastroianni, MD Mindi Apicella
CRITICAL CARE MEDICINE <i>ACGME</i>	NEUROCRITICAL CARE <i>UCNS</i>	
Eduardo Oliveira, MD Brittany Harris	Okorie N. Okorie, MD Brittany Harris	

ORGANIZATIONAL CHART #1

Organizational Chart #1, Position of the GMEC: I.A.5.a)-b) Organizational Chart 1 is an organizational chart that identifies the position of the Graduate Medical Education Committee (GMEC) in the Sponsoring Institution's reporting structure, including its relationship to the Sponsoring Institution's Governing Body.

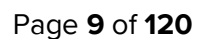


Med Exec and GMEC: Since most of the GMEC participants are physicians, GMEC will continue to work with the Med Exec Committee in the best interest of the residents and the residency programs. GMEC will provide an annual update to the Med Ex as it would to the BoT.

Resident Association and GMEC: the Resident Association is an independent forum where residents can raise concerns and issues about their learning and work environment. The Resident Association has a Chairperson who participates in the GMEC meetings. At least two additional residents will be peer-selected to the GMEC to represent resident interests. Residents will also be peer-selected to participate on other GMEC sub-committees.

Director, Quality/Safety and GMEC: The Director of Quality and Safety sits on the GMEC. This role will chair a Resident Patient Safety/Quality Council to help engage residents in patient safety and quality projects/initiatives. Over time, 2 residents will be peer-selected to chair and co-chair this resident Q/S council with assistance and mentoring from the Director. This role will provide valuable guidance to the residents as well as recommendations for projects applicable to AdventHealth Orlando.

Organizational Chart #2, Position of the DIO I.A.5.a)-b) Organizational Chart 2 identifies the position of the Designated Institutional Official (DIO), the position to which the DIO reports, and the positions that report to the DIO, including program director(s). (Note: Do not list the individual program director(s).)



MISSION

*To extend the healing ministry of Christ
through the preparation of competent and compassionate physicians.*

AdventHealth's (AH) Office of Graduate Medical Education (GME) strives to provide an organized system of educational programs with guidance and supervision of fellows/residents, facilitating their personal and professional development, firmly rooted in AdventHealth's mission and values, while ensuring safe and appropriate care for patients.

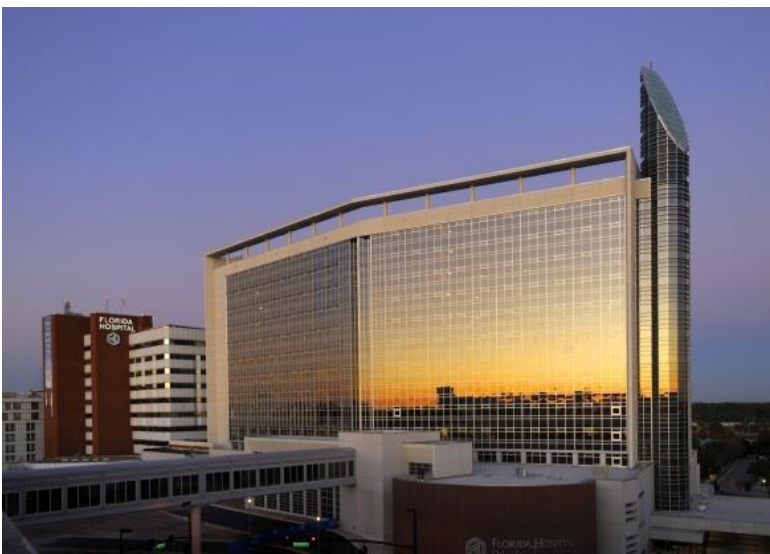
HISTORY

It's hard to believe that mosquitoes were once far more prevalent than residents in Central Florida. But that was the case in 1908 when the leaders of the Adventist church put their boundless faith and limited funds into building their first healthcare facility in the region.



Originally the land that AdventHealth's main campus stands on today had a farmhouse on it that an Orlando surgeon had converted into a facility for treating patients with tuberculosis.

It was for sale, but the Adventist group only had \$4.93 in their bank. Relying on commitment and prayer, a member of the group sold his own house to raise enough money to purchase the property. The offer of \$9,000 was accepted and the roots of a new era in Central Florida healthcare began.



In October 1908, the Florida Sanitarium and Benevolent Association officially opened its doors with just four patients, a couple of employees and one doctor.

A century later, this same institution has grown to become AdventHealth, with 2,188 beds, seven locations, 2,000 physicians and almost 20,000 employees.

Though the technologies and treatments have changed dramatically over the years, one thing remains constant: Our mission, "To extend the healing ministry of Christ."

STATEMENT OF INSTITUTIONAL COMMITMENT

The AdventHealth Orlando Leadership, teaching faculty, medical staff, and administrative staff are committed to excellence in medical education and providing the necessary financial support for administrative, educational, and clinical resources to support Graduate Medical Education ('GME').

This commitment facilitates resident's professional, ethical, and personal development, and is demonstrated through the leadership, organizational structure and the provision of resources necessary for AH to achieve substantial compliance with the Accreditation Council for Graduate Medical Education ('ACGME') Institutional Requirements, implement and develop sponsored programs, and enable all its training programs to achieve substantial compliance with appropriate accrediting body's institutional requirements, common program requirements and specialty specific program requirements. An institutional Statement of Commitment is filed in the Office of GME Administration (herein referred to as "AH GME").

ADVENTHEALTH SPONSORSHIP OF GME, POLICY #: 1014

Issue date: 12/21/2015	Developed by: Ava Fulbright, James Jimenez
Revision dates:	Approved by: GMEC

PURPOSE

This policy and procedure delineates the commitment and responsibilities of AdventHealth Orlando and its Governing Body, to all Residency and Fellowship Programs sponsored by the Hospital.

POLICY

Sponsoring Institution

AdventHealth Orlando Graduate Medical Education (AH GME) residency/fellowship programs operate under the sole authority and control of AdventHealth (AH), the Sponsoring Institution. In accordance with our mission, AH is dedicated to the preparation of competent and compassionate physicians. This Institutional responsibility extends to resident and fellow assignments at all participating sites and includes guidance and supervision of the resident while facilitating the resident's professional and personal development to ensure safe and appropriate care for patients.

PROCEDURE

Commitment to GME

- I. AH GME is charged with the responsibility of ensuring that all GME programs are in substantial compliance with ACGME Institutional, Common and specialty-specific Program Requirements and the ACGME Policy and Procedures. Additionally, AH will maintain substantial compliance with the requirements as defined by the accrediting bodies of UCNS, CPME, and AAGL.
- II. A written statement must document the Sponsoring Institution's commitment to GME by providing the necessary financial support for administrative, educational, and clinical resources, including personnel, and which must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body¹. A statement of commitment for any non-ACGME accredited training program will be

¹ ACGME Institutional Requirement I.A.6

approved and signed per appropriate standards.

- III. AH will provide sufficient institutional resources, to include GME staff, space, technology, supplies, and time to allow for effective oversight of its GME programs.² The institution will ensure that GME leadership has sufficient protected time and resources to carry out their responsibilities. In addition, there must be sufficient institutional resources to ensure the effective implementation and development of the ACGME and otherwise accredited programs in compliance with Program and Institutional Requirements.
- IV. The DIO, GME staff, program directors, faculty and residents must have access to adequate communication resources and technological support. This includes computers and access to the Internet.

GME Oversight & Administration

- I. **Designated Institutional Official (DIO):** In accordance with ACGME Institutional Requirements a Designated Institutional Official (DIO) must be appointed³. This individual, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements.
- II. **Graduate Medical Education Committee (GMEC):** The Sponsoring Institution must have a GMEC that includes the DIO, a representative sample of Program Directors, a minimum of two peer-selected resident/fellow representatives, and a Quality Improvement/Patient Safety officer or designee.⁴

The GMEC will have oversight of:

- a. ACGME accreditation status for the Institution and Programs
- b. The quality of the GME learning and working environment within Sponsoring Institution and participating sites
- c. The quality of educational experiences
- d. Annual evaluation and improvement activities
- e. Processes related reduction and closures of programs, major participating sites, and the Sponsoring Institution

² ACGME Institutional Requirement II.B.

³ ACGME Institutional Requirement I.A.5

⁴ ACGME Institutional Requirement I.B.1.

OFFICE OF GRADUATE MEDICAL EDUCATION ROLES

Chief Academic Officer/Designated Institutional Official: Global oversight and administration of all GME, Research, and CME. Acting AH representative for ACGME.

Director of Graduate Medical Education: Oversight of accreditation, GME operations, human resources and financial management for all GME programs.

Manager of Graduate Medical Education: General supervision and direction of GME support staff. Assists GME Director in accreditation compliance by acting as a resource to program directors, coordinators, faculty, residents, and fellows. Oversight of New Innovations Residency Management Suite prepares MAA and PLA's, medical school affiliation agreements, and maintains agreement database.

Medical Student Clerkship Coordinator: Oversight of medical student and advanced practitioner student-related activities, student orientation, maintenance of student training records, facilitation of contracting specific to student needs.

Executive Assistant: Assists DIO and Director with all activities related to GME, manages incoming requisitions, invoices and expense reports, monitors CME funds usage by faculty and residents and schedules standing meetings i.e. GMEC, CAO, Coordinator, PD/DIO meetings, and other meetings related to GME.

Human Resources Coordinator: Oversight of onboarding and employment-related needs, orientation for all GME programs, contracting of faculty/preceptors, payroll, resident advancement, and graduation.

Center for Collaborative Research (CCR): Residents and faculty involved in required GME scholarly activities receive guidance from the CCR through the Clinical Academic Research team, comprised of an Academic Research Mentor, a Project Coordinator, and a Regulatory Coordinator. In addition, the center includes a group of biostatisticians, a health economist, and a medical editor.

CCR assists residents and faculty with all types of scholarly activities (case studies, QI projects and research studies), from study design and protocol development, to data analysis and poster, presentation or manuscript preparation.

Continuing Professional Development Team: Daily oversight and management of AH CME activities and events, assimilates CME documents for review and approval of Category 1 CME credit, maintains CME database, interacts with the State of Florida for CME credit, and maintains accreditation standards directed by the ACCME.

HOSPITAL PATIENT CARE ACCREDITATION (DNV), POLICY #: 1008

Issue date: 12/21/2015	Developed by: Ava Fulbright & James Jimenez
Revision dates:	Approved by: GMEC

PURPOSE

To establish an institutional policy to enable the GMEC to monitor and ensure that all GME programs within the institution fulfillment of the ACGME Institutional Requirements, CPME Standards and other accrediting bodies regarding the accreditation of all institutions participating in the GME training programs.

POLICY

The Sponsoring Institution and all participating sites must maintain accreditation to provide patient care⁵. AdventHealth maintains patient care accreditation through DNV (Det Norske Veritas).

- I. All participating institutions that provide support to AH medical education programs should be accredited by DNV, The Joint Commission, another entity granted “deeming authority” for participation in Medicare under federal regulations, or an entity certified as complying with the conditions of participation in Medicare under federal regulation.⁶
- II. If the Sponsoring Institution or a participating site loses accreditation or recognition by another appropriate body, the Graduate Medical Education Committee (GMEC) must notify and provide a plan for its response to the ACGME Institutional Review Committee (IRC), within 30 days.⁷
 - a. The IRC may request that the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.

⁵ ACGME Institutional Requirements I.A.7.

⁶ ACGME Institutional Requirements I.A.7.a)

⁷ ACGME Institutional Requirements I.A.8.

INSTITUTIONAL AGREEMENTS

- I. AH retains responsibility for the quality of GME including when resident/fellow education occurs at other sites.
- II. Master affiliation agreements must exist between AH and all major participating sites and must be renewed at least every 10 years.
- III. AH will also maintain valid program letters of agreement (PLA)⁸ which identify:
 - a. Responsibilities for teaching, supervision, and formal evaluation of residents
 - b. The faculty who will assume both educational and supervisory responsibility for the residents
 - c. Duration and content of the educational experience
 - d. Policies and procedures that will govern the resident education during the assignment.
- IV. The program director must submit any additions or deletions of participating sites⁹ routinely providing an educational experience, required for all residents, of one-month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).

⁸ ACGME Common Program Requirements I.B.2.

⁹ ACGME Common Program Requirements I.B.4.

GENERAL RESPONSIBILITIES TO RESIDENTS

AH GME programs are designed to prepare the resident for the next phase of their professional careers, including advanced residencies or fellowships, practice or scholarship. AH GME programs will fulfill the following responsibilities to residents through an organized system of education.

- I. AH ensures that residents/fellows have the opportunity to:
 - a. Develop a personal program of learning to foster continued professional and personal growth with guidance from the teaching staff.
 - b. Participate in safe, effective, and compassionate patient care, under the supervision of the program director and other faculty members, commensurate with their level of advancement and responsibility.
 - c. Participate fully in the educational and scholarly activities of their programs and, as required, assume responsibility for teaching and supervising other residents and students.
 - d. Participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the Participating Institutions.
 - e. Participate on appropriate institutional committees and councils whose actions affect their education and/or patient care.
- II. **In addition to the AH GME Manual, all programs must provide a program-specific manual to all residents prior to the beginning of the training program, outlining additional requirements and policies of the program.**

GENERAL FACULTY AND RESIDENT RESPONSIBILITIES

Faculty Reporting:

- I. **Faculty is responsible for the specific content and conduct of the resident's education and training.** Each program will identify the means by which they will have residents report for all matters involving education, training, professional care and patient management. **Faculty is responsible for resident supervision.** Medical staff concerns over residency competency in performing procedures or writing orders should be addressed with the attending faculty member of the service involved.
- II. **AH, through the Chief Medical Officer, GMEC and, the Office of GME, is responsible for the administrative aspects of the education programs.** This includes; pay, personnel benefits, legal matters, privileges, procedures concerned with admission and discharge of patients, medical records, consents for treatment, use of pharmacy, laboratories, x-ray and similar matters.

Residents Are Expected To:

- I. Develop a personal program of self-study and professional growth with guidance from the faculty.
- II. Participate in safe, effective and compassionate patient care under supervision commensurate with their level of advancement and responsibility.
- III. Participate fully in the educational and scholarly activities of their program and, assume responsibility for teaching and supervising other residents and students.
- IV. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institution.
- V. Participate in institutional committees and councils; especially those that relate to patient care activities.
- VI. Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect GME and of how to apply cost containment measures in the provision of patient care.
- VII. Cooperate with any reporting requirements in connection with the National Practitioner Data Bank and applicable state and federal requests for information pertaining to AH.
- VIII. Comply with the ethical standards of the American Medical Association.
- IX. Participate in Risk Management, Compliance, and Quality Assurance/Improvement activities.
- X. Participate in evaluation of quality of education provided by the program.

Each program will assign additional expectations of their residents and faculty based on the specialty specific requirements.

TEACHING OF MEDICAL STUDENTS

AH GME hosts a number of medical students through its residency programs and private practitioner offices. Residents and faculty of all AH GME programs have a responsibility to contribute to the medical and professional knowledge of medical students.

Resident Responsibilities in Medical Student Instruction:

- I. All residents in AH Sponsored Residency Programs are expected to provide guidance, instruction and evaluation for medical students and any other medical personnel or its students who may be in training on the service.
- II. Residents may be delegated responsibility for medical student supervision by an attending physician appropriate for the resident's level of training.
- III. Residents may be delegated the responsibility by an attending to review, correct and countersign the medical records presented to them by medical students. The attending is ultimately responsible for the medical record and the care of the patient.
- IV. Residents in some programs may be eligible for appointment as junior faculty for the College(s) of Medicine with whom AH has affiliation agreements. Ongoing reappointment is conditional on student teaching performance.

Faculty Responsibilities in Medical Student Instruction:

- I. Faculty is ultimately responsible for the supervision of a medical student. However, residents may be delegated such responsibility by a faculty member. The assignment of a student to a resident does not relieve the faculty physician of their ultimate responsibility for supervision.
- II. Faculty should endeavor to remain aware of the activities and performance of all medical student(s) assigned to them for supervision.
- III. The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners), in the program must not interfere with the appointed residents' education.¹⁰

Medical Student Responsibilities:

- I. To participate in clinical learning experiences, medical students must be credentialed through AH GME, enrolled in the specific course related to the clinical activity, and must always be supervised by approved faculty at all times.
- II. Medical students are expected to be appropriately dressed, and have an appropriate name identification card, usually from their respective medical schools, in addition to their AH ID badge at all times.
- III. Medical students are expected to properly identify themselves to the patients, clinical staff, faculty, and residents by name and level of training.
- IV. Medical students must communicate with the attending physician, or supervising resident, prior to initiating any procedure or implementing any changes in the treatment plans.

¹⁰ ACGME Common Program Requirements, I.E. Other Learners.

GME Responsibilities:

- I. The Office of GME will require and maintain Academic Affiliation Agreements with all academic institutions for which we host students.
- II. The Office of GME has appointed a Clerkship Coordinator to coordinate the medical student process within the context of all established policies in reference to the teaching of medical students including student application, student identification while rotating in AH sites, preceptor registration and medical school affiliations.
- III. These policies include rotating physicians, residents, and fellows as trainees in AH sites.
- IV. The Clerkship Coordinator shall also coordinate the process for all Advanced Practitioner students (e.g. nurse practitioner, physician assistant, student nurse anesthetists, nurse midwives), rotating at all AH GME program or clinical site. Advanced Practitioners are any person whose practice requires physician oversight and/or supervision.

PATIENT SAFETY & QUALITY IMPROVEMENT

AH has established protocols, processes, procedures, and other initiatives intended to improve patient care outcomes. It is the intent of AH GME and the programs to perform with 100% compliance. In keeping with that intent, the following guidelines are upheld:

- I. Departments participating in GME training programs sponsored by AH must conduct formal quality assurance programs and review complications and deaths.
- II. Program directors will provide opportunities for residents to participate in clinical quality improvement committees and activities
- III. Programs must have a medical records system available at all times and accurately documents the course of each patient's illness and care. The medical records system must be adequate to support the education of residents.
- IV. When applicable, residents will be provided with opportunities to participate in autopsies.
- V. Program directors will develop a policy for medical records completion applicable to all residents and faculty of the program that is commiserate with AH Health Information Management policy.
- VI. Program directors and faculty will dedicate effort to performance and quality improvement initiatives, scholarly activity, and research.

GMEC MEMBERSHIP AND RESPONSIBILITIES, POLICY#: 1007

Issue date: 12/21/2015	Developed by: Ava Fulbright, James Jimenez
Revision dates:	Approved by: GMEC

POLICY

In accordance with ACGME Institutional Requirements, AdventHealth Orlando Graduate Medical Education Committee (GMEC) must have oversight of all accredited programs sponsored by the institution, to ensure the highest quality education to residents in training. The GMEC meets six (6) times per year in alternating months and must meet a minimum of once every quarter during each academic year. Meeting minutes must be maintained that document execution of all required GMEC functions and responsibilities¹¹.

The following procedure outlines the membership and oversight responsibilities of the GMEC.

GMEC MEMBERSHIP

I. Voting Members¹²:

- a. Designated Institutional Official (DIO)
- b. Program Director of each accredited program
- c. Two (2) peer selected residents from among ACGME-accredited programs
- d. A quality improvement or patient safety officer or designee
- e. Director of Medical Education (DME)

II. Other Members¹³:

- a. The GMEC may include additional members as deemed necessary for the GMEC to function in the best interest of resident education. Additional membership will be determined by the GMEC.

III. GMEC Subcommittees¹⁴:

- a. Subcommittees that address required GMEC responsibilities must include a peer- selected resident/fellow.
- b. Subcommittee actions that address GMEC responsibilities must be reviewed and approved by the GMEC.

IV. Minimum meeting attendance must include:

- a. DIO
- b. Majority of Program Directors
- c. At least one (1) resident/fellow member
- d. QI Officer or designee

GMEC RESPONSIBILITIES

A. GMEC must provide oversight of¹⁵:

1. ACGME accreditation status of the Sponsoring Institution and all ACGME-accredited programs
2. The quality of the GME learning and working environment within Sponsoring Institution, each of the programs, and participating sites
3. The quality of educational experiences in each program that lead to measurable achievement of educational outcomes as identified by ACGME, CPME or other respective review committee

¹¹ ACGME Institutional Requirements I.B. 3.

¹² ACGME Institutional Requirements I.B. 1.a.

¹³ ACGME Institutional Requirements I.B. 2.

¹⁴ ACGME Institutional Requirements I.B. 2.a. & I.B. 2.b.

¹⁵ ACGME Institutional Requirements I.B.4.a.

requirements of AH sponsored programs

4. Program annual evaluation and improvement activities
5. All processes related to reductions and/or closures of
 - i. Individual ACGME-accredited programs,
 - ii. Major participating sites, and
 - iii. The Sponsoring Institution
6. The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided

B. GMEC must provide review and approval of¹⁶:

1. Institutional GME policies and procedures, including the following required policies¹⁷:
 - i. Resident/Fellow Recruitment
 - ii. Agreement of Appointment/Contract
 - iii. Promotion, Appointment Renewal and Dismissal
 - iv. Grievances
 - v. Professional Liability Insurance
 - vi. Health and Disability Insurance
 - vii. Vacation and Leaves of Absence
 - viii. Resident Services: Behavioral Health, Physician Impairment, Harassment, Accommodation for Disabilities
 - ix. Supervision
 - x. Clinical and Educational Work Hours and Moonlighting
 - xi. Vendors
 - xii. Non-Competition
 - xiii. Disasters
 - xiv. Closures and Reductions
2. Annual review and recommendations to the Sponsoring Institution administration regarding resident/fellow stipends and benefits
3. Oversight of program changes through review of the following for approval, prior to submission to the ACGME, or respective review committee, by program directors:
 - i. All applications for ACGME accreditation of new programs
 - ii. Requests for permanent changes in resident/fellow complement
 - iii. Major changes in each of its ACGME-accredited programs' structure or duration of education
 - iv. Additions and deletions of each of its ACGME-accredited programs' participating sites
 - v. Appointment of new program directors
 - vi. Progress reports requested by a Review Committee
 - vii. Responses to Clinical Learning Environment Review (CLER) reports
 - viii. Requests for exceptions to clinical and educational work hour requirements
 - ix. Voluntary withdrawal of ACGME program accreditation
 - x. Requests for appeal of an adverse action by a Review Committee
 - xi. Appeal presentations to an ACGME Appeals Panel
 - xii. Affiliations

C. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an

¹⁶ ACGME Institutional Requirements I.B.4.b)

¹⁷ ACGME Institutional Requirements IV.

Annual Institutional Review (AIR)¹⁸.

1. The GMEC will identify institutional performance indicators for the AIR, to include, at a minimum:
 - i. Results of the most recent institutional letter of notification;
 - ii. Results of ACGME surveys of residents/fellows and core faculty;
 - iii. each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.
 - iv. Program resident and faculty engagement in CLER activities.
2. The DIO must submit a written annual executive summary of the AIR to the Institution's Governing Body. The summary must include:
 - i. summary of institutional performance on indicators for the AIR
 - ii. action plans and performance monitoring procedures resulting from the AIR
3. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process¹⁹.
 - i. The Special Review process must include a protocol that:
 1. Establishes criteria for identifying underperformance
 2. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

¹⁸ ACGME Institutional Requirements I.B.5

¹⁹ ACGME Institutional Requirements I.B.6.

ANNUAL INSTITUTIONAL REVIEW (AIR)

The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of the sponsored AdventHealth Residency/Fellowship programs through an Annual Institutional Review.²⁰

AIR PERFORMANCE INDICATORS, POLICY #: 1000

Issue date: August 2014	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC

POLICY

The Annual Institutional Review will include:

a. Results of the most recent ACGME institutional letter of notification include²¹:

- i. The action plan and outcomes to correct any citations from the most recent self-study visit.
- ii. The action plan and outcomes from any findings on the most recent AIR.
- iii. A review of the six areas of CLER (patient safety, quality improvement, transitions of care, supervision, well-being, professionalism) to formulate an annual plan to promote opportunities for improvement and faculty/resident engagement in CLER activities.
- iv. A review of the most recent CLER visit with the action plan to correct any recommendations from the visit and their outcomes.
- v. A review of all Sponsoring Institution policies and procedures to ensure they are in substantial compliance with ACGME institutional requirements.

b. Aggregate results of the annual ACGME survey of residents/fellows and core faculty to include²²:

- i. Institutional aggregate of the survey results to form action plan(s) to correct the areas of noncompliance or lower than average scores measured against national norms.
- ii. Individual program aggregate of survey results and comparison to national norms for each accredited program.
- iii. Comparison of current survey results to any internal surveys, program evaluations, or other institutional assessments, which support or do not align with the ACGME survey as a means of understanding and addressing “best practice” indicators as well as those areas need improvement.
- iv. Design of an action plan for areas deemed non-compliant, below national benchmarks, or changes in one standard deviation below prior survey results.

c. Notification of ACGME-accredited programs’ accreditation status and citations²³:

- i. The action plan and outcomes to correct any citation(s) from the program’s most recent self-study visit.
- ii. ADS data and/or GME scorecard data for each program i.e.
 1. Board pass rate
 2. Resident/faculty attrition
 3. Procedural volume/case mix/patient mix
 4. Faculty development

²⁰ ACGME Institutional Requirement I.B.5

²¹ ACGME Institutional Requirement I.B.5.a).(1)

²² ACGME Institutional Requirement.B.5.a).(2)

²³ ACGME Institutional Requirement I.B.5.a).(3)

5. Faculty and resident scholarly activity
 6. Milestones
 7. Atmosphere for residents to raise concerns/issues; make inquiries
 8. ACGME cycle length
 9. Match data
- d. **Program response to GMEC the domains of ACGME CLER Review.**
 - e. **Compliance with up to date, signed institutional agreements i.e. Affiliation Agreements and Program Letters of Agreement (PLA).**
 - f. **Results/outcome of each program's Annual Program Evaluation.**

Any item listed above that is found to be out of compliance will be an agenda item for each Graduate Medical Education Committee (GMEC) meeting to monitor progress toward resolution. The program director will present a report on behalf of their program with status of correcting deficiencies for documentation into the GMEC minutes. The DIO will provide a written Executive Summary of the Annual Institutional Review to the governing body.

AIR SUBCOMMITTEE GUIDELINES & RESPONSIBILITIES, POLICY #: 1000-A

Issue date: August 2014	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC, August 2014

*Supplement to AIR Performance Indicators Policy #: 1000

PURPOSE

To establish a formal, systematic process by which the GMEC Committee demonstrates effective oversight of the Sponsoring Institution's accreditation through an annual review and evaluation of institutional performance indicators in accordance with the Institutional Requirements of the ACGME (I.B.5) and any policies and procedures of AdventHealth Orlando GME.

POLICY

The AIR Subcommittee of the GME Committee is charged among other things with the following responsibilities:

- a. Review, monitor and assess accreditation status of sponsoring institution and its programs, and responses to citations, ACGME notifications and concerns
- b. Review results of CLER visits, and review and approve responses to CLER visit reports
- c. Address results of focused or special program reviews
- d. On behalf of GMEC, demonstrate Sponsoring Institution oversight of accreditation through an annual institutional review (AIR)

This document describes the procedure by which the AIR Subcommittee of the GMEC will fulfill its charge in conducting an Annual Institutional Review.

PROCEDURE

- a. The AIR Subcommittee shall determine the number of meetings necessary to conduct the AIR at all of the AH program campuses
- b. The AIR will be conducted in the spring (February- April) of each academic year to allow sufficient time for changes to be implemented for the start of the next academic year.
- c. Beginning approximately one to two months prior to the review dates, the Designated Institutional Official (DIO) in collaboration with the Chair of the AIR Subcommittee will:
 - i. Establish and announce the dates of the review
 - ii. Inform the standing membership of the AIR Subcommittee of the review dates and assure that the DIO, Chair of AIR Subcommittee, and Committee members consisting of program directors, assistant program directors, and/or core faculty from the three hospitals and at least one (1) peer-selected resident from each hospital to participate in the review (peer-selected residents will not include post-graduate chief residents such as those in Internal Medicine and Pediatrics).
 - iii. Identify staff assisting with organizing the data collection, coordinating the review process, and report development.
 - iv. Compile the data and information to include the performance indicators approved by the GMEC and include:
 1. Results of most recent institutional self-study visit (or most recent accreditation site visit letter of notification)

2. Results of ACGME surveys of residents/fellows and core faculty
 3. Notification of ACGME-accredited programs' accreditation statuses and self- study visits
 4. Any other supporting information the committee may deem necessary
 5. Outcomes from action plans resulting of prior AIRs
- d. At the time of the meetings, the Committee will review its charges and responsibilities, the institution history including past citations and previous year's action plans, responses to prior action plans, and current performance indicators and outcome data such as that described above.
 - e. Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and improvement opportunities, and to make recommendations.
 - f. Written minutes will be taken of all meetings and submitted to GMEC.
 - g. As a result of the information considered and resulting discussion, the AIR Subcommittee will:
 - i. identify any areas for improvement
 - ii. develop an action plan(s) to address areas for improvement
 - iii. include monitoring procedures for action plan(s) resulting from the review
 - h. The AIR final report, action plan and DIO executive summary will be presented to and approved by the GME Committee
 - i. The DIO will submit a written annual executive summary of the AIR to the Governing Body of the Sponsoring Institution.

ANNUAL PROGRAM EVALUATION, POLICY #: 1004

Issue date: September 2014	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC August 2014

PURPOSE

To establish guidelines for the ACGME's Institutional and Common Program Requirements of ACGME-accredited programs' as part of the program's continuous improvement process.²⁴

CPME programs and other accredited programs will follow the guidelines established for ACGME programs until such time their accrediting body requires a different process. All non-accredited programs will follow these guidelines until such time that the GMEC determines that no APE need be conducted.

POLICY

At least annually, the program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation (APE). The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

The Program Evaluation Committee (PEC) must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident.²⁵

All residents and faculty will be given the opportunity to participate by completing a confidential evaluation. The pooled information from these evaluations will be given due consideration by the PEC and will be used to improve of the program.

PROCEDURE:

- a. The Program, through the PEC, will document formal, systematic evaluation of the curriculum at least annually, and will render a full, written, annual program evaluation (APE).
- b. The annual program evaluation will be conducted between April – May each year to allow programs the opportunity to assess the current academic year and potential changes for the upcoming academic year.
- c. **Approximately two months prior to the established review date, the Program Director will:**
 - i. Facilitate the PEC's process to establish and announce the date of their APE meeting
 - ii. Request the residency coordinator to assist with organizing the data collection, review process, and report development
 - iii. Solicit written confidential evaluations from the Program Faculty and Resident/Fellows prior to the review
- b. **At the time of the initial meeting, the Committee should at least consider:**
 - i. Achievement of action plan improvement initiatives identified during the last annual program evaluation
 - ii. Achievement of correction of citations and concerns from last accreditation site visit;
 - iii. Residency program goals and objectives

²⁴ ACGME Common Program Requirements V.C.

²⁵ ACGME Common Program Requirements V.C.1.a)

- iv. Faculty members' confidential written evaluations of the program
- v. The Residents'/Fellows' annual confidential written evaluations of the program
- vi. The Residents'/Fellows' evaluation of the rotations to date
- vii. Resident/Fellow performance and outcome assessment, as evidenced by:
 - a. Aggregate data from general competency assessments
 - b. Aggregate data from Milestones
 - c. In-training examination performance
 - d. Case/procedure logs
 - e. Graduate performance, including performance on the certification examination
 - f. Faculty development/education needs and effectiveness of faculty development activities during the past year
- viii. Other data points collected by the ACGME in WebADS
- ix. Other items that are pertinent to the program/specialty

Note: a more comprehensive list can be found at the end of this document.

- c. Additional meetings may be scheduled, as needed, to continue to the APE, discuss concerns and potential improvement opportunities, and to make recommendations. **Written minutes must be taken of all meetings.**
- d. As a result of the information considered and subsequent discussion, the Committee will prepare a written plan of action to document initiatives to improve performance in at least one or more of these areas:
 - i. Resident/Fellow performance
 - ii. Faculty development
 - iii. Graduate performance
 - iv. Program quality
 - v. Continued progress on the previous year's action plan if applicable
- e. The plan will delineate how those performance improvement initiatives will be measured and monitored and include a time-line.
- f. The final report and action plan will be reviewed and approved by the program's teaching faculty and documented in faculty meeting minutes.
- g. A final copy of the APE and action plan/time-line will be sent to the GME Office. Each APE will be on a future GMEC agenda. The GMEC will review and accept as written or propose changes in the action plan and/or time-line.
- h. Using the GME Annual Program Evaluation format provided by the GME Office, the following areas should be analyzed to enhance program strengths and, in one or more areas, implement plans for improvement:

Resident performance:

- In-training exam results
- Resident assessment data
- Resident research presentations/publications
- Resident procedure/case log
- Resident skills/simulation lab performance
- On-line curriculum performance

- Milestone achievement
- Rotation evaluation
- 360/multirater (patient, peer, nursing, etc.)
- Oral exams(mock)
- Resident self-assessment, goal setting, and individual learning plans
- Skills/Simulation results
- Chart audit
- QI projects
- Participation on hospital committees
- Didactic/conference attendance
- CEX observe patient encounter
- Standardized patient
- Evaluation of presentations
- Technical skills and abilities
- Compliance with administrative tasks

Faculty development

- Results of annual confidential evaluation of faculty by residents
- Review of updated CVs including faculty scholarly activity and publications
- Teaching strategies/methods
- Completion of educational modules
- Completion of courses on how to be a teacher
- Mentoring
- Faculty meeting attendance
- Local, regional and national meeting educational committee participation
- Participation in resident conferences/didactics
- Maintenance of certification
- Quality of providing formative feedback
- Participation on Clinical Competency Committee or PEC

Graduate Performance

- Board pass rate/how many sit for Boards
- Graduate survey
- Fellowship match results
- Graduate interviews vs positions offered
- On time graduation and program completion
- Scholarly activity
- Attrition
- Employment—academics, private, research, GME

Program Quality

- Results of annual confidential evaluation of program by residents and faculty
- ACGME resident and faculty survey results
- Program rotation goals and objectives
- Program evaluations
- Resident evaluations/assessment methods
- Outcomes measures
- Conference topics/frequency
- Skills/simulation curriculum
- Survey data from recent graduates
- Review of status of any citations or concerns from previous accreditation letter
- Review of program policies and procedures and specialty-specific program requirements

- Program's process on the previous year's action plan(s)
- Resident/Faculty attrition
- Program board pass rate
- Match results
- Post-match survey
- Board pass rate
- Case logs/procedure logs
- Scholarly activity
- ACGME Web Ads/self-Study
- Clinical quality measures/pt care outcomes
- In service exams
- QI activities
- Milestones

PROGRAM EVALUATION COMMITTEE, POLICY #: 1006

Issue date: July 2015	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC August 2014

PURPOSE

This policy is to establish that each accredited Residency/Fellowship program sponsored by and/or funded by AdventHealth Orlando establish a Program-specific policy to establish the composition and responsibilities of the training program's Program Evaluation Committee.

The Program-specific policy must also establish a formal, systemic process to annually evaluate the educational effectiveness of the program in accordance with the program evaluation and improvement requirements of the ACGME, the program specific Residency Review Committee (RRC), other accreditation entities, and the Graduate Medical Education Committee (GMEC) policy.

CPME and other accredited programs will follow the guidelines established for ACGME programs until such time their accrediting body requires a different process. All non-accredited programs will follow these guidelines until such time that the GMEC determines that no APE need be conducted.

POLICY

Each program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.²⁶

The Program Evaluation Committee (PEC) must be composed of at least two program faculty members, at least one of whom is a core faculty member and at least one resident/fellow.

All Residents and faculty will be given the opportunity to participate by completing a confidential evaluation called the Annual Program Evaluation. The pooled information from these evaluations will be given due consideration by the PEC and will be used to improve of the program.

The PEC responsibilities²⁷

- Acting as an advisor to the program director, through program oversight
- Review of the program's self-determined goals and progress toward meeting them
- Guiding ongoing program improvement, including development of new goals, based upon outcomes
- Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims

The PEC should consider the following elements in its assessment of the program²⁸:

- A. curriculum
- B. outcomes from prior Annual Program Evaluation(s)
- C. ACGME letters of notification, including citations, Areas for Improvement, and comments
- D. quality and safety of patient care
- E. aggregate resident and faculty
 1. well-being
 2. recruitment and retention
 3. workforce diversity

²⁶ ACGME Common Program Requirements V.C.

²⁷ ACGME Common Program Requirements V.C.1.b)

²⁸ ACGME Common Program Requirements V.C.1.c)

4. engagement in quality improvement and patient safety
5. scholarly activity
6. ACGME Resident and Faculty Surveys; and
7. written evaluations of the program
8. aggregate resident
 - i. achievement of the Milestones
 - ii. in-training examinations (where applicable);
 - iii. board pass and certification rates; and
 - iv. graduate performance
9. aggregate faculty
 - i. evaluation; and,
 - v. professional development.

The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. Each program must use resident evaluations and feedback of the program including curriculum, working environment, scholarly environment, evaluation systems, and other items deemed important by the program. These evaluations are confidential. Resident evaluations combined with faculty input are key to evaluating the educational effectiveness of the training program.

The program should prepare a written plan of action to document initiatives to improve performance in at least two areas. The action plan should document how improvement initiatives will be measured and monitored. The action plan must be reviewed and approved by the teaching faculty and documented in the meeting minutes.

All programs must submit a copy of the program evaluation agenda, minutes and a Program Evaluation and Improvement Plan to the GME office by August 15th of the academic year.

The annual review, including the action plan, must:

- I. be distributed to and discussed with the members of the teaching faculty and the residents
- II. be submitted to the DIO.
 - a. Must be submitted electronically via New Innovations by August 15th of the academic year.

GMEC SPECIAL REVIEW PROCESS, POLICY #: 1001

Issue date: September 1, 2014	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC August 2014

PURPOSE

To ensure effective oversight from the GMEC and DIO of underperforming Graduate Medical Education programs within the Sponsoring Institution by (1) establishing the necessary criteria for identifying an underperforming program and (2) establish the procedure when a residency/fellowship program undergoes a Special Review and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.²⁹

CRITERIA

A variety of informational and statistical information can be used to determine if a residency or fellowship program is underperforming. These items include, but are not limited to:

1. A significant change, as noted in the Annual Program Evaluation, in standard performance indicators such as:
 - a. Board Pass Rate;
 - b. In-training exam scores;
 - c. Resident's Clinical Experience (patient census, types, disease, procedural volume);
 - d. Resident progress in the Competencies;
 - e. Resident aggregate progress in the Milestones; Milestones assessment/reporting/results and program progress;
 - f. Program Attrition (resident and/or faculty, program director);
 - g. Resident or Faculty Survey Results (ACGME, program, or institutional surveys);
 - h. Scholarly Activity (residents and faculty);
 - i. Faculty Development;
 - j. Significant changes in program educational content, structure and/or resources;
 - k. CLER Site Visit results specific to a program that has not been resolved.
2. Evidence against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy; or significant issue(s) as may be brought forth by the Resident Council.
3. A program's inability to demonstrate success in any of the following Clinical Learning Environment Review (CLER) focus areas:
 - a. Integration of residents/fellows into institution's **Patient Safety Programs**;
 - b. Integration of residents/fellows into institution's **Quality Improvement Programs** and efforts to reduce Disparities in Health Care Delivery;
 - c. Establishment and implementation of **Supervision** policies;
 - d. **Transitions in Care**;
 - e. **Resident Well-being** and;
 - f. Education and monitoring of **Professionalism**.
4. Self-report by a Program Director or Department Chair.

PROCEDURE

1. **Designation:** When the GMEC has determined that a residency or fellowship program is deemed

²⁹ ACGME Institutional Requirements I.B.6.

underperforming or failing, the DIO as Chair of the GMEC shall schedule a Special Review. The Special Review shall begin within 30 days of a program being designated as “underperforming” or “failing” with a final report and recommendations within 60 days of the start of the Special Review.

2. **Special Review Committee:** Each Special Review shall be conducted by a panel including at least one member of the GMEC who shall serve as Chair of the panel, at least one additional core faculty member, and one resident/fellow not from within the department of the program under review. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the Sponsoring Institution but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.
3. **Preparation for the Special Review:** The Chair of the Special Review panel, in consultation with the DIO/GMEC and/or other persons as appropriate will clarify the specific concerns to be reviewed as part of the Special Review process. Concerns may range from those that broadly encompass the entire operation of the program to a single, specific area of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.
4. **The Special Review:** Materials and data for the review process shall include:
 - a. The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
 - b. Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
 - c. Letters from the RRC with citations or areas of concern;
 - d. Reports from previous internal reviews of the program (if applicable);
 - e. Previous annual program evaluations;
 - f. Results from the most recent internal or external resident surveys,
 - g. Results from the most recent ACGME faculty survey, and,
 - h. Any other materials the Special Review panel considers necessary and appropriate.
 - i. The Special Review panel will conduct interviews with the Program Director, key/core faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.
5. **Special Review Report:** The Special Review panel shall submit a written report to the Program Director, Department Chair, the DIO and GMEC that includes, at a minimum, a description of the review process and the panel’s findings and recommendations. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns, a recommended time-line, and the process for the GMEC to monitor outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.
6. **Special Review Follow-Up:** The program director will be required to submit a progress report to the GME Office addressing the findings and recommendations for improvement as designated by the Special Review Panel. The Special Review panel will review the progress/follow-up report for progress. The Chair of the Special Review panel will report all activities and progress at each GMEC meeting until such time that the GMEC is satisfied with the progress and compliance of the program. The program director from the underperforming program will participate in all GMEC discussions related to the Special Review.
7. **Monitoring:** The DIO and GMEC shall monitor outcomes of the Special Review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight, including:
 - a. the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
 - b. the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
 - c. the quality of educational experiences in each ACGME accredited program that lead to
 - d. measurable achievement of educational outcomes as identified in the ACGME Common and

- specialty/subspecialty-specific Program Requirements;
- e. the ACGME-accredited programs' annual evaluation and improvement activities; and,
- f. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

GMEC SPECIAL (FOCUSED) REVIEW COMMITTEE GUIDELINES/RESPONSIBILITIES

Supplement to GMEC Special Review Policy #1001A

Designation: When the GMEC has determined that a residency or fellowship program is deemed underperforming or failing, the DIO as Chair of the GMEC shall schedule a Special Review. The Special Review shall begin within 30 days of a program being designated as “underperforming” or “failing” with a final report and recommendations within 60 days of the start of the Special Review.

Special Review Committee: Each Special Review shall be conducted by a team consisting of: at least one member of the GMEC (who may also serve as the Chair of the committee), at least two additional core faculty members, at least one resident in the PGY-2 year or higher or fellow. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the Sponsoring Institution but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.

Preparation for the Special Review: The Chair of the Special Review Committee, in consultation with the DIO/GMEC and/or other persons as appropriate, will clarify the specific concerns to be reviewed as part of the review process. Concerns may range from those that broadly encompass the entire operation of the program to a single, specific area of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.

The Review Process: Approximately two weeks prior to the Special Review, the Chair of the Special Review Committee and the Director of Graduate Medical Education will meet with the Program Director and support staff to review the curriculum, policies and procedures, evaluation forms, Web ADS, milestone submissions, etc. This part of the review and the findings will be shared with the Special Review Committee members as well as the GMEC.

1. The day of the Special Review will be very similar to the ACGME site visit. The committee will meet, review the findings regarding the program surveys and documents, and spend the day interviewing the Program Director, faculty and residents from within the program. See example of the day's events below:
 - Committee discussion of the documentation – 1 hour
 - Committee meets with the Program Director and Program Coordinator – 1 hour
 - Committee meets with PGY-1 residents – 30 minutes
 - Committee meets with PGY-2 and PGY-3 residents – 30 minutes
 - Committee meets with PGY-4 and PGY-5 residents – 30 minutes
 - Committee meeting with program faculty – 45 minutes
 - Committee creates a preliminary list of findings – 45 minutes
 - Committee re-convenes with Program Director and Program Coordinator – 1 hour
2. A clear, concise summary of the Special Review will be completed with recommendations and a time-line.
3. The Special Review template (attached to the GMEC Special Review Process P & P) will be completed by the Committee and will include:
 - The name of the program reviewed with the date the Special Review was completed
 - Names and titles of Special Review committee members
 - A brief description of how the review process was conducted including a list of those interviewed and documents reviewed
 - Assessment of how the program has addressed previous citations
 - Other issues or areas of concern noted by the Special Review committee in addition to previous RRC

citations

- Final Recommendations/Requirements which may include a request for a progress report (timeframe to be determined by GMEC).

4. The summary report will be presented by the Special Review Committee Chair/ or DIO in his/her absence at the subsequent GMEC meeting. The GME Committee will review and discuss the findings. The Program Director will have the opportunity to respond to the findings in the report. A copy of the final report will be given to the Program Director with a copy on file in the Graduate Medical Education office.

5. Following the Special Review, the Program Director will be asked to provide a progress report to the GMEC addressing areas of concern. The timeframe for this report will be determined by the GMEC. The GMEC may continue to ask for the Program Director to report on areas of concern on a regular basis until the GMEC is satisfied that the issue(s) has/have been adequately addressed.

6. All residency programs supported by AdventHealth Orlando will be reviewed when necessary in the same manner and expected to provide the same quality of education and clinical experience.

NON-ACCREDITED PROGRAM RESPONSIBILITIES AND CRITERIA, POLICY #: 1015

Issue date: 10/2015	Developed by: James Jimenez
Revision dates:	Approved by: CAO

SCOPE

All clinical training programs within AdventHealth GME that provide postgraduate medical education training in specialties/subspecialties for which accreditation by the Accreditation Council for Graduate Medical Education (ACGME) is not available or has not been obtained. This includes all trainees appointed as Residents/Fellows in any AH non-accredited program.

PURPOSE

Within AdventHealth, there are non-accredited training programs that support the interests of AH and other AH graduate medical education (GME) programs. The goal of this policy is to establish an organizational structure that promotes the educational quality of existing AH training programs, ensures that new programs do not unduly interfere with existing accredited programs, and ensures a similar level of institutional support for trainees in non-accredited programs.

POLICY

All clinical training programs within AH that provide postgraduate medical education must be accredited by the ACGME, or similar accrediting body, or must be approved by the AH Chief Academic Officer (CAO) and AdventHealth Executive Vice President overseeing GME. All proposals for new programs must ultimately go before the GMEC before any positions are contracted.

- a. **New Programs:** Development of new non-accredited training programs will be reviewed by the CAO, AH Leadership, and the GMEC upon submission of an Application for a New Non-Accredited Program. All proposals must comply with the requirements of the ACGME. Specific requirements for a new program proposal are outlined in the GME New Program Development and Approval Process SOP. Requests submitted for new non-accredited programs for which ACGME accreditation is available, will not be approved. These programs must seek accreditation by the ACGME.
- b. **Established Programs:** Non-accredited programs currently offered at AdventHealth must meet the minimum program responsibilities noted in section G of this policy.
- c. **Program Leadership:** All non-accredited programs must have a designated Program Director, who will report directly to either the Program Director of the core ACGME-accredited residency or fellowship program, or to the Designated Institutional Official (DIO).
- d. **Stipends:** Non-accredited trainees should be paid according to the training year in which they are participating in the training program and based on current amounts given to trainees of the same post graduate year at AdventHealth.
- e. **Credentialing/Billing:** At the Program Director's discretion, non-accredited trainees who have an unrestricted Florida license may apply for credentialing at AdventHealth. Credentialed trainees will be permitted to bill, through their program, for services they provide for which they are board certified or board eligible, subject to the provisions of the AH GME Moonlighting policy.
- f. **GMEC:** The AH GMEC and the AH GME Office provide educational support and oversight to these programs in order to support their educational missions and their trainees. The AH GMEC and AH GME Office also strive to ensure the provision of a high-quality educational experience comparable to that of ACGME-accredited programs.
 - i. The GMEC will ensure ongoing communication between non-accredited programs and GME leadership to ensure progress in meeting program goals, including:
 1. Recruitment and selection of new trainees.
 2. Orientation for new trainees.
 3. Curriculum development.
 4. Evaluation process.

5. Appropriate pay structures.
6. Program review process.

g. Program Responsibilities:

- i. In order to ensure a high-quality educational experience, non-accredited programs must:
 1. Maintain a committed faculty and provide faculty development opportunities.
 2. Provide appropriate supervision.
 3. Develop a program curriculum which includes overall program goals, rotation-specific goals and objectives, didactic sessions, nature of supervision, and scholarly activities.
 4. Establish and maintain a system of evaluation of trainees, faculty and the program.
 5. Develop appropriate program policies, as determined by the GMEC.
 6. Track outcomes of graduates.
 7. Conduct a regular review of the program, including feedback from trainees and faculty.
- ii. Non-accredited training programs must comply with all AH GME policies and procedures, which are designed to ensure compliance with statutory, ACGME, ABMS, and/or AdventHealth institutional policies, rules, and/or regulations. Policies include, but are not limited to:
 1. Eligibility and Selection of Residents/Fellows
 2. Agreement of appointment/contract
 3. Grievances
 4. Professional liability insurance
 5. Health and disability insurance
 6. Vacation and leaves of absence
 7. Resident services
 8. Supervision
 9. Clinical and Educational Work Hours/Moonlighting
 10. Vendors
 11. Non-Competition
 12. Disasters
 13. Closures and Reductions

h. Trainee Recruitment and Onboarding

- i. It is the program's responsibility to properly recruit trainees for non-accredited programs.
- ii. Programs must follow the GMEC recruitment, and Agreement of Appointment policies.
- iii. The CAO must review and approve applications of selected applicants prior to any offers for training spots, verbal or in writing, are extended.
- iv. The following documents must be included as part of the hiring/onboarding package:
 1. Training contract
 2. Proof of Liability Coverage
 3. Florida Medical Training License or Florida Medical Unrestricted License
 4. Valid Visa (if applicable)
 5. AH Cerner Training
 6. AH HIPPA Training
 7. Mask Fit/TB Testing
 8. Additional documents as required by AdventHealth

i. Visa Sponsorship: Trainees seeking visa sponsorship must comply with all eligibility and sponsorship requirements as designated by the type of visa to be sponsored. AH will accept the following visa classifications for training:

1. J-1 Visa (Sponsored by ECFMG)

- a. J-1 Visa is a temporary exchange visitor visa intended for those working in a teaching, research, observation or consultation program.
- b. Programs accepting trainees under a J-1 visa must also comply with ECFMG requirements for non-standard training programs.
- c. The ECFMG defines non-standard training as "an advanced clinical subspecialty discipline or pathway for which there is no ACGME accreditation and/or ABMS member board certification available."

- d. Programs seeking to enroll foreign nationals requiring J-1 visa sponsorship in a non-standard training must meet the following criteria:
 - i. Demonstrate ABMS member board endorsement for the specific advanced subspecialty discipline.
 - ii. Provide the institution's Graduate Medical Education Committee (GMEC)
 - iii. endorsement for the specific advanced training program.
 - iv. Submit a GMEC-approved program description (including pre-defined requirements by the ECFMG) on institutional letterhead signed by the program director.
 - v. Confirm that the teaching hospital offering the non-standard training is in full compliance with ACGME institutional requirements and that all the accredited programs are in good standing with ACGME.
 - vi. Verify that J-1 physicians are prohibited from billing directly for services rendered.
- e. **** Trainees under J-1 Visas are not permitted to moonlight.**

2. H-1B Visa

- a. An H1-B, or Temporary Professional Worker visa, is a non-immigrant visa intended for employment purposes.
- b. Applicants applying for H1-B Visa must meet all qualifications for sponsorship at the time a petition is filed with the US Citizenship and Immigration Services (USCIS), including any additional qualifications for performing patient care under such Visa.

3. Other Visa Types

- a. Requests for other applicable visa sponsorship of a prospective resident or fellow are considered on a case-by-case basis. These requests must be reviewed by AH GME Human Resources and the AH Human Resources Visa Specialist and will be granted at the discretion of the CAO.

RESIDENT/FELLOW APPOINTMENTS

ELIGIBILITY RESIDENT/FELLOW & SELECTION PROCESS (ACGME), POLICY #: 1005-A

Issue date: July 2015	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC May 2015

PURPOSE

To establish guidelines pertaining to the selection of residents and fellows who will participate in Hospital residency/fellowship programs.

POLICY

The Program Director is responsible for the selection and ranking of all candidate(s) that meet the programs eligibility and selection criteria. Input is gathered from other members of the staff, faculty and residents as an important part of the selection process. The Sponsoring Institution must ensure that all residents and fellows selected are eligible as defined below. Institutions and ACGME-accredited programs that enroll non-eligible residents are subject to non-appealable administrative withdrawal by the ACGME.

PROCEDURE

Programs will comply with ACGME standards when selecting Resident and Fellow applicants. Programs will participate in the National Resident Matching Program (NRMP) where applicable and will abide by the rules and regulations. All PGY-1 positions in each program will be listed with the NRMP as part of the All-In policy. There are no exceptions to this policy.

The program director is responsible to ensure that each resident or fellow who is considered for admission fully meets the standards and criteria.³⁰

Resident Eligibility/Qualifications: Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs:

- I. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME); or
- II. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); or,
- III. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - a. Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
 - b. Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
 - d. Has graduated from a medical school outside the United States and has completed a Fifth Pathway**³¹ program provided by an LCME-accredited medical school.

Resident Selection:

1. Administration will ensure that its ACGME-accredited programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and

³⁰ ACGME Institution Requirements IV.A.

³¹ ** IV.A.2.c).(3): A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) 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).

personal qualities such as motivation and integrity. We shall not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

2. In selecting from among qualified applicants, Hospital and its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP).
3. Programs are not obligated but may agree to accept a successful applicant for a J-1 Visa (Exchange Visitor). Program Director should be aware that sometimes a potential candidate will not qualify for J-1 status, therefore, the PD should determine whether the candidate should be placed on the Match list by reviewing the criteria for J-1 status on the ECFMG website at www.ecfm.org in advance of the rank meeting.
4. Programs are not obligated but may agree to accept a successful applicant for a H1B Visa providing the candidate can meet the criteria for such Visa.
5. For programs that use the Electronic Residency Application Service (ERAS): candidates must submit all documents through ERAS as required by the program. Programs that do not use ERAS must provide application information directly to candidates that inquire. Those selected for further consideration by the department must appear for a personal interview.
6. If there is a question regarding the eligibility of an applicant, the final decision will rest with the Designated Institutional Official/Chief Academic Officer for Graduate Medical Education.
7. The Hospital will conduct background checks on all residents and in some cases, fingerprinting. Other background checks will be conducted as determined by AH Human Resources.
8. Program directors will obtain the following information about residents in other programs who plan to transfer to a Hospital residency:
 - Verification of previous educational experiences
 - A summative, competency-based performance evaluation of the transferring
 - resident's performance
 - The usual hospital background checks that may include fingerprinting

Financial Support for Residents: Hospital will provide all residents with appropriate financial support and benefits.

Benefits and Conditions of Appointment:

Candidates for hospital-accredited programs (applicants who are invited for an interview) will be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment.³²

- I. Information that is provided is: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.³³

All these elements may be found in the contract, GME P&P Manual, and the manual. Depending upon the timing of the interview, some of the data furnished are subject to change due to new or change in policy, laws, and other events that cannot be predicted at that time.

³² ACGME Institutional Requirements IV.A.3.

³³ ACGME Institutional Requirements IV.A.3.a)

INTERNATIONAL MEDICAL GRADUATES AND VISAS

An International Medical School Graduate (IMG) is defined as a graduate of a medical school located outside of the United States and Canada. Citizens of the United States who have completed their medical education in schools outside the United States and Canada are considered international medical graduates; non-U.S. citizens who have graduated from medical schools in the United States and Canada are not considered international medical graduates.

The Educational Commission for Foreign Medical Graduates (ECFMG), through its program of certification, assesses whether international medical graduates are ready to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). ACGME requires international medical graduates who enter ACGME-accredited programs to be certified by ECFMG.

To be eligible for certification by ECFMG, international medical graduates must meet requirements set forth in their informational booklet. The requirements pertain to medical school eligibility and satisfying the medical science and clinical skills examinations (Step 1 and Step 2 CK, Step 2 CS of the USMLE).

The following visa classifications qualify for application to AH GME ACGME training programs:

- **J-1:** temporary nonimmigrant visa reserved for participants in the Exchange Visitor Program
- **H-1B:** a non-immigrant visa available to hired international employees in a specialty occupation.

AH will sponsor successfully matched IMGs to any GME training program for any of the above visa classifications at the discretion of the Program director. Through the AH GME Human Resource Coordinator, AH is equipped with a visa specialist that will guide the visa application process as necessary.

Please allow 120 days for the processing of a J-1 visa.

VISITING RESIDENTS

All visiting residents must be approved by the AH program director PRIOR to submission to AH GME.

Residents wishing to spend elective time at an AH GME programs or clinics should apply directly to the program in which the training will take place. Requirements for visiting residents may be found on the AH GME website, www.adventhealthorlandogme.com

The department and resident should allow at least 60 days for contracting when possible.

NATIONAL RESIDENT MATCHING PROGRAM

AH participates in the National Resident Matching Program (NRMP) for PGY-1 positions. All positions shall be filled through the Match unless the DIO has approved the program to fill all accredited positions outside of the Match.

The purpose of NRMP is to match medical students and other applicants with hospitals to obtain internships and residencies. Applicants submit a confidential list to the NRMP ranking their desired programs. Participating hospitals also enter a confidential list of most desired applicants. Each program's proposed lists are subject to the approval of the DIO.

All of the applicants and hospitals are informed of the result of the match. Programs are not allowed contact with ranked applicants until the national announcement of the match has taken place. Programs are expected to submit a list of Matched candidates to AH GME's Human Resources Coordinator within 48 hours of the match. AH GME Administration will send employment contracts to all matched applicants.

RECOMMENDATION OF APPOINTMENT

All resident contracts will be issued by the AH GME Human Resources Coordinators. Execution of the contract by a resident indicates that the resident is familiar with the terms of the contract, is eligible and available to continue residency/fellowship, and has reviewed the GME Manual. The GME Manual outlining the Policies and Procedures will be posted to the AH GME website (www.adventhealthorlandogme.com) and in New Innovations (NI).

Recommendation of appointment for continuing residents must be submitted to the AH GME Human Resources Coordinator no later than February 1st each year for the following July 1st.

If a program director is unsure that a specific resident may not receive a contract to continue training the next academic year (non-renewal), the program director or program coordinator should notify the GME office as soon as possible. If the final decision is non-renewal or non-promotion, the program must provide the Resident, with as much notice as possible, with a written notice.

The program and residents are responsible for verifying home addresses before submission of recommendation.

Program directors recommending a resident for continued appointment who are on (or will be placed on) remediation or probation must be reviewed with the DIO. Documentation for review should include: assessment of the basic competencies and milestones sub-competencies in total with emphasis on those for which the resident is on remediation or probation; remediation plan; and, re-assessment(s) completed to date. All recommendations are subject to review and final approval by the DIO.

LEVEL OF APPOINTMENT

A resident's appointment is determined in accordance with the level recognized by their specialty/sub-specialty board in the residency-training program. Should a resident/fellow have questions as to their appropriate level, this may be resolved with the program before acceptance of appointment.

AGREEMENT OF APPOINTMENT

AH GME will assure that appointed residents are provided with a written agreement/contract, renewable on an annual basis, which outlines the terms and conditions of their appointment to a program²¹. A resident's initial agreement and subsequent renewal agreement will be issued by the AH GME Human Resources Coordinator.

RESIDENT ORIENTATION/CERTIFICATIONS

All new hires will receive communication from the GME Human Resources Coordinators. Residents/Fellows are mandated to attend the general AdventHealth Employee Orientation, in addition to the GME specific orientation. Orientation days are paid for new residents/fellows. **All residents are expected to attend each day's session, arrive promptly to the orientation site and be prepared to fully participate in orientation.** During orientation, you must wear appropriate attire for a casual business setting (no jeans, shorts, flip flops, etc.). Anyone not attending orientation as required, will be subject to a delay in the start of their clinical training.

Each program will determine whether residents will complete BLS, NRP, ACLS and PALS certification courses before orientation. Residents not completing their required certifications may experience a delay in starting their residency training. These courses will be provided to new residents at no cost via the AdventHealth Training Center. AH GME will not reimburse any costs of courses taken outside of the AH Training Center.

All new residents must have a valid certification in all of these courses specifically required by their training program. A new resident who possesses a valid certification (i.e. from medical school) should check their program's requirements for certification and renewal to ensure they remain in compliance with the certification policies through the course of their residency.

New residents may be disqualified from the training program if they do not consent to AH orientation activities, have significant positive findings on background checks, have illicit substances detected on drug screening without a bona fide medical indication or, otherwise do not meet the requirements for beginning their program at AH. Extraordinary circumstances preventing a new resident from participating fully, must be presented to the AH GME Human Resources Coordinator through a letter of approval from the program director before the date of orientation. In this circumstance, all orientation requirements must be fulfilled within 30 days of actual start date.

Each program will further define orientation specific to its requirements and clinical specialty/sub- specialty and will communicate those requirements to the resident/fellow.

The AdventHealth Training Center is located at:
201 Park Place, Suite 321, Altamonte Springs, FL 32701
Phone: 407-303-5288, Email: FH_AHA@adventhealth.com

Hours of operation: Monday – Thursday: 8:00 am – 4:00 pm, Friday: 8:00 am – 2:00 pm

DISTANCE POLICY

AH bylaws mandate that all medical staff members shall be geographically available to fulfill their patient care obligations. Residence and office shall be within a 25-mile radius of one of the AH facilities. Medical staff members, whose patient responsibilities are primarily exercised at one campus, shall be located (both office and residence) within a 25-mile radius of that campus. Upon the recommendation of the Department Chairman, the Credentials Committee may consider requests for exception to this requirement on an individual basis.

AH GME physicians in training shall abide by the 25-mile radius requirement as well. The GME Office preference is that physicians in training reside within a 10-mile radius of the primary site where they train.

RESIDENT AGREEMENT OF APPOINTMENT, POLICY #: 1003

Issue date: July 1, 2015	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC May 2015

PURPOSE

To establish a legally binding contract between residents and Hospital and to outline Hospital policies regarding resident non-renewal or non-promotion.

POLICY

Hospital provides residents with a written contract outlining the terms and conditions of their appointment and monitors the implementation of these terms and conditions by the program directors. Hospital and its program directors ensure that residents adhere to established practices, policies, and procedures in all institutions to which residents are assigned.

The agreement of appointment must be provided to all applicants invited to interview. The agreement provided must be the agreement either in effect at the time of the interview or at the time of proposed appointment.

PROCEDURE

- I. Each resident receives a one-year employment contract. Each contract must be signed and returned to the GME Office by April 15th. The contract includes resident responsibilities and benefits, policies on academic probation, discipline and due process, and establishes pay level.
- II. Non-renewal of agreement of appointment or non-promotion: In instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, Hospital ensures that it's ACGME accredited programs provide the resident(s) with a written notice of intent not to renew a resident's agreement or give the promotion no later than four months prior to the end of the resident's current agreement. However, if the primary reason(s) for the non- renewal occurs within the four months prior to the end of the agreement, the ACGME accredited programs will provide the residents with as much written notice of the intent not to renew or promote as the circumstances will reasonably allow, prior to the end of the agreement. This applies to other accredited programs and all non- accredited programs.
- III. Residents must be allowed to implement the institution's grievance procedure as addressed in the AH GME Grievance Policy if they have received a written notice of intent not to renew their agreement or of the intent to renew their agreement but not to promote them to the next level of training.

The contract/agreement of appointment must directly contain or provide a reference to the following items³⁴:

- resident/fellow responsibilities
- duration of appointment
- financial support for residents/fellows
- conditions for reappointment and promotion to a subsequent PGY level
- grievance and due process
- professional liability insurance, including a summary of pertinent information regarding coverage
- hospital and health insurance benefits for residents/fellows and their eligible dependents
- disability insurance for residents/fellows
- vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws
- timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion
- information related to eligibility for specialty board examinations; and, (Core)

³⁴ ACGME Institutional Requirements IV.B.2.

- institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting

In institutions where ACGME programs are present, we ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. AH GME will monitor each of its programs with regard to implementation of terms and conditions of appointment.³⁵

³⁵ ACGME Institutional Requirements IV.B.1.

RESIDENT BENEFITS

PHOTO ID BADGE/SECURITY ACCESS

Residents/Fellows are issued an approved name badge. You are always required to wear the badge while on facility property; it is for identification, safe and security measures by providing access to facilities, and purchases within the hospital. Remember that your badge can be used as a credit card in hospital food concessions and within gift shops or spa/salon. You are responsible for all charges. Badges may not be loaned to other individuals for any reason. The badge is to be worn on the lab coat, scrubs, or other clothing always on the upper left-hand side. Badges are not to be altered in any way including pictures, tape, or stickers. If the AH badge is ever lost or stolen it should be reported immediately to Human Resources. The initial badge is free; charges may be assessed for lost or misplaced badges.

RADIATION BADGES (DOSIMETER)

At the discretion of the program, you may be issued a dosimeter in order to monitor the level of radiation exposure throughout a specific training period. Program Coordinators will assist in completing the application for a dosimeter and will manage the exchange of new monitoring devices. The resident/ fellow will be responsible for wearing and maintaining their dosimeter in proper order and exchanging the dosimeter quarterly. Should a resident/fellow suspect they are pregnant or will become pregnant, they should immediately notify the program to obtain a second monitoring dosimeter to be worn on the waist throughout the pregnancy. Radiation monitoring data is cumulative and transfers with the resident/fellow throughout their career. Before graduation, the resident must complete a form in order to transfer their record of radiation monitoring to their new practice and/or employer. Any loss of damaged dosimeters should be immediately reported to the program.

STIPEND/SALARY

All salary and/or stipend payments will be distributed through direct deposit as authorized by the resident/fellow and can be reviewed through The Hub website. No paper stub will be issued. You are responsible for checking the accuracy of pay and expense reimbursements. Be aware that often “other” reimbursements will appear on the pay stub under various sections.

AdventHealth Orlando Resident Annual Salary Schedule by PGY (Effective Academic Year 2020/2021)

• PGY-1	\$54,080
• PGY-2	\$56,139.20
• PGY-3	\$58,177.60
• PGY-4	\$60,257.60
• PGY-5	\$62,316.80
• PGY-6	\$65,416
• PGY-7	\$68,494.40

PAID TIME OFF

See Resident/Fellow Paid Days Off (PDO) Policy

PROFESSIONAL DUES

In accordance with the *GME Reimbursement Policy*, professional dues for certifications and appropriate membership in organizations will be specified and provided by the program.

PROFESSIONAL LIABILITY COVERAGE³⁶

The Hospital shall provide, at their own expense coverage for residents/fellows. Professional liability coverage provides \$1,000,000 each occurrence (not increased by the number of participants or claimants involved), and \$3,000,000 annual aggregate. This coverage responds to claims reported during training and includes an Extended Reporting Period or Tail Coverage. Tail coverage responds to claims reported after training but is strictly limited to the acts or omissions that occurred during training.

Coverage shall not be available under the Hospital's Professional liability program for services performed outside of assigned Program activities (e.g., moonlighting). Elective rotations away from AdventHealth facilities will need to be reviewed with Risk Management and the Office of Graduate Medical Education in order to determine the applicability and/or extent of liability coverage applicable. The Hospital can provide official documentation of the details of liability coverage upon request of the individual.³⁷

HEALTH INSURANCE

The AH GME department always complies with AH Company-wide policy regarding benefits and mirrors the standard coverage of services. Health insurance coverage for residents/fellows and their eligible dependents will be effective on the first day of orientation.³⁸ Health coverage is provided at no cost to the Resident unless there is use of tobacco/nicotine products. Please refer to your benefits package from Human Resources for more information.

Under applicable law, changes may NOT be made to coverage during the plan year unless you experience a family or employment status change as defined in the Internal Revenue Codes (Section 125). If you experience a qualifying event (that includes but is not limited to, marriage, divorce, birth of a child or adoption, death, termination of employment, your spouse is offered, loses or experiences a change in benefits offered through employment; or you change from part-time to full-time status), the IRS and the insurance carriers allow an open window of only 30 days from the event date for you to make certain changes to your benefit elections. Be prepared to supply supporting documentation (for example, a marriage or birth certificate).

All employees are required to take action, each year to confirm benefits for upcoming year. Annual Enrollment is held in the fall of each year and will be effective January 1 of the following year. Residents/fellows will need to be aware of annual enrollment deadlines and are required to attest to tobacco usage. Benefits Service Center (407) 357-2000 or 1-866-289-6990.

Please refer to your Benefits Handbook for additional information regarding dental, vision, life and disability insurance.

DISABILITY INSURANCE

Disability coverage for residents/fellows is available and may be purchased for a fee. The coverage will be effective on the first day of orientation if elected.³⁹

If any benefit is not available on the first day that residents/fellows are required to report, then they will be given advanced access to information regarding interim coverage so they can purchase coverage if desired.

PARKING

Each AdventHealth campus has adequate and safe parking facilities. There are specific parking lots/garages for each campus designated for physicians and are available to residents. Badge access requires the use of your hospital ID badge. Please speak with your Program leadership for appropriate parking at your specific campus.

³⁶ ACGME Institutional Requirements, IV.B.2.f) & IV.E

³⁷ ACGME Institutional Requirements, IV.E.2.

³⁸ ACGME Institutional Requirements, IV.F.1.

³⁹ ACGME Institutional Requirements, IV.F.2.

LAB COATS

Two (2) white lab coats will be furnished during initial year by the Hospital, to ensure uniformity and proper identification of Residents/Fellows. Additional coats, replacements, and laundering fees will not be covered by GME.

It is expected that each resident will comply with the hospital dress code to include nametag and appropriate Hospital affiliation identification. Lab coats with insignia or names of other institutions are not to be worn in hospital or while providing any patient care duties. Residents may not wear lab coats or any AH identification when moonlighting or providing services not related directly to their training program.

CALL ROOMS

The Hospital will ensure adequate and secure sleep facilities (call rooms) for those on service and safe transportation options for residents/fellows who may be too fatigued to return safely home⁴⁰.

For those individuals at the Orlando campus call rooms are in the basement of the main hospital and have been recently renovated to include sleeping quarters, bathrooms/showers, conference room, relaxation/TV area, and dining area.

ACCESS TO FOOD

Meals are always available, at no cost, to residents and fellows at the physician lounge(s). There is a physician's lounge at each campus and access is required by badge. Residents/Fellows may also choose to purchase meals and beverages at the campus cafeterias during hours of operation.⁴¹ Programs will review these locations with staff during orientation.

⁴⁰ ACGME Institutional Requirements, III.B.5.b

⁴¹ ACGME Institutional Requirements, III.B.7.d).(1)

RESIDENT/FELLOW SERVICES

BEHAVIORAL HEALTH AND COUNSELING SUPPORT

There are faculty psychologists available for support and counseling to residents/fellows and their immediate family members. Additionally, AH has established a complimentary and confidential resource for the Medical Staff called **The Center for Physician Wellbeing (CPW)**. CPW may be accessed by calling 407-303-9674 during normal business hours or online at www.thecenterforphysicianwellbeing.org. CPW provides consultation, education, counseling, and collegial relationship activities that are informed by current research and insight-oriented approaches to identify choices, improve outlook, and deepen interpersonal relationships. All services of the Center for Physician Wellbeing are designed to promote self-care and to assist in the integration of life skills including resiliency, compassion and effectiveness.

Hospital provides employees access to **Aetna Resources for Living Employee Assistance Program**. Aetna Resources for Living is an employer sponsored program, available at no cost to employees and all members of the household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week. 1-888-802-5821.

- Access up to 5 counseling sessions per issue each year. Employees can also call 24 hours a day for in-the-moment emotional well-being support.
- Counseling sessions are available face to face or online with televideo. Services are free and confidential, with a wide range of issues including: relationship support, stress management, Grief and loss, Self-esteem and persona development, etc.

ACCOMMODATIONS FOR DISABILITIES POLICY, POLICY #: 1018

Issue date: 5/2016	Developed by: GME Administration
Revision dates:	Approved by: CAO

SCOPE

AdventHealth is committed to the fair and equal employment of people with disabilities. While many individuals with disabilities can work without accommodation, other qualified applicants and residents face barriers to employment without the accommodation process.

PURPOSE

To provide an effective means by which qualified residents may request reasonable accommodation, or access to Hospital programs and activities, in accordance with the ADA. The purpose of this policy is to: ensure protection of the legally-protected civil rights of qualified residents with disabilities and ensure the safe provision of patient care by addressing substance abuse among residents.

POLICY

AdventHealth Orlando GME follows the organization's Equal Employment Opportunity Policy⁴², which complies with the Americans with Disabilities Act (ADA).

AH Orlando provides equal opportunities in recruitment, training and employment for all staff and applicants for employment. Endeavors include (but are not limited to) recruitment, advertising, selection for employment, cultural diversity training and awareness activities, selection for training, rates of pay, other compensation, hospital-sponsored social and recreational programs, promotions, demotions, transfers, layoffs, and terminations.

AH Orlando will reasonably accommodate qualified individuals with disabilities under the same guidelines and policies as all other applicants and staff. In accordance with the Americans with Disabilities Act, accommodations will be provided to qualified individuals with disabilities when such accommodations are directly related to performing the essential functions of a job, competing for a job, or to enjoy equal benefits and privileges of employment.

Essential duties of positions will be defined in job descriptions and reasonable accommodation may be made for the performance of those duties, assessed on an individual basis. AdventHealth will assist the staff member in obtaining appropriate auxiliary equipment, when deemed necessary and reasonable through the interactive process, to aid the staff member in performing essential job functions. Telecommunication services at each campus for hearing impaired are obtained through Information/Operators.

Other accommodations and auxiliary aids available to staff members of AdventHealth include, but are not limited to, interpreters of Braille, audio/visual devices, telecommunication devices and external reader boards.

PROCEDURE

- I. All requests for accommodation by Hospital's residents, and by applicants seeking accommodation in the application process, must follow the AdventHealth Accommodation/Employment of Disabled Staff standard operating procedure²³. Employment accommodations will be evaluated in accordance with the criteria established and defined by the ADA.
- I. The confidentiality of information related to individuals requesting reasonable accommodation or equal access shall be maintained on a need to know basis and strictly respected insofar as it does not

⁴² AH Policy #800.400 Equal Employment Opportunity

interfere with Hospital's legal obligations.

- II. Any resident, due to any impairment or disability, are unable to perform any essential function or pose a safety risk must report this inability to the program director or GME office verbally or in writing. Any program director with actual knowledge that a resident has a disability that is affecting the resident's ability to perform essential functions and/or creates a safety risk should meet with the resident to determine if a reasonable accommodation exists and is necessary.
- III. Upon learning of the need for assistance, AdventHealth Human Resources will engage in the interactive process which includes:
 - 1. Review resident functions and qualifications for position.
 - 2. Ask resident if there is any type of assistance that might enable them to better perform essential job functions.
 - 3. Give resident opportunity to discuss abilities, restrictions, and possible accommodations.
 - 4. Meet with resident's Program Director and GME representative to discuss reasonableness of accommodations.
 - 5. Request written documentation from licensed medical practitioner, specifying resident's functional limitations.
 - 6. Ensure reasonable accommodations, unless an undue hardship is found.
 - 7. Respond in a timely fashion during interactive process.
- IV. Any disabled resident who is not a qualified individual with a disability cannot remain an active program participant. In certain cases, it may be necessary for a resident to take leave due to disability and/or during the time that a reasonable accommodation is being identified or implemented. Leave eligibility shall be determined in accordance with GME leave policy outlined in the Resident Manual. Prior to returning to duties, a resident may be required to obtain certification from a treating physician stating that he or she is able to perform safely required duties.
- V. It is the resident's responsibility to arrange any required documentation; AH is not required to pay for any required diagnosis or testing. The type, nature, and extent of documentation required may vary depending on the disability at issue. Periodically, residents may have to update or augment documentation to ensure that Hospital has all of the information necessary to evaluate a request for reasonable accommodation.

CLOSURE AND/OR REDUCTION OF PROGRAMS/POSITIONS, POLICY #: 1002

Issue date:	Developed by: Ava Fulbright
Revision dates:	Approved by: GMEC

PURPOSE

To outline a written commitment to resident physicians in the event the institution determines that program closures(s) or reduction in program size is necessary.

POLICY

The Sponsoring Institution will inform the GMEC, DIO, and affected residents/fellows and staff as soon as possible when it intends to reduce the size of or close one or more CPME, UCNS or ACGME-accredited programs, or when the Sponsoring Institution's Board of Trustees intends to close.⁴³

Once the determination is made to reduce or close the GME program, the Sponsoring Institution will notify the ACGME and NRMP. The Sponsoring Institution will disclose the methods in which the institution will assist the residents in securing a position in another accredited program. Failure to notify these entities will be viewed as an egregious violation.

Every effort will be made to allow residents/fellows currently in the program to complete their education at the Sponsoring Institution or assist them in enrolling in a different accredited program in which they can continue their education.⁴⁴

PROCEDURE

- I. If the institution intends to reduce the size of a residency program or close a residency program, or if the Hospital Board of Trustees determines that the hospital will close, the Sponsoring Institution will inform the residents as soon as possible.
- II. Excepting the most dire, immediate fiscal crisis, residents already enrolled in programs will either be successfully placed in other programs or will be permitted to finish the program during the phase out process.
- III. Administrative assistance will be provided to assist residents in finding a new position for a minimum of 90 days.

⁴³ ACGME Institutional Requirements IV.N.

⁴⁴ ACGME Institutional Requirements IV.N.2.

RESIDENT/FELLOW PAID DAYS OFF (VACATION/SICK/OTHER), POLICY #: 1017

Issue date: 3/2016	Developed by: GME Admin
Revision dates: 5/2018	Approved by: GMEC

PURPOSE

Time away from work lets one unwind, relax, and achieve a balance between working life and personal life. The Adventist Health System Paid Days Off (PDO) program provides employees with the time to rest and the opportunity to achieve that work/life balance.

POLICY

Residents/Fellows will receive a set number of Paid Days Off (PDO) at the beginning of each academic year (from July 1 to June 30). **PDO is inclusive of ALL time away due to: vacation, illness, emergencies, appointments, personal time, interviews, holidays and away educational conferences (after exhaustion of program specified CME day bank).**

Any unused PDO will be lost; unused PDO cannot be sold or carried over to the next academic year. Any resident who starts a program off-cycle shall have their paid time off prorated for the remainder of the academic year.

It is the responsibility of the resident/fellow to monitor and maintain a balance of PDO to cover all time away as defined above. If there is an inadequate balance of PDO to cover additional requested time off, the request may be granted as unpaid time at Program Director discretion and may affect training requirements.

No individual under any circumstances can receive more than 20 Paid Days Off in an academic year. In case of a stated hospital or regional emergency, urgent professional responsibilities may cancel previously arranged PDO time. Denial of paid time off may be at the discretion of the Program Director to remediate documented deficiencies.

Leave of Absence: Please review and abide by the AH GME Leave of Absence Policy #: 1016 and AH Leave of Absence Policy #: 800.216.

Programs: Each training program must have a clearly written PDO Policy that is approved by the DIO. Each program policy is to include the following:

1. Number paid days off, including CME days.
2. Procedure for Residents/Fellows to report time off to the Program Director and Program Coordinator and method of tracking.
3. Procedure for securing rotation coverage while on PDO – if applicable.
4. Procedure for reporting unexpected time-off (including sick days and emergencies).
5. The times of the year when paid time off should/should not be taken based on expected clinical and educational needs.
6. PDO approval guidelines, process of approval, and timelines for requesting and changing requests.
7. The number of Residents/Fellows that may be scheduled away at one time, based on clinical and educational needs.
8. If the trainee has exhausted their 20 PDO days, and the program allows extra days off, that time will not be paid and it must be reported to the Office of GME.

PROCEDURES

All time-off should be appropriately tracked in each program in New Innovations. All reported PDO must be in accordance to program policy and GME Expectations for Tracking Resident and Faculty Time-Off SOP.

LEAVE OF ABSENCE; EFFECTS OF LEAVE, POLICY #: 1016

Issue date: 3/2016	Developed by: GME Admin
Revision dates: 5/2018	Approved by: GMEC

PURPOSE

This policy and procedure will describe the types of leaves of absence that are available; the conditions surrounding each type of leave and the effects of an extended leave of absence upon the criteria for satisfactory completion of a program and/or eligibility to participate in examinations by the relevant certifying board(s)⁴⁵.

POLICY

AH GME will provide appropriate leaves of absence for Residents/Fellows in accordance with applicable laws, regulations and requirements (ACGME and the certifying board for each specialty).

Paid/unpaid leave may be available, under certain circumstances, with advanced approval of the Program Director and satisfaction of AH eligibility requirements as outlined in **AHS – Company Wide HR Policy 206/ AH Orlando Leave of Absence Policy #800.216**.

Leave that extends total time away from program training beyond 30 days within a single academic year, business days and weekends included, will require an extension to the length of training equal to each additional day of leave taken. For an example, if the resident is missing two weeks of training, that must be added onto the academic year it occurred (7/1/2019-6/30/2020 → 7/1/2019-7/24/2020).

Time away from program is defined as all time away from training activities; including vacation, illness, emergencies, personal time, interviews, family medical leave, extended sick leave, administrative leave, and personal leave.

Additional guidelines may also be established by the ACGME, and/or the certifying board for that program; the more stringent policy shall take precedence.

It is the responsibility of the Program Director, Program Staff, and Resident/Fellow to be in compliance with AH GME, program and certifying board requirements concerning the effect of leaves of absence on satisfying the criteria for completion of the training program and guaranteeing eligibility for certification by the relevant certifying board.

Prior to granting leave, American Board of Medical Specialties (ABMS) board requirements, in addition to the AH GME and program policies, should be reviewed by the Program Director and Individual to assure that he or she is aware of the additional effects of leave. If extended leave results in the requirement for additional training in order to satisfy AH GME and/or board requirements, financial support for the additional training time must be determined when arrangements are made for the leave and the makeup activity.

TYPES OF LEAVE

Residents and Fellows may be granted the following types of leave⁴⁶:

I. **Medical-Related**

- a. Family/Medical Leave of Absence (FMLA)
 - i. The birth or placement (adoption or foster care) of a child, or to care for a child after birth (newborn leave).
 - ii. To care for an immediate family member (the employee's spouse, child or parent, but not a parent-in-law) with a serious health condition (requires certification by a healthcare provider).

⁴⁵ ACGME Institutional Requirements, IV.G.

⁴⁶ AdventHealth Orlando Policy#: 800.216

- iii. For a serious health condition that makes an employee unable to perform the functions of their position (requires certification by a healthcare provider).

b. Non-FMLA Medical Leave

- i. If an employee does not qualify for FMLA leave, they may apply for or be placed on a medical leave of absence for treatment of the employee's own serious health condition, whether occurring on-the-job or off-the-job.

c. Extended Sick Leave

- i. After exhaust of FMLA or Non-FMLA Medical Leave – Granted for treatment of the employee's own serious health condition, whether occurring on-the-job or off-the-job.

II. Administrative Leave

- a. HR/Administration may place an employee on administrative leave. Follows AH Fitness for Duty Policy #800.257.

III. Personal Leave

- a. Eligibility and Benefits of each type of leave follow the AH Leave of Absence Policy #800.216. All AH Policies can be found on the AH Intranet.

PROCEDURES

1. The Individual must submit a written request, to the Program Director, that outlines the type of leave and duration of leave.
2. After notification, then the Individual must follow and submit the request to Human Resources. Each request will be considered and granted as outlined in AH Policy# 800.216 and SOP # 800.216A. The Human Resources Department makes a determination and notifies the employee regarding their **eligibility** for LOA.
3. Requests for leave are required at least thirty (30) days prior to the inception of the leave, except in cases of emergent or urgent need.
4. Written approvals must be documented and sent to the GME HR Coordinators. Leave must be documented in the training record on New Innovations RMS and include the duration and type of leave, paid or unpaid, and whether it will result in extended training.
5. All employees with symptoms of communicable diseases, or those absent for three (3) or more days may be referred to the Employee Health Clinic by their Program for evaluation of their work status. The Employee Health Clinic may require a statement from the employee's personal medical provider before issuing a health clearance to return to work. This is outlined in **AH Orlando Policy #815.026 Employee Illness – Injury – Work and Non-Work Related**.

EFFECTS OF LEAVE:

1. Depending on the length of leave, the specialty or subspecialty board certification requirements, or the requirements of Hospital or its training programs, Residents/Fellows may be required to extend their appointment to make up for time lost from their training program while on leave.

The Resident's additional time away must be made up immediately and consecutively, within the same academic year and at the current training level, in which the leave is taken. There is no guarantee that after a Leave of Absence a resident will complete their training program as originally planned.

2. Upon Program Director approval of leave, Resident should arrange an appointment with the Program Director to obtain further information regarding how a leave of absence could affect specific program completion and board exam eligibility. The Individual can also contact the board directly for requirements.

GME REIMBURSABLE EXPENSES, POLICY #: 1022

Issue date: 7/1/2016	Developed by: AH GME
Revision dates: 6/30/2017	Approved by: Joseph Portoghese, MD

PURPOSE

The purpose of this Policy is to define the allowed reimbursable expenses for Graduate Medical Education Residents, Fellows and faculty. Also, to ensure appropriate approvals, accurate documentation and timely submission of business expenses reports.

POLICY

The GME department and programs will reimburse trainees for reasonable relocation, business travel, and educational expenses in accordance with GME, individual programs and AH company-wide policies. In addition, with the review of the most current employment agreements, discretion of the Program Director, GME Director and CAO/DIO. AdventHealth Orlando and GME comply with all applicable federal and state taxation laws.

Program specific disbursement of benefits must be clearly defined in each Program's policy manual, including details on education allowance (formerly CME allowance), outline of program appropriate use of education allowance funds, program required exams, certifications, and conferences. Program specific benefits must fall within the GME reimbursement criteria described in this policy.

The GME Director and/or CAO/DIO will provide final oversight and approval regarding appropriate reimbursements. **All requests must be submitted via expense report to the GME office within 45 days of purchase for processing, approval and submission to AH Accounting.** Submissions after 45 days may not be processed before the AH Accounting deadline, and reimbursement is not guaranteed; process outlined below.

FACULTY REIMBURSEMENTS

Continuing Medical Education (CME) Allowance

1. GME programs will provide a CME allowance to each GME employed faculty member. The CME allowance is intended as a benefit that assists in offsetting significant continuing medical educational costs that an individual faculty may incur due to their involvement in education.
2. **Eligible reimbursements will follow the calendar year schedule (Jan-Dec).**
3. Unused funds do not roll over into the following year.
4. Purchase of electronic devices will not be approved in consecutive calendar years: including tablets, smart phones, and laptops.
5. The benefit is paid out in the form of reimbursement for expenses incurred and follows suite with current employment agreements.
6. Faculty must follow description of reimbursable expenses related to CME Travel section as described below.

Program Required Expenses

1. The Program will reimburse faculty for the following as delineated in the latest employment agreement:
 - a. Professional memberships or certifications.
 - b. Program Business Travel: defined as travel completed in order to meet required program and/or business needs, such as travel related to presenting research on behalf of the program and recruitment travel.
 - c. Pre-Approval form must be submitted to and approved by DIO/CAO before any purchases are made, or travel plans are confirmed.
2. Faculty must follow description of reimbursable expenses related to business travel as set below.

RESIDENT/FELLOW REIMBURSEMENTS

Eligible reimbursements will follow the academic year schedule (July-June).

Education Allowance

AH GME programs provide an education allowance to each individual, distributed in an amount based on a PGY schedule set by the program. The education allowance is intended as a benefit that assists in offsetting significant educational costs that individual's incur during training. This benefit is paid out in the form of reimbursement for expenses incurred.

1. The Program will reimburse for the following related to the use of the education allowance at the discretion of the Program Director.
 - a. Books, Subscriptions & Learning software
 - b. Mobile computing devices and other electronics to be used for learning
 - i. Multiple phones, laptops, computers, or tablets will not be approved in the same 24-month period.
 - c. Attendance at local, regional, and/or national conferences or board review courses pertinent to their specialty, and associated travel as defined below.
 - d. Non-required educational memberships and certifications.
2. The education allowance is issued based on the duration of appointment defined in the employment agreement. Unused education allowance do not roll over into the next academic year. The education allowance for a specified appointment term must be used by the last day of that term, or it will be lost.

Program Required Educational Expenses

1. The Program will reimburse for the following related to required educational expenses:
 - a. A maximum of two (2) professional memberships or certifications as required by Program and defined in Program Manual.
 - b. Exams and courses, including course materials, as required by Program and defined in program manual.
 - i. USMLE Step 3 or COMLEX Part 3 exams must be scheduled and paid for before completion of a resident's first year in program to be eligible for reimbursement.
 - Registration and payment are eligible for reimbursement as of effective date of signed resident agreement.
 - ii. Program specific examinations, courses and certifications must be completed within the program's specified time period and only first attempts are eligible for reimbursement.
2. The following will not be reimbursed in relation to educational expenses:
 - a. Late fees
 - b. Subsequent attempts
 - c. Deadline extensions

Medical (Training and Unrestricted) & DEA License

1. The Program will cover Resident Registration for the Florida Board of Medicine's training medical licenses: TRN and UO.
 - a. The department will cover the initial application and renewal fees associated with training license requirements. Including, initial fingerprinting (LiveScan).
2. The Program will reimburse for the following related to Full Unrestricted Medical and DEA licenses:
 - a. Application fees and renewals will be prorated based on the life of license and the time remaining in the program from the date in which the license is issued. Pro-rated amounts will be calculated as:

$\frac{\text{License Application Fee}}{\text{Life of License (in months)}} = \text{Monthly Cost}$
$\text{Monthly Cost} \times \text{Months Remaining in Program} = \text{Reimbursable Amount}$

$$\text{Ex: } \frac{\$705}{24 \text{ mos}} = \$29.38 \text{ per month} \rightarrow \$29.38 \times 12 \text{ mos. remaining} = \$352.56 \text{ reimbursed}$$

- b. Program will only reimburse direct license fees; Program will not reimburse for associated fees, including additional background checks, fingerprinting, notary fees, transcripts, etc.
- c. Additional license costs and fees, not covered by program, are eligible for reimbursement through the education allowance at Program Director discretion.

Drug Enforcement Agency (DEA) Certificates

1. Reimbursement of DEA fees, initial and renewals for residents, will be prorated based on the life of the certificate and time remaining in program from date in which certificate is issued. Prorated Amounts will be calculated as:

$\frac{\text{DEA Application Fee}}{\text{Life of Certificate (in months)}} = \text{Monthly Cost}$
$\text{Monthly Cost} \times \text{Months Remaining in Program} = \text{Reimbursable Amount}$
$\text{Ex: } \frac{\$731}{36 \text{ mos}} = \$20.31 \text{ per month} \rightarrow \$20.31 \times 12 \text{ mos. remaining} = \$243.72 \text{ reimbursed}$

- a. Fellow DEA Certificate fees will be reimbursed in full by the Program.
- b. Program will only reimburse direct DEA Certificate fees; Program will not reimburse for associated fees, including background checks, fingerprinting, notary fees, transcripts, etc.
- c. Additional certificate costs and fees, not covered by program, are eligible for reimbursement through a resident's education allowance at Program Director discretion.

Business & CME Travel Expenses

1. **Program business travel** is defined as Program paid travel, completed in order to meet required program and/or business needs, such as travel related to presenting research on behalf of the program and travel for program required conferences, examinations and certifications.
 - a. All program business travel must be supported by the Program Director and approved by the GME Director and/or Chief Academic Officer prior to incurring any expenses, as outlined in the GME Reimbursable Expenses Standard Operating Procedure. Travel expenses submitted without proof of prior GME approval will not be reimbursed.
2. **Continuing Medical Education (CME) Travel** is defined as resident travel in relation to non-required conferences, examinations and certifications intended to enhance a resident's medical education.
 - a. All CME travel is reimbursed from the resident's program designated education allowance.
 - b. All CME travel must be approved by the Program Director prior to incurring any expenses, as outlined in the GME Reimbursable Expenses Standard Operating Procedure. Travel expenses submitted without proof of prior Program Director approval will not be reimbursed.

The following are **GME approved reimbursable expenses** in relation to both Program Business and CME Travel plans:

1. Hotel accommodations at no more than the posted standard conference rate
2. Air and ground transportation
 - a. Air fare (round-trip)
 - i. Limited to \$450.00 round-trip for program business travel
 - b. Bag check fees of up to \$25 each way
 - c. Parking (self-park only), tolls, and rideshare/taxi fares
 - i. Tolls and fares limited to a single round-trip per day, to and from hotel, conference venue, and airport only
 - d. Mileage at the AHS standard mileage rate, round-trip from primary AH site to CME/business site.

- e. Registrations and fees
- f. Federal per diem – for overnight travel only

The following will not be reimbursed expenses in relation to both Program Business and CME Travel plans:

1. Fines (i.e. traffic violations & costs associated)
2. Airline or hotel upgrades and perks
3. Rental Cars, limousine service, Valet parking
4. Travel Insurance, Security deposits of any type
5. Gifts
6. Alcoholic beverages and smoking materials
7. Overnight lodging within 50 miles of AdventHealth Orlando for program business travel
8. Reservation cancelation/change fees (unless through no fault of employee)
9. Group outings or entertainment dinners that are not covered by per diem
10. Other non-business-related expenses

Travel for research: Program Directors will be expected to determine what resident research should be presented at state, regional, or national meetings. Special consideration should be given to any research accepted for podium presentation.

1. In the case where several residents have prepared poster case reports, the program should determine which posters should be presented and limit submissions.
2. In the case where several residents worked on a project, the resident who led the team should have priority on attending the meeting to present.
3. No faculty or resident should travel to the same conference to present the same research project.
4. Research posters must be submitted to the GME Research Liaison for printing, only after travel approval by CAO has been received. Posters not printed through GME Research will not be reimbursed.
5. Abstract submission fees must be approved by Program for reimbursement.

Travel for program recruitment: trips will not be approved, unless they have been determined, by the DIO, to be the program's primary source of resident recruitment.

No international travel will be reimbursed for any reason.

ECFMG & U.S. Visa Fees

J-1 Visa Fees

Eligible for reimbursement are limited to:

1. Department of Homeland Security SEVIS 1-901 Fee (\$180)
2. ECFMG J-1 visa sponsorship fee (\$340)

H-1B Visa Fees

Eligible for reimbursement, paid for by hospital; additional fees are not reimbursable.

ECFMG Certification Fees

Not eligible for reimbursement, these fees include the application fee, examination fees, transcript fees, and verification fees.

Relocation Expenses

Incurred expenses up to \$1,500 will be reimbursed by the program upon initial entry into the training Program.

- a. Relocation expenses include travel for employee, spouse, children, and transport of personal belongings.
- b. Expenses must be incurred no more than three months before and one month after training start date. Expenses incurred before employment start date, must be submitted for reimbursement no more than 30 days after start date.
- c. Relocation from within a 25-mile radius of AdventHealth Orlando will not be reimbursed.
- d. Reimbursement does not include purchase of new household items, rental deposits, or travel to/from work site.
- e. Moving expenses are not available during years of any subsequent reappointments.

GME REIMBURSEMENT AND EXPENSE REPORTING PROCEDURE

Approvals

1. **Education Allowance:** Expenses submitted to be paid through the education allowance or faculty's CME allowance (referred to collectively as education allowance) will be reimbursed only for expenses that have been approved by the Program Director and supported by GME Director and/or CAO/DIO.
 - a. Each program is responsible for creating a policy/procedure outlining appropriate use of education allowance funds. The program policy must follow guidelines set in GME Reimbursable Expenses policy.
 - b. Residents and faculty should not incur expenses to be reimbursed through use of education allowance unless the items are explicitly defined as acceptable in their program manual, or they have received approval from their Program Director via email or other formal correspondence, prior to incurring the expense.
 - c. When education allowance being used, it is the purchaser's responsibility to track and know the availability of funds. Program Coordinator must keep record of submitted/reimbursed expenses for cross reference and program tracking of funds.
 - d. All requests for CME related travel must be submitted to Program Director, in advance of intended travel, for approval to be reimbursed using educational allowance.
 - i. The Program Director will review each request and discuss the educational rationale for travel with requestor as necessary.
 - e. All expenses submitted to be reimbursed through educational allowance must include proof of Program Director approval.

2. Program Business & Education Expenses – *expenses eligible to be paid for or reimbursed by the program* will be reimbursed only for expenses that are supported by the Program Director and approved by the Program Director and supported by GME Director and/or CAO/DIO.
 - a. Each program is responsible for creating a policy/procedure outlining program required exams, certifications, and conferences, as well as timelines for completion/attendance. The program policy must follow guidelines set in GME Reimbursable Expenses policy.
 - b. All requests for program business travel must be submitted to Program Director at least 60 days in advance of intended travel, using GME travel request form, and include an estimate of all travel related costs.
 - i. The program Director will review each request and discuss the business and/or educational need for travel with requestor as necessary.
 - ii. If in support of travel, the Program Director will send signed approval form to the GME office, within seven (7) days of initial receipt, for final approval.
 - iii. Final approval will be granted at the discretion of the GME Director, and/or CAO/DIO, and the request form will be returned to the program. *Residents, and faculty should not incur any travel expenses until they receive approval from the GME office.*
 - iv. All travel related expense reports submitted for reimbursement must include a copy of the approved travel request form.
 - v. If an employee has paid for an item and approval was not granted prior to incurring the expense, they will not be reimbursed

Submission and Deadlines

1. All expense reports and receipts must be submitted to Program Coordinator no later than 30 days from date that the charge is paid.
 - a. In cases where travel is required, submission of expenses must occur no later than 30 days from date of payment, regardless of travel/conference date.
2. Program Coordinators will collect expense reports from department staff and review documents for completeness and accuracy.
3. The Program must submit the signed expense report to the GME office for review and approval within 45 days of the payment date.
4. Expense reports are deemed late after 45 days and require Senior Vice President review for approval. The employee must submit a memo letter detailing why the GME submission deadline was not met and must include signature from the Program Director as acknowledgement of the fault. Reimbursement cannot be guaranteed for late submissions.
 - a. Expense report submission to Coordinators after the 30-day deadline may delay processing and submission to Payroll, resulting in missing the Payroll submission deadline.

Expense Reporting and Documentation

1. Program Directors, Residents, Fellows and Faculty will use the approved AdventHealth Orlando expense reporting form when submitting business-related expenses for reimbursement.
2. Expenses submitted for reimbursement must include original, itemized receipts, clearly showing proof of payment per item and employee billing information.
3. Meal expenses are eligible for reimbursement of an amount less than or equal to the federal per diem rate. No expenses for alcohol will be reimbursed.

4. Expense reports without proper payment documentation will not be accepted and may delay reimbursement.
5. Further information regarding the specific reimbursable and non-reimbursable expenses and documentation required for each type of expenditure can be found in the relevant AdventHealth Orlando and GME policies.

Payment

1. Allow 4-6 weeks, after submission to AH Payroll, for payment.
2. Employees will receive payment on their regular AH paycheck/direct deposit. Note that reimbursements will be taxed per applicable Florida and federal laws.
3. Residents, Fellows, Faculty, and Staff are responsible for tracking their own expenses and reimbursements, including review of AdventHealth Orlando employee earnings statement for payment in a timely manner.

RESIDENT/FELLOW FORUM

The Sponsoring Institution must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment.⁴⁷

- I. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum.
- II. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present.
- III. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC.

In order to assure these requirements are met, the Office of GME has established a Resident Forum that meets about 10 times a year to communicate and address issues in a confidential manner.

The structure for these meetings is as follows:

- I. The forum determines if they will be represented by a peer-selected resident, chief resident, or if they may all attend if there are no conflicts with patient care, clinical and educational work requirements or didactic requirement;
- II. Prior to the meeting, the President or Vice-President, or their designee, will call for agenda items.
- III. The President or Vice-President, in the absence of the President, shall preside over the meeting.
- IV. The Secretary shall record the minutes.
- V. The President and Vice-president shall be voting members of the GMEC and provide an oral report of the most recent meetings and any areas of concern or requests upon which the GMEC would vote or provide further information or guidance.

The GME Executive Assistant provides support in scheduling these meetings and assisting with communication as requested by the President. The President and VP of the Forum are responsible for meeting communication, agenda, and minutes. The forum has adopted their own bylaws for meetings and committee structure. The GMEC fully supports the association and encourages all program directors to provide protected time for representatives to attend these meetings.

COMMUNITY SERVICE

In keeping with the mission of AdventHealth, residents may be asked to participate in mission trips and/or community service activities as determined by the program director. All community service performed is to be reported to the Program Coordinator before the service is provided. Community Service will become part of the resident's portfolio and must be documented as Duty Hours in New Innovations.

⁴⁷ ACGME Institutional Requirements II.C.

ACGME GENERAL COMPETENCIES⁴⁸

AH GME training programs are expected to be in full compliance of the prescribed competencies for resident development as set forth by their accrediting body. GME programs accredited by ACGME must integrate into the curriculum the ACGME Competencies as outlined in the Common Program Requirements as well as those further specified by the Review Committee. Additionally, AH GME applies the standard of ACGME competencies to all GME programs as a guide by which residents/fellows should train and conduct themselves. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- I. **Professionalism:** demonstrate a commitment to professionalism and an adherence to ethical principles. Demonstrate competence in:
 - i. Compassion, integrity, and respect for others;
 - ii. Responsiveness to patient needs that supersedes self-interest;
 - iii. Respect for patient privacy and autonomy;
 - iv. Accountability to patients, society, and the profession;
 - v. Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;
 - vi. Ability to recognize and develop a plan for one's own personal and professional well-being; and,
 - vii. Appropriately disclosing and addressing conflict or duality of interest.
- II. **Patient Care and Procedural Skills:** be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Individuals must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- III. **Medical Knowledge:** demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- IV. **Practice-Based Learning and Improvement:** demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents must demonstrate competence in:
 - i. Identifying strengths, deficiencies, and limits in one's knowledge and expertise;
 - ii. Setting learning and improvement goals;
 - iii. Identifying and performing appropriate learning activities;
 - iv. Systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement;
 - v. Incorporating feedback and formative evaluation into daily practice;
 - vi. Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and
 - vii. Using information technology to optimize learning
- I. **Interpersonal and Communication Skills:** demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must demonstrate competence in:
 - i. communicating effectively with patients, families, and the public, as appropriate, across a broad
 - ii. range of socioeconomic and cultural backgrounds
 - iii. communicating effectively with physicians, other health professionals, and health-related agencies
 - iv. working effectively as a member or leader of a health care team or other professional

⁴⁸ACGME Common Program Requirements IV.B.

group

- v. educating patients, families, students, residents, and other health professionals
- vi. acting in a consultative role to other physicians and health professionals
- vii. maintaining comprehensive, timely, and legible medical records, if applicable.
- viii. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

- II. **Systems-Based Practice:** demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Must demonstrate competence in:
- i. working effectively in various health care delivery settings and systems relevant to their clinical specialty
 - ii. coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty
 - iii. advocating for quality patient care and optimal patient care systems
 - iv. working in interprofessional teams to enhance patient safety and improve patient care quality
 - v. participating in identifying system errors and implementing potential systems solutions
 - vi. incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate
 - vii. understanding health care finances and its impact on individual patients' health decisions
 - viii. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

Compliance shall be demonstrated in terms of:

- I. Evidence that each program has developed its curriculum that incorporates the teaching of required competencies as specified in the specialty's Program Requirements. The program's curriculum shall identify the goals and objectives based on the competencies.
- II. Evidence that each program is utilizing a collection of evaluation tools to assess a resident/fellows competence in the various areas appropriate to the specialty.
- III. Evidence of each program's effectiveness in terms of competency based educational outcomes and their direct influence on program improvement.
- IV. Residents, Fellows and Faculty demonstrating knowledge of the competencies and striving to achieve proficiency (at a minimum) in each of the areas outlined by the Common Program Requirements.

CORE CURRICULUM

AH GME programs are based on a core curriculum that permeates all training programs and comply with the Competencies outlined in the Common Program Requirements⁴⁹. The core curriculum serves as the foundational guidelines for each training program in the formulation of specific curriculum objectives relevant to the nature of its specialty. All residents will acquire learning experiences in the core curriculum during their training as specified by the Program Director. The curriculum must contain the following educational components:

- I. Set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates.
 - a. The program's aims must be made available to program applicants, residents, and faculty members.
- II. Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice.
 - a. These must be distributed, reviewed, and available to residents and faculty members; in either written or electronic form.
 - b. The resident/fellow should review at the start of each rotation should review these.
- III. Broad range of regularly structured didactic activities
- IV. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision over the continuum of program training.

Additionally, the core curriculum includes the following areas:

- **Patient Safety:** GME teaching faculty and its preceptors will develop and implement a patient safety curriculum that allow them to lead and teach patient safety concepts, tools and culture to all residents. Residents shall participate in various patient safety-focused learning activities such as M&Ms and case conferences, patient safety grand rounds, simulations for discussion of adverse events and lasting solutions, legal ramifications of patient safety issues, and any other subject matters appropriate to the training specialty.
- **Practice Management:** The curriculum in practice management is designed to meet the educational needs of physicians in training who will be working in an increasingly competitive and financially constrained market.
- **Citizenship:** Residents must demonstrate a commitment to carrying out professional responsibilities within the guidelines of AH citizenship policies and its mission and values. GME training programs aim to help residents develop the skill, competence, and character expected in a physician. Expectations of citizenship are delineated in the citizenship section of this manual.
- **Ethics:** GME programs will include longitudinal curriculum which will envelop the systematic and reasoned deliberation regarding values and best clinical practice that are made in the ever-changing circumstances of personal and professional aspects of daily life, with the goal of fostering a full and noble existence. The curriculum specifically focuses on matters of health, life, and death that arise from the complex interrelationships between medicine, science and technology and society.
- **Diversity:** Providing quality health care and helping people to change behaviors to achieve optimal benefits of healthy living are faced with unique obstacles due to the differing populations whose way of thinking, languages, backgrounds and experiences vary from their providers and each other. AH GME

⁴⁹ ACGME Common Program Requirements, IV.A.

programs will include a core curriculum in cultural diversity that is designed to deepen the understanding of culture to further optimize health care that is accessible, effective, and cost-efficient to everyone.

- **Research / Scholarly Activities:** GME programs are committed to promote and maintain an academic culture of excellence that is conducive to the transmission of knowledge and conduct of scientific inquiry to improve patient care with evidence-based medicine. These scholarly activities are best expressed in rigorous research pursuits that do not violate established professional ethics pertaining to the health, safety, privacy, and other personal rights of human beings. GME programs' expectations and training on research are delineated in the research policy section of this manual and are outlined in your specialties program manual.
- **Fatigue, Sleep Deprivation, Stress, and Burnout:** GME programs fully recognize that the rigors and demands of residency training affect the quality of personal and professional lives of the residents.⁵⁰
- **Whole Person Care:** a biopsychosociospiritual approach to health care which includes addressing the biological, psychological, social and spiritual needs of patients, is foundational to our institutional mission. AH GME Whole Person Care curriculum serves as a blueprint for all training programs and the teaching of medical students.

CONTINUING PROFESSIONAL DEVELOPMENT (PREVIOUSLY CME)

The AH Orlando Department of Continuing Professional Development (DCPD) is committed to maintaining and improving the competence, performance and patient outcomes medical staff by organizing and executing Continuing Medical Education (CME) activities. These activities award AMA PRA Category 1 Credit(s)[™] to physicians if the activities conform to the Florida Medical Association's (FMA) criteria for CME.

⁵⁰ ACGME Common Program Requirements, VI.D.

AWAY ROTATIONS/ELECTIVES

Away/Elective rotations are defined as a rotation lasting 30 or more days, at an institution not owned or operated by AdventHealth, and/or with a preceptor not contracted as a member or preceptor of the requesting program. GME acknowledges that there may be a legitimate need for off-site clinical or research elective in cases where trainees cannot obtain training experience in a specific area of interest within our facilities. Away electives put more pressure on the current house staff and lead to loss of clinic days; therefore, it is essential that certain criteria be met before approval of such an elective can be granted.

Away electives must be of value as a training experience. Observerships not involving direct, meaningful patient care and responsibility are of little value, will not be permitted. **Residents/Fellows wishing to apply for an away elective must be in current good standing** within the program and must submit the **Request Form to the GME office at least 90 days prior to the elective rotation.** AH GME does not approve away rotations outside of the U.S. due to lack of malpractice coverage.

Responsibilities

It is the responsibility of the trainee to attain approval for the away rotation from their program director. After department approval, the trainee is to locate a possible host institution for their training needs and get all required information listed below. In addition, the resident/fellow is responsible for completing all onboarding requirements at the receiving institution in a timely manner so that they may start on time as planned.

It is the responsibility of the program director, to be aware of trainees request for away rotations and must be in full support. The program director may help the resident/fellow locate a program and may help fill out the GME Request Form; such as providing rationale for the rotation and developing goals and objectives if none are in place at the host institution.

It is the responsibility of the GME Office to work with the host institution to negotiate terms and complete the required legal agreements in a timely manner so the resident/fellow can start on time as planned.

Process

Resident/Fellow and Program:

- I. Resident/Fellow identifies need for specific training, not available at our hospital. The trainee finds a valid site for an away rotation; meeting educational objectives as appropriate for their training. Resident/Fellow communicates with their Program Director about the possible match and asks for their approval.
- II. After Program approval, the trainee will contact the host institution for approval of rotation dates.
- III. After the host approves the trainee for the rotation dates. They will save the confirmation email/letter and gather the following information/documents to complete the **GME Request Form:**
 - a. Host Institution details
 - b. Rotation Director Name, Title, Contact Info, CV
 - c. Confirmation of Dates/Acceptance from Host
 - d. Contact information for Institution Admin. Coordinator
 - e. Brief description of rotation experience and educational rationale for training at a non-AH facility
 - f. Rotation curriculum/goals and objectives, or goals and

g. Objectives indicating competency-based training and/or didactics

h. Resident/Fellow Signature, AH Program Director Signature

Hosting Institution:

I. Timely execution of Rotation agreement; obtaining approval and signatures

II. Timely Resident/Fellow onboarding and explanation of required documents

Resident/fellow submits request form to Program Coordinator or directly to GME Staff with all required attachments and forms completed.

Office of Graduate Medical Education:

I. Once complete documents are received by Office of GME, DIO/CAO will review request form and approve or deny the request form.

II. Once agreement and documents are determined complete, GME Office will work with the host institution to negotiate terms and complete the required legal agreements.

III. GME will notify Program and trainee of any delays or issues during legal agreement process.

IV. Once finalized, GME will notify the department and trainee of executed agreement and will store copy of Program Letter Agreement in GME office.

RESIDENT/FELLOW SUPERVISION, POLICY #: 1009

Issue date: 7/1/2015	Developed by: Ava Fulbright, James Jimenez
Revision dates:	Approved by: GMEC

PURPOSE

To establish an Institutional policy and set guidelines for GMEC to ensure all residents are provided appropriate supervision at all times during the course of the educational training experience and to ensure that patient care is delivered in a safe manner. Policy is in line with the ACGME Institutional Requirements; specifically addressing trainee responsibilities for patient care, progressive responsibilities for patient management, and faculty responsibility for supervision.

All program policies, regardless of accrediting body, must fall within the scope of this Institutional policy.

SCOPE

This policy applies to all GME programs, and all independent health care practitioners engaged in the supervision and teaching of residents enrolled in AdventHealth Orlando post-graduate medical education programs.

Definition of terms:

Attending Physician refers to a member of the medical staff with a faculty appointment.

Program Director refers to a member of the active Medical Staff responsible for overseeing the program and its compliance with ACGME Institutional and Program requirements.

Resident refers to an unlicensed or licensed intern, resident, or fellow enrolled in a Hospital post-graduate residency program.

POLICY

It is the responsibility of individual Program Directors to establish detailed, written policies describing resident supervision at each level and each assignment for their programs. These written descriptions of trainee supervision must be distributed to all members of each program. The requirements for on-site supervision will be established by the Program Director for each program in accordance with specific accrediting body guidelines and should be monitored through periodic departmental reviews.

The levels of supervision (i.e. physical presence of attending physicians, home call backup) required at various levels of resident/fellow training must be consistent with the requirement for progressively increasing responsibility during training and the applicable program requirements of the individual RRCs, as well as common standards of patient care.

Institutional oversight will occur through the GMEC annual Institutional review process to ensure that supervision is consistent with Institutional and Program-specific policies. Additional Institutional expectations for supervision are determined from the ACGME CLER Pathways for Supervision.

PROCEDURE

GME requires clinical activities to be supervised either directly or indirectly at all times. The program must demonstrate that the appropriate level of supervision is in place for all fellows/residents is based on each trainee's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. Fellows/Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.⁵¹

Supervision can be provided by faculty and to some extent by senior residents/fellows in each program. Each program must have established, written descriptions of levels of responsibility for each post graduate year. Resident/Fellow competency is based on faculty and senior trainee observations and documented evaluation of competence.

⁵¹ ACGME Common Program Requirements: Fellowship & Residency VI.A.2.

1. **Levels of Supervision**⁵² - To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:
 - a. **Direct Supervision:** the supervising physician is physically present with the resident/fellow and patient.
 - b. **Indirect Supervision:**
 - (1) with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
 - (2) with Direct Supervision available – the supervising physician is not physically present within the 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.
 - c. **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

2. Supervision Guidelines

- a. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.
- b. The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.
- c. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members.⁵³
 - (1) Criteria for each independent program must be outlined in the program policy, and must be based on the resident's clinical experience, judgment, knowledge, technical skill, and capacity to function
- d. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
- e. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow/resident and to delegate to the appropriate level of patient care authority and responsibility.
- f. Programs shall provide resident supervision on a graduated basis as the trainee progresses through the training program, based on evaluation of individual knowledge and skill as well as Institutional policy, program and specialty college requirements.
- g. On-call schedules for attending physicians shall provide for supervision that is readily available to the resident on duty 24 hours per day, 7 days per week.
 - (1) Under circumstances, as determined by the program, in which urgent judgments by highly experienced physicians are typically required, faculty must be immediately available on site at all times.
 - (2) Under other circumstances, attending physicians can provide adequate supervision off site as long as their physical presence within a reasonable amount of time can be assured as needed.
- h. Senior residents or fellows should serve in a supervisory role to junior residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.⁵⁴ This decision can be made at the discretion of the Program Director(s) of the residency and fellowship programs.

3. Program, Faculty, Resident Responsibilities

- a. All patients seen by a resident on an outpatient basis must be seen by, discussed with, or reviewed by the faculty responsible for the patient's care.
- b. Each program will determine how to best monitor and improve compliance with its supervision policy.

⁵² ACGME Common Program Requirements: Residency & Fellowship VI.A.2.c)

⁵³ ACGME Common Program Requirements: Residency & Fellowship VI.A.2.d)

⁵⁴ ACGME Common Program Requirements Fellowship VI.A.2.d).(3)

- c. All faculty are responsible for and must be actively involved in the care of each patient, both inpatient and outpatient.
- d. All faculty are responsible for fostering an environment of inquiry that encourages questions and requests for support or supervision from the resident and encourages the resident to call or inform the faculty of significant changes in the patient's condition.
- e. The resident/fellow must be aware of his or her level clinical experience, judgment, knowledge, and technical skill, and their limitations. They must not independently perform procedures or treatments, or institute management plans that he or she is not deemed competent to perform or lacks the skill and training to perform.
- f. The resident/fellow is responsible for communicating to the faculty of any significant issues regarding the patient's care.

4. Resident/Fellow Reporting of Inadequate Supervision

- a. It is the responsibility of the Institution that residents/fellows have mechanisms by which to report inadequate supervision in a protected manner that is free from reprisal.⁵⁵ These mechanisms include:
 - (1) Communicating with Chief Residents, Program Director, Associate Program Directors and other department leadership about immediate concerns
 - (2) The Annual Program Surveys reviewed by GMEC
 - (3) Reporting to the AH GME Resident Association, who would bring such concerns to the GMEC.

5. Clinical Learning Environment Review (CLER) Pathways for Supervision⁵⁶

- a. **S. Pathway 1: Education on Supervision:** Formal educational activities that create a shared mental model with regard to supervision are necessary for residents/fellows to work consistently in a safe manner.
- b. **S. Pathway 2: Resident/Fellow perception of the adequacy of supervision:** It is important to elicit resident/fellow perceptions as one indicator of the adequacy of supervision.
- c. **S. Pathway 3: Faculty member perception of the adequacy of resident/fellow supervision:** It is important to elicit faculty members' perceptions as one indicator of the adequacy of supervision.
- d. **S. Pathway 4: Roles of clinical staff members other than physicians in resident/fellow supervision:** Awareness of and actions to ensure appropriate resident/fellow supervision are essential to patient safety.
- e. **S. Pathway 5: Patients and families, and GME supervision:** For patients and families to participate appropriately in their care-related decisions, they need to be aware of the roles and responsibilities of and have access to the physicians providing their care.
- f. **S Pathway 6: Clinical site monitoring of resident/fellow supervision and workload:** Periodic monitoring of resident/fellow supervision and workload is essential to identifying vulnerabilities and designing and implementing actions to enhance patient safety.

⁵⁵ ACGME Institutional Requirements III.B.4.a).(2)

⁵⁶ CLER PATHWAYS TO EXCELLENCE Version 1.1: Supervision

RESIDENT CLINICAL & EDUCATIONAL WORK HOURS, POLICY #: 1010

Issue date: 7/1/2015	Developed by: GME ADMIN
Revision dates: 7/1/2017 , 11/1/2017	Approved by: GMEC

PURPOSE

The ACGME requires all programs to have policies regarding clinical and educational work hours for residents and to ensure each resident/fellow maintains a reasonable work schedule within his/her respective program that is configured to provide educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. This Resident Clinical and Educational Work Hours policy will ensure compliance with all ACGME, UCNS, and CPME accreditation standards and requirements.

DEFINITION OF TERMS:

Clinical and educational work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, all activities associated with the transfer patient care, time spent in-hospital during call activities, and scheduled academic activities such as conferences. Clinical work done from home must be counted toward work hours, including using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

POLICY

Each program must have written policies and procedures consistent with the ACGME Institutional and Common Program Requirements, and/or the CPME Standards and Requirements for clinical and educational work hours of trainees. The policy of the GME office is to provide a sound program structure to provide educational and clinical experience opportunities that are carefully planned and balanced with concerns for patient safety and trainee well-being.

Each program must ensure that the learning objectives of the program are not in any way compromised by excessive reliance on residents to fulfill service obligations.

Didactic and clinical education must have priority in the allotment of resident/fellow time and energies. Clinical and work hour assignments must recognize that faculty and residents/fellows collectively have the responsibility for the safety and welfare of their patients. It is the responsibility of the GMEC to monitor work hours and the impact on the quality of the educational program.

PROCEDURE

1. Clinical and educational work hours for each GME program must not be excessive and must be consistent with the Program Requirements. While individual programs may impose more stringent work hour policies, no program should have policies less restrictive than the institutional policies.
2. On-call time and work hours should be consistent with the educational needs of the resident/fellow and not be motivated by excessive reliance on the residents to fulfill institutional service obligations.
3. **Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.**⁵⁷
4. The program must design an effective program structure that is configured to provide residents/fellows with reasonable opportunities for rest and personal well-being. Adequate time for rest and personal activities must be provided.⁵⁸
 - a. Should have eight hours off between scheduled clinical work and education periods.
 - b. Must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

⁵⁷ ACGME Common Program Requirements: Residency & Fellowship VI.F.1.

⁵⁸ ACGME Common Program Requirements: Residency & Fellowship VI.F.2.

- c. Must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
5. All individual program policies must be in compliance with the ACGME Institutional and Common Program Clinical and educational work hour requirements.
 6. All programs, including UCNS & CPME accredited programs, are to follow the ACGME clinical and educational work hour rules.
 7. All residents are required to log their hours using the web-based New Innovations Residency Management Suite in the “Duty Hour” module. Program Coordinators will provide training to their trainees and monitor compliance and violations.
 8. The GME office will review work hours through the New Innovations Residency Management system every Monday morning for validation and violations.
 9. The GMEC will be informed of any work hour compliance issues for each program through reports presented at the GMEC meetings and through Annual Program Evaluations.
 10. **PR Pathway 3b: Culture of honesty in reporting**⁵⁹: Prevention of fatigue-related harm to patients can only be accomplished in a culture in which candid reporting of duty hour/fatigue management-related issues occurs. Based on this Clinical Learning Environment Review (CLER) Pathway for Professionalism; Residents/fellows, faculty members, and program directors perceive that there is honest reporting of duty hours at the clinical site.
 11. Further details on the clinical and educational work hour rules can be found in the ACGME Common Program Requirements.

⁵⁹ CLER Pathways to Excellence v1.1.

CLINICAL & EDUCATIONAL WORK HOURS TRACKING AND VALIDATION

Clinical and educational work hours have a significant impact on the resident/fellow work performance, patient safety, and satisfaction with their training. Failure to comply with work hour requirements may also jeopardize the program and institutional accreditation. All trainees are responsible for tracking and validating their work hours weekly. It is the responsibility of the resident to:

- I. Monitor and validate work hours in the New Innovations “Duty Hour” module on a weekly basis (Sunday to Saturday). **All residents will complete the validation of their work hours from the week before by 0900 Monday morning, every week.**
 - a. Trainee hours that are not logged and validated by 0900 on Monday morning will receive a notice email from the GME office staff. The email will be sent to their hospital email (@adventhealth.com) and the Program Director and Coordinator will be copied.
 - b. After GME notification, the trainee will have a second chance to validate their work hours by 0900 on Tuesday of the same week.
 - c. Trainee work hours that are not validated by 0900 on Tuesday will be relieved of duty and be required to present to the DIO/CAO/GME Director for a conference and must validate their time.
 - i. To relieve a resident of duty, the GME Staff will sent the non-compliance report to the DIO/CAO/GME Director.
 - ii. The DIO/CAO/GME Director will contact the Program Director and Coordinator to advise of non-compliance and request the resident be relieved.
 - iii. Exceptions may only be made with the agreement of both the DIO/CAO/GME Director and the Program Director.
 - d. Three (3) violations will result in written documentation by the DIO to the trainee’s permanent training file.
- II. The GMEC requires Program Directors to report clinical and educational work hour compliance at every GMEC meeting. Any violation identified must be addressed immediately along with a contingent plan for remedy.
 - a. The Program Director of concern shall submit a written report of evidence of resolution to the GMEC Chair within 30 days.
 - b. Program Directors should demonstrate back-up support systems in place in the event patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

MOONLIGHTING, POLICY #: 1011

Issue date: 7/1/2015	Developed by: AH GME
Revision dates: 1/19/2017	Approved by: GMEC

PURPOSE

To define the standards by which moonlighting will be monitored as required by Accreditation Council for Graduate Medical Education (ACGME). The ACGME Institutional Requirements require the sponsoring institution to have policies regarding professional activities that take place outside of the educational program.

POLICY

It is the policy of the AdventHealth Orlando Graduate Medical Education Committee (GMEC) to assure moonlighting activities, whether internal or external, allow sufficient time for resident rest and relaxation to promote resident educational experiences and safe patient care. This policy applies to all Residents and Fellows, here in referred to as "Resident," participating in any AH sponsored residency or fellowship program.

PROCEDURE

1. Moonlighting Guidelines

- a. Residents/Fellows must not be required to engage in moonlighting.
- b. Program Directors may grant permission for a senior resident to participate in moonlighting activities under certain circumstances:
 - i. Senior resident is defined as a PGY-2 and higher
 - ii. The resident must be in good standing in the program
 - iii. An unrestricted, permanent license to practice medicine in each state where he/she moonlights. A permanent license is different from a training license and residents are not legally permitted to moonlight under any training medical license
 - iv. Have their Federal DEA license issued
- c. Time spent by residents moonlighting, must be counted towards the 80-hour maximum, averaged over a four-week period. Time must be entered into the residency management system. Program Directors must enforce this documentation in New Innovations.
- d. Failure to report moonlighting hours will result in severe penalty such as withdrawal of moonlighting activities. Multiple events of non-reporting of moonlighting could result in removal from the program.
- e. Moonlighting activities may not interfere with performance of clinical or academic activities, including conference attendance.
- f. **Each program will monitor performance and fatigue and may withdraw permission to moonlight at their discretion.**
- g. Residents moonlighting outside of Hospital (external moonlighting) **are not** covered by the Hospital's Professional Liability Insurance policy and must make certain that the third-party employer provides adequate professional liability coverage OR the resident must purchase professional liability insurance on their own.
- h. Benefit coverage, including coverage for any injury or disability incurred while moonlighting for a third party, do not apply during outside or unassigned activity.
- i. The Program may revoke approval or initiate corrective action in the event of any unauthorized outside professional activity and/or if such activity interferes with the ability of the Resident to satisfactorily fulfill the obligations of the Program.
- j. All approved moonlighting applications are valid for the current academic year unless terminated by the Program Director.
- k. All approved moonlighting shall automatically expire on June 30 of each academic year. New

application is required each year.

- I. Renewal requests 90 days prior to the start of the next academic year must be processed and approved before undertaking additional moonlighting activities.

2. Program Director Responsibilities

- a. Each program must have a written program-specific Moonlighting policy which meets the ACGME and RRC requirements and which is consistent with the GME policy.
- b. Prospective written approval from the Program Director is required for all moonlighting activity, in the form of a moonlighting request application.
- c. Completed moonlighting applications must be sent to the GME office for final review and approval by the CAO/DIO, before any activities can take place.
- d. Applications must include proof of malpractice coverage provided by third- party employer or purchased by resident.
- e. The Program must maintain a copy of the completed and approved moonlighting request application as part of the resident's personnel file.
- f. The Program Director is expected to monitor all moonlighting activities and is ultimately responsible for assuring that moonlighting activities do not interfere with the ability of the resident to meet the goals, objectives, responsibilities, and assigned duties of the program.
- g. The program director may withdraw permission to moonlight if, at any time, if moonlighting activities are seen as producing adverse effects on the resident's training experience.
- h. The program director is responsible for ensuring that the resident reports all moonlighting hours toward the 80-hour limit rules.

3. Resident Responsibilities

- a. All residents participating in moonlighting must first complete the **GME Moonlighting Request Form** and obtain approval and written signatures from the Program Director and the CAO/DIO prior to undertaking such activity.
- b. It is the sole responsibility of the resident to:
 - i. Apply for and obtain a permanent (full, unrestricted) license to practice medicine.
 - ii. Apply for and obtain their own Federal DEA to support moonlighting activities.
 - iii. Ensure coverage of malpractice and other insurances as applicable for moonlighting activities.
- c. All moonlighting activities, internal and external, must be reported by the resident as duty hours within the residency management system, New Innovations.
- d. **Residents employed under a J-1 visa are strictly prohibited from participating in moonlighting activities.**
- e. Violation of these moonlighting rules and procedures by the resident may lead to disciplinary action up to and including termination.
- f. Residents are prohibited from wearing their AdventHealth Orlando logo lab coat or employee badge when moonlighting activities are provided at a non-Adventist Health System facility.

FEEDBACK AND EVALUATION

RESIDENT/FELLOW EVALUATIONS

These policies are generally applicable to all GME training programs. However, since programs vary from one department to the other programs should prepare policies that adhere to specific RRC requirement(s) and not conflict with GME or hospital policies. Such policies must be approved by the GMEC in advance.

Formative Evaluation: is monitoring resident/fellow learning and providing ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help:

- Residents/fellows identify their strengths and weaknesses and target areas that need work
- program directors and faculty members recognize where residents are struggling and address problems immediately

Summative Evaluation: is evaluating a resident/fellow's learning by comparing the resident/fellow against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when residents or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

Feedback, formative evaluation, and summative evaluation compare intentions with accomplishments, enabling the transformation of a neophyte physician to one with growing expertise.⁶⁰

- I. Faculty members must directly observe, evaluate, and frequently provide feedback on resident/fellow performance during each rotation or similar educational assignment.
- II. Evaluation must be documented at the completion of the assignment.
 - a. For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
 - b. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
- III. The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must:
 - a. use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and,
 - b. provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.
- IV. The program director or their designee, with input from the Clinical Competency Committee, must:
 - a. meet with and review with each resident/fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
 - b. assist resident/fellow in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and
 - c. develop plans for resident/fellow failing to progress, following institutional policies and procedures.
- V. At least annually, there must be a summative evaluation of each resident/fellow that includes their readiness to progress to the next year of the program, if applicable.

⁶⁰ ACGME Common Program Requirements V.A.1.

- VI. The evaluations of a resident/fellow's performance must be accessible for review by the resident/fellow.

Final Evaluation

The program director must provide a final evaluation for each resident/fellow upon completion of the program. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure resident/fellow are able to engage in autonomous practice upon completion of the program.

The final evaluation must:

- I. Become part of the resident/fellow's permanent record maintained by the institution
- II. Must be accessible for review by the resident/fellow
- III. Verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice
- IV. Consider recommendations from the Clinical Competency Committee
- V. be shared with the resident/fellow upon completion of the program.

FACULTY EVALUATION⁶¹

The term "faculty" may be applied to residency program faculty members only through approval by the program director. Faculty members have a strong commitment to the overall program and residents, they desire to provide optimal education and work opportunities.

Faculty members must be provided feedback on their contribution to the mission of the program. All faculty members who interact with residents desire feedback on their education, clinical care, and research. The review process should reflect the local environment and identify the necessary information. The feedback from the various sources should be summarized and provided to the faculty on an annual basis by a member of the leadership team of the program.

- I. **At least annually, each program must have a process to evaluate faculty performance as it relates to the educational program.**
 - a. This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.
- II. **This evaluation must include written, anonymous, and confidential evaluations by the residents.**
- III. **Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.**

PROGRAM EVALUATION AND IMPROVEMENT⁶²

The program director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. There must be a written description of the PEC and their responsibilities for the program. Full description is included in GME ANNUAL PROGRAM EVALUATION, POLICY # 1004

EVALUATION COMPLETION

Evaluation Procedures:

- I. Each department shall formalize procedures, which provide for standardized, regular and, timely evaluation and regular verbal and written notification of the evaluation to the resident regarding performance. During residency, evaluations should be discussed with the resident no less than every six (6) months. A resident whose performance is less than satisfactory should be notified at the conclusion,

⁶¹ ACGME Common Program Requirements V.B.

⁶² ACGME Common Program Requirements V.C.

both verbally and in writing, as soon as possible after such determination is made.

- II. An evaluation file must be maintained for each resident. Information in the file will be accessible to the resident. Supervisory faculty should submit written evaluations of each resident after each rotation. The Program Director should review each resident's file on a routine basis. If the resident disagrees with statements in a written evaluation in the file, the resident has the right to submit a written response, which shall become part of the resident's file.
- III. Residents will participate in evaluation of the faculty and the program.
- IV. Upon receipt of satisfactory evaluations and compliance with all other terms of the program, each resident should expect to continue to the level of training agreed upon when the resident was recruited. Each residency program must provide a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. Reasons for lack of advancement must be given to the resident both verbally and by written notification. Each department must establish a written remediation policy, which is approved by the GMEC, and communicated to all residents in the program.
- V. **Residents will complete an evaluation of each rotation and the faculty/preceptor by 0900 on the Monday of the week following completion of the rotation.** For example, if the rotation begins on Monday, March 14th and ends on Friday, April 8th the resident must complete the evaluations by 0900, Monday, April 11th. For programs that have calendar month rotations, the resident must have the evaluations completed by the first Tuesday of the following month.
 - a. Residents who do not complete their evaluation of the rotation and faculty/preceptor will receive a notice to complete their evaluation by 0900 on Tuesday of the same week, which will be copied to the Program Director and Residency Coordinator.
 - b. Residents whose evaluations are not completed by 0900 on Tuesday will be relieved of duty until they present to the DIO and complete/validate their record.
 - i. To relieve a resident of duty, the Coordinator will notify the DIO/Director that the resident is out of compliance.
 - ii. The DIO/Director will contact the Program Director and Residency Coordinator to advise of non-compliance and request the resident be relieved.
 - iii. Exceptions may only be made with the agreement of both the DIO/Director and the Program Director.
 - c. Three (3) violations will result in written documentation by the DIO to the resident's training file.

FACULTY/PRECEPTOR MATCHING EVALUATIONS

It is the responsibility of the program director to select and approve the selection of program faculty to participate in the teaching program and to notify the GME office of such faculty for the purposes of resident learning and evaluation.

The GME Manager should receive detailed information on what faculty are assigned to what rotation(s) and ensure the appropriate PLA is in place. Residents may not start a rotation if the appropriate documents have not been secured.

RESTRICTIVE COVENANTS (NON-COMPETITION), POLICY #: 1012

Issue date: 7/1/2015	Developed by: AH GME
Revision dates:	Approved by: GMEC

PURPOSE

This policy is to ensure appropriate institutional oversight required by the ACGME Institutional Requirements.⁶³

POLICY

- I. Neither the Sponsoring Institution nor any of its ACGME or other unaccredited training programs may require residents to sign a non-competition guarantee (restrictive covenant).
- II. The ACGME specifically prohibit the use of restrictive covenants in resident agreements.
- III. This policy applies to all AH GME programs, including ACGME, and CPME accredited residency and fellowship programs.

MEDICAL STAFF CREDENTIALING

- I. All trainees will be processed through the AH Medical Staff Office for receiving admission and dictation numbers.
- II. Residents will not receive medical staff appointments and do not receive clinical privileges. Rather, they shall be permitted to perform only those clinical functions set out in curriculum requirements, affiliation agreements and/or training manuals and protocols approved by the GMEC.
- III. The one exception to the above is for residents who meet all of the following qualifications. They, at the discretion of their program director, can apply to the AH Medical Staff for appointment as Fellowship/Academic Staff (See Medical Staff Bylaws Article III Section F). Qualifications:
 - a. Enrolled in a GMEC approved training program in a surgical subspecialty.
 - b. Board eligible or certified for the surgical specialty for which they are requesting privileges.
 - c. Have an unrestricted full medical license to practice medicine in Florida.
 - d. Have active federal DEA license.

LICENSING AND DEA

The Florida Board of Medicine general statutes require that you must have a valid Florida medical license to practice medicine in Florida.

Recent medical school graduates starting their first postdoctoral year will be required to apply and practice under the Registration of Physician-in-Training medical license (TRN/UO license).

After successfully passing USMLE Step 3/COMLEX Part 3 and successfully completing the first year of residency training. Trainees are eligible to apply for the Medical Doctor – Full, Unrestricted medical licensure in the State of Florida. Other restrictions apply to international medical graduates.

The program will reimburse for registration and licensing in accordance with the GME Reimbursable Expenses, Policy # 1022.

PRESCRIPTION AUTHORITY

Residents without full, unrestricted Florida licenses are authorized only to prescribe medications for inpatients (chart orders).

⁶³ ACGME Institutional Requirements IV.L.

A licensed physician must countersign outpatient prescriptions and discharge prescriptions written by residents without full unrestricted Florida licenses and DEA numbers.

COMMUNICATION MODES

All residents have an AH Outlook email address (ex. John.doe.md@adventhealth.com) and an Outlook calendar and are required to monitor their email and calendar for communications DAILY.

The Office of GME will utilize the resident's AH email address exclusively.

AH utilizes New Innovations ('NI') for all residency training tracking. Important program and/or administrative announcements will be posted to the main page on NI, in addition to email and bulletin boards, as a means of assuring notice to all residents and faculty.

Messages from NI and/or the Coordinator are pertinent to your training and accreditation requirements; therefore, all residents must monitor New Innovations at least twice a week.

The programs will provide each resident a mailbox located in their respective resident area(s). It is the responsibility of the resident to check their mailbox at least every other day for notices, memos, schedules, etc. All mailboxes are to be kept neat and should be cleaned out at least once a week.

The programs will maintain bulletin boards specific to program needs, research, or other announcements in addition to those maintained in various areas throughout the hospital (i.e. call rooms, physician lounge areas, Office of GME, etc). Residents must check the bulletin boards at least every other day for notices from the hospital, Office of GME and AH for pertinent information and announcements. Notices may not be posted on the bulletin boards without prior approval of the appropriate Program Director or Coordinator.

SOCIAL MEDIA AND ONLINE NETWORKING, POLICY #: 1013

Issue date: 12/21/2015	Developed by: Ava Fulbright & James Jimenez
Revision dates:	Approved by: AH GMEC

PURPOSE

The GME programs sponsored by AH recognize Social Media has changed the way individuals and organizations communicate and share information. As professionals with a unique social contract and obligation, all medical students, residents, fellows, faculty physicians and staff must be cognizant of the public nature of these forums and the permanent nature of postings therein. While these sites offer terrific potential to bolster communication with friends and colleagues, they are also a potential forum for lapses of professionalism and professional behavior. These sites may give the impression of privacy, but postings and other data should be considered in the public realm and freely visible by anyone with access to the internet. AH GME has adopted the following policy and guidelines for students, residents, faculty, and programs in safely and responsibly using social media.

DEFINITIONS:

"Social Media" is a general term describing web-based, mobile, or other technologies for social networking and sharing of content and information.

Social Media refers to all text, images, audio and video communication taking place via blogs, social networks, professional networking sites, profession-based social networks, video, audio, and photo sharing sites, public comments/reviews on webpages, personal web pages, and any other internet-based social media-based application similar in purpose or function. Examples of popular Social Media sites include, but are not limited to, Facebook, Instagram, LinkedIn, YouTube, Twitter and online blogs.

POLICY

Any resident, fellow, medical student, staff and/or faculty member who, in the sole judgment of the GMEC, violates AdventHealth policies regarding Social Media, will be subject to discipline that may include remediation and counseling, corrective/ disciplinary action, non-renewal of contract, and/or immediate termination from the training program. Disclosure of patient information that violates HIPAA may also result in civil and criminal penalties. All individuals within the AH GME programs must adhere to the guidelines set forth in this document.

GUIDELINES FOR ETHICAL/PROFESSIONAL BEHAVIOR

1. CONFIDENTIALITY

- HIPAA and Patient Privacy policies of AH apply to all Social Media activities and violators are subject to prosecution.
- Online discussions or comments regarding specific patients are prohibited, even if all identifying information is excluded.
- Under no circumstances should photos of patients or photos depicting the body parts of patients be displayed online.

2. PATIENT CONTACT

- Interactions with patients through Social Media are strongly discouraged. Such interactions may damage the physician-patient relationship and have legal consequences.
- Patient information should not be obtained on a social networking site and entered in the patient's medical record.
- Patient-specific medical advice should not be offered on a Social Media site.

3. PROFESSIONALISM

- Postings within Social Media sites are subject to the same professionalism standards as any other personal interactions. The permanent and public nature of on-line postings makes them subject

to public scrutiny. Comments that are unprofessional, as determined by the GMEC, or which violate the policies of AH or HIPAA may result in disciplinary action, including termination.

- b. Statements made within Social Media sites will be treated as if the statements were verbalized in a public place.
- c. All posts should respect the intellectual property rights of others, including copyrights and trademarks. Permission may be required to post text, photos, videos or other media owned by others; postings of this content indicates ownership or permission to use such materials.
- d. AH and AH GME logos may not be used on any social media site without the expressed, written consent of the AH media/marketing division.
- e. Any medically oriented weblogs should contain disclaimers that indicate you are not speaking on behalf of AH or AHGME programs:
 - i. "The postings on this site are my own and do not represent the positions, strategies or opinions of my employer (AdventHealth Orlando)."
 - ii. This is a personal website, produced in my own time and solely reflecting my personal opinions. Statements on this site do not represent the views or policies of my employer or any other organization with which I may be affiliated."
- f. Use of Social Media sites or blogs may have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an unprofessional manner may be used in court or other disciplinary proceedings such as the State Medical Licensing Board.
- g. Unprofessional postings by others on your social media pages may reflect poorly on you. Regularly monitor others' postings on any Social Media page you create or host. It is your responsibility to make sure photos of you, which are posted by others, are appropriate and are not professionally compromising.
- h. Online relationships with attending physicians, students, and other residents and fellows are governed by the Hospital sexual harassment policy. Cyber stalking, requests to those you supervise to engage in activities outside of work, and inappropriate postings to Social Media sites while supervising trainees can all be considered forms of harassment.
- i. Refrain from accessing personal Social Media sites via personal electronic devices while in clinical work areas.
- j. Avoid giving specific medical advice on any form of social media.
- k. All content associated with you must be consistent with your position as a resident at AH and must be consistent with AH's values and professional standards.

4. PRIVACY/SECURITY

- a. Due to continuous changes in these sites, closely monitor the privacy settings of your Social Media accounts to optimize their privacy and security. It is advisable that privacy settings are configured so that only those people whom are provided access may see personal information, posts and photos.
- b. Avoid sharing passwords or other identification numbers on any Social Media site including, addresses, telephone numbers, social security numbers, passport numbers or driver's license numbers, birth date, or any other data that could be used to obtain personal records.
- c. Maintain the privacy of colleagues, physicians, and other Hospital employees when referring to them in a professional capacity unless they have given their permission for their name or likeness to be used. Refrain from posting and/or tagging photos of others that may be professionally compromising.

5. ADDITIONAL RESOURCES

- a. for more information regarding internet usage and social media, please refer to the following AdventHealth Resources:
 - i. Social Media Profile Policy AdventHealth Company-Wide CW 527, Rules of Conduct AH Policy #: 800.243, Photography, Audio, and Video Recording – AHO Policy #: 220.569

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Congress passed the Health Insurance Portability and Accountability Act ('HIPAA')⁶⁴ in 1996 and subsequently enacted the Administrative Simplification provisions of HIPAA to regulate and standardize electronic transactions and billing codes and establishes standards for privacy and security of individually identifiable health information. All AH employees and residents are expected to strictly comply with all policies of AH, including the privacy and compliance policies and procedures. In addition, all residents are required to complete HIPAA training before starting clinical rotations at AH.

There are a number of resources to assist the programs and residents in identifying and protecting PHI through the AH intranet. The following identifiers are a partial listing only:

- Names
- Social Security Numbers
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code
- All elements of dates (except for year) that directly relate to an individual, including birth date, admission date, discharge date, date of death and all ages of 89
- Facsimile numbers
- Electronic mail addresses
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Full face photographic images and any comparable images

⁶⁴ Health Information Privacy: <http://www.hhs.gov/ocr/privacy>

CONFIDENTIALITY AND MEDICAL RECORDS

The following applies to all patient information including paper and electronic medical records in addition to all conversations and business records. The HIPAA policy of AH governs all activities related to this area.

- I. Medical Records
 - a. All medical records are to be kept strictly confidential.
 - b. Discussion of confidential patient information should be conducted in a secure location away from hallways or elevators where patients or visitors can overhear you.
 - c. All information contained in current or past medical records/charts is confidential and must not be shared in any manner with others including family members without the express permission of the patient.
 - d. Copies of reports, laboratory studies, or dictation must never be left in the cafeteria, conference room, stairwell, or other unsecured locations.
 - e. All employees and residents are required to secure their computer before leaving workstation. Logging out of all physician electronic access or pressing CTL-ALT-DLT on the keyboard accomplishes this.
- II. Release of Information. AH Policy and Procedure 715.100
 - a. There are many statutes governing the release of medical records and information to patients and others. If you receive written or verbal requests from patients or others to release medical records, you must check with the Attending, Practice Manager or the supervisor of information release in the Health Information Management (hospital medical records) Department (HIM) before complying. You may share medical information with another health care professional in an emergency.
 - b. Subpoenas – Witness subpoenas can be referred to the AdventHealth Orlando legal department attention to Cristin Repasky at Cristin.Repasky@AdventHealth.com. All other subpoenas can be referred to the AdventHealth Orlando Risk Management Claims Manager, Linda Beetlestone at Linda.Beetlestone@AdventHealth.com, and the Sr. Director of Risk Management, Melissa Dobias at Melissa.Dobias@AdventHealth.com.
- III. Computer Confidentiality and Data Security. AH Policy and Procedure 700.001
 - a. All personnel share in the responsibility of maintaining the confidentiality of the medical record information accessed by computer for inpatients and outpatients. Computer accessed Medical Record information includes, but is not limited to the following:
 - i. Patient orders, both current and future
 - ii. Order results
 - iii. Documentation
 - iv. Prior hospital and/or mental health records
 - v. Current face sheet information
 - vi. Billing information
 - b. All residents and personnel with the right to review the patient's medical record may access computer-generated information, on-line and printed, strictly during their "shift" and within their area(s) of responsibility. Any inappropriate or unauthorized retrieval or review or sharing of private patient information by or with hospital personnel (or with the assistance of hospital personnel) is considered a breach of confidentiality and will be considered just cause for immediate termination of employment at AH.
 - c. Paper Destruction.
 - i. Copies of confidential information may be taken to HIM or DME office to be shredded. In addition, there are security gray boxes marked for shredding throughout the hospital. You may put confidential information into these boxes. Never discard copies of confidential information in a trashcan or leave where it may be picked up or read by unauthorized personnel or visitors.

BILLING FOR RESIDENT SERVICES

All patient care performed by residents will be done under the supervision of qualified faculty. Please see GME Resident/Fellow Supervision, Policy # 1009.

No bill for patient service rendered will be submitted to the patient or third-party payor with the resident as the billing provider. All bills will be submitted using the supervising faculty as the billing provider and will comply with all compliance guidelines.

The only exception to the above is if the resident is in a GMEC approved training program in a surgical subspecialty, and the fellow holds the AH Medical Staff status of Fellowship/Academic Staff.

In such a case, a bill for assistant surgeon will be submitted with the resident as the billing provider when the resident is the only assistant surgeon on the surgical case with the faculty member as primary surgeon and the surgical procedure qualifies as requiring an assistant surgeon. The utilization of this exception will require the resident to be credentialed with all contracted third-party payers including Medicaid and Medicare.

MANDATORY PROCEDURES

All trainees must meet certain specific requirements in the areas of medical records, employee health, and life support training. Failure to comply may result in delay in contracting, delay in the start of the training program, unpaid suspension of the resident from training, and/or delay of graduation pending satisfactory completion of any given requirement.

Health Information Management (HIM)⁶⁵:

I. Authentication:

- a. The Hospital must maintain a medical record for each inpatient and outpatient encounter and has implemented processes to ensure that each medical record is accurately documented in a timely manner.
- b. Each medical record must contain sufficient information to justify admission and continued hospitalization, support the patient's diagnosis, and describe the patient's progress and response to medications and services.
- c. AH requires that, at a minimum, that all records must document the following, as appropriate:
 - i. medical history and physical examination (H&P), results of all consultative evaluations and appropriate findings, admitting diagnosis, complications, hospital acquired infections, and unfavorable medication reactions, properly executed Informed Consent form, orders, nursing notes, reports of treatment, medication records, radiology and laboratory reports, and vital signs, discharge summary, final diagnosis
- d. AH providers are responsible for entering complete, accurate, legible, authenticated, and timely entries in the medical record. All entries in the medical record, whether written or entered electronically, must be authenticated by the author and must include the author's name, which must be recognizable, Hospital ID number, date and time.
- e. Physicians working as residents and fellows in Hospital approved educational programs who have not been granted Medical Staff membership or Clinical Privileges through the Medical Staff privileging process must have any H&P, progress note, operative-note, discharge summary, or any other report countersigned by the appropriate faculty.
- f. Progress notes must be counter-signed on the day of service to meet the requirements for the Attending Physician daily visit.
- g. Medical Staff members and residents/fellows may use a signature stamp, but must, (1) Have a letter on file with the HIM Director requesting use of the stamp, (2) Retain the stamp in their possession at all times and, (3) Assure its use solely by themselves.
- h. Entries in the medical record by residents and fellows that require countersigning by attending Medical Staff members include all dictated reports. The countersigning generally shall be completed by the faculty attending physician or Associate Director of the program for the specialty/sub-specialty area, or the co-admitting physician (e.g., Cardiologist, etc.). The attending physician must countersign all areas of medical student charting. Other specified professional personnel entries shall be countersigned as designated by hospital departmental policies and procedures.
- i. Physician signatures within a medical record must be readable and must have printed name legibly written if not using authorized stamp.

II. Delinquent Medical Record Reports

- a. To avoid misinterpretation; symbols and abbreviations may not be used in the medical record. Residents must review the procedures for the management of medical records: Medical records must be completed within 15 days after the record has been assigned to a practitioner for completion.
- b. Failure to complete delinquent medical records before 40 days after the record has been assigned may result in suspension of clinical/surgical privileges. Residents suspended from training due to delinquency of medical record completion may be placed on unpaid leave or may be required to continue their residency beyond the scheduled completion date without payment of an additional stipend. Repeated delinquencies may result in further disciplinary action

⁶⁵ AdventHealth Orlando Medical Staff Bylaws, Rules & Regulations, And Policies

including immediate termination.

- c. Should suspension occur the resident may lose all clinical privileges and malpractice insurance at all affiliated hospitals and other training locations. Documentation of the suspension will become a permanent part of the resident's institutional file.
- d. Suspension and restoration of privileges will be coordinated through the Office of GME.
- e. The DIO and Program director will be notified of all suspensions and reinstatements of residents. Restoration of privileges will occur when the resident has completed the delinquent record(s).
- f. In order to prevent delinquency and suspension actions by HIM, the resident or program should notify HIM of "away" rotations, mission trips, extended vacation, illness, or leave of absence.

EMPLOYEE HEALTH/ ANNUAL COMPLIANCE

AdventHealth Orlando Employee Health Clinic will provide health screenings and immunizations to AdventHealth Orlando staff members at the time of hire and annually in compliance with Occupational Safety and Health Act (OSHA) and Center for Disease Control (CDC) regulations.

The AdventHealth Employee Health Clinics provide a variety of services to the employees of AdventHealth Hospital. Employee Health Main phone number: 407-303-7135. Services include:

- New Hire Assessments
- Annual Mask Fit Compliance
- Immunization Compliance
- BBFE Surveillance
- Workers Compensation Triage (no appointment needed)

All trainees are required to undergo physical examination and employment clearance screening prior to the start of their employment with the GME training program.

Failure to do so will delay entry into the training program. The employee health appointment will be scheduled for the employment document processing; additional instructions will be provided by the Human Resources Coordinator in the GME Office.

Following the initial employment clearance, all trainees will be expected to complete annual compliance to meet all job requirements. This includes mask fit and TB compliance: all employees scheduling an appointment must do so ***within 60 days of their birth date.***

All GME programs will abide by the AH Policy 815.020, 815.033, 815.036 and AH SOPs 815.033A and 815.036A

INFECTION PREVENTION

Patient safety and infection prevention is everyone's responsibility. AH uses the MedMined Infection Surveillance System, which using computerized artificial intelligence to filter out patterns of hospital-borne infections and antibiotic resistance from the hospital's lab results and patient data. This program helps infection control staff to detect and track hospitalized patients with significant contagious infections. Continuous surveillance, investigations into unusual patterns, and aggressive prevention programs not only serve as the first line of defense for controlling hospital infections, but also help reduce risk for all patients.

Det Norske Veritas Healthcare (DNV) accreditation requires proactive reporting and prevention of medical complications. Hospital-required infections have a direct impact on the quality of care a hospital provides and, by extension, on the hospital's accreditation. Each hospital-acquired infection is an unexpected outcome.

To contact the AdventHealth System Infection Prevention Office: Call the Infection Prevention administrative assistant, at 407-303-3659 or Call the director of Infection Prevention: t 407-303-3678.

For emergencies and after normal business hours, an on-call infection preventionist can be reached at 407-580-6235. (Please contact your nursing supervisor prior to calling the on-call infection preventionist if calling between 2200-0700 hours.)

The following are a few smart reminders will keep you, your family and, your patients safe:

- I. Perform hand hygiene before and after every patient contact, before and after you use the restroom, before and after you eat, before and after you leave any facility before going to the next and, before you leave the hospital/clinic for the day.
- II. Do not wear artificial fingernails, rings, or jewelry or clothing that hang beyond your person.
- III. Wear personal protective equipment ('PPE') for contact with blood/body fluids.
- IV. Have immunity to Hepatitis B, measles, rubella; know your varicella antibody status; have annual TB screening.
- V. Do not report to work if you have a fever, flu symptoms, or eye or skin lesion drainage.

- VI. Report “Reportable Diseases” and conditions to Infection Control or the County Health Department.
- VII. Speak with Infection Control before discharging any patient with verified or suspected TB.
- VIII. Residents will be fit-tested for N-95 respirators (or others as determined appropriate by AH) and wear respirator for all patients with verified or suspect pulmonary TB, H1N1, SARS or other disease as required.

WORK-RELATED AND NEEDLESTICK INJURY:

All work-related injuries must be reported to AH Employee Health. Trainees requiring immediate medical care must proceed directly to the Emergency Department.

Needlestick and Sharps Injury Prevention:

- Activate safety devices on needles and sharps immediately after use
- Discard used needles, lancets, other sharps in sharps container at the point of use – no recapping, breaking or cutting
- Never overfill sharps containers
- All sharps, and only sharps (no medications or regular trash), must be disposed of in sharps boxes.
- Sharps boxes may not be filled more than threequarters full. See AH Infection Prevention SOP 500.170.
- NEEDLESTICK HOTLINE 24-HOUR PHONE 407-741-4702

EXPOSURE TO CONTAGIOUS DISEASES:

Trainees exposed to, or diagnosed with any of the following diseases, must immediately advise their Program director or their designee:

- Chicken Pox/Herpes Zoster
- Conjunctivitis
- Ebola
- Hepatitis (all types)
- Lice
- Measles
- Mumps
- Pertussis
- Rubella
- Salmonella
- Scabies
- Shigella
- Tuberculosis

Upon assessment of the exposure, the Program director in collaboration with Employee Health (and other medical professionals as appropriate) will advise the resident as to management of the exposure. It is the responsibility of the Program director to:

- a. Determine which resident(s) and/or personnel sustained a significant exposure;
- b. Notify the Employee Clinic of the resident(s) and/or personnel who sustained significant
- c. exposure immediately; and,
- d. Instruct the resident and/or personnel to complete Employee Incident Report and call/report the incident to the Employee Clinic for evaluation and management.

COMPUTER TRAINING

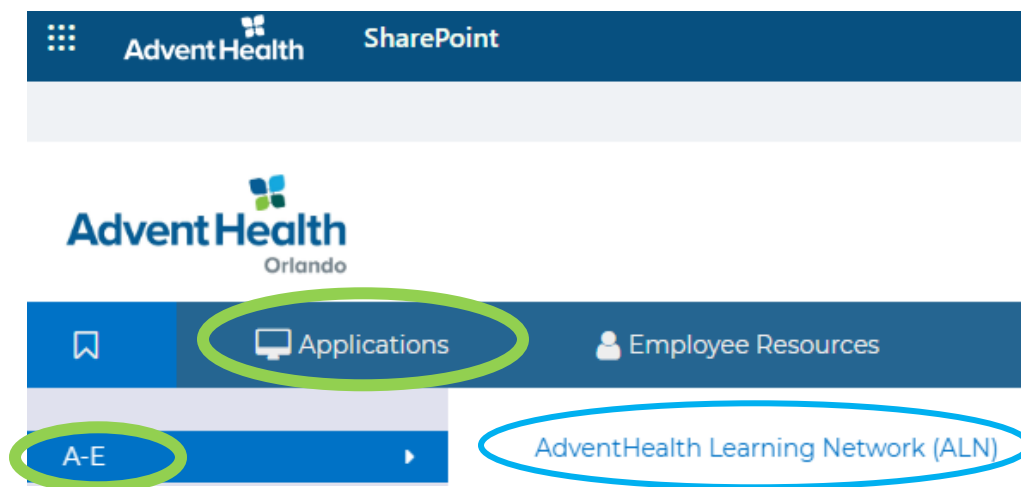
Residents will be required to complete computer training (Cerner, Athena, New Innovations, AH Intranet and electronic storage drives) in order to participate in educational and training activities at AH.

Such training is mandatory and failure to complete required training may prevent the resident from obtaining privileges to train and/or beginning clinical activities.

ANNUAL EDUCATIONAL MODULES

AdventHealth Corporate conducts intranet-based courses for annual requirements through AdventHealth Learning Network (ALN). Trainees will be notified of the requirement and time frame for completing these annual requirements through email communication, notifications on the AH main site, Office of GME notices, and through AH publications and media (e.g. AH TV).

Any individual not completing annual requirements may be subject to suspension/ unpaid administrative leave until they demonstrate compliance with the requirements.



NEW INNOVATIONS

New Innovations (NI) is GME's online management software program. NI assists with tasks such as scheduling, procedure logging, evaluations, monitoring conference attendance, clinical and educational work hours and general personnel/portfolio tracking. The Program Coordinator will train their residents in the use of NI upon orientation at AH. Additional training may take place as needed as training goes on.

AH GME programs will utilize New Innovations as the primary tool for managing and coordinating duties and requirements.

Programs who must enter procedure case logs into ACGME WebADS, or other accrediting body data management system, may refrain from logging procedures into NI. However, the trainee must upload their procedure case logs at least annually and, in the final year of residency, the procedure log should be updated in NI every six months. Users must be aware that each program dictates specific details regarding the use of NI and associated requirements.

Residents using NI are responsible for logging and validating of clinical and educational work hours on a weekly basis (using NI "duty hour" module). Validation of clinical and educational work hours, evaluations and, preceptors is a resident responsibility and should not be delegated to the residency coordinator, department secretary, faculty member, or other resident. Trainees are also responsible for completion of evaluations.

PROFESSIONALISM, PERSONAL RESPONSIBILITY, AND PATIENT SAFETY

Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities, including their obligation to be appropriately rested and fit to provide the care required by their patients.⁶⁶

The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must:

- be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
- not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- provision of patient- and family-centered care;
- assurance of the safety and welfare of patients entrusted to their care; including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work including;
 - management of their time before, during, and after clinical assignments;
 - recognition of impairment, including illness and fatigue, in themselves and in their peers, and other members of the health care team.
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All residents/fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must 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.⁶⁷

AH GME further defines patient safety as the prevention of adverse events and harm to patients. It is the intent of the GME department to sustain and monitor a culture of safety in all its training programs with the prevention of errors as the ultimate goal. It is a culture where we shall seek to understand the causes of errors without placing blame, but through open and supportive communication to learn and prevent medical errors. It is fully recognized that responding to the challenge of medical errors requires a comprehensive, multidisciplinary, systematic approach with continuous identification, communication, understanding, and timely responses to problems in order to alleviate the conditions that are conducive for error.

Each training program is expected to develop and implement a patient safety culture, both in its inpatient and outpatient experiences, by at least the following means:

- Develop program specific patient safety indicators.
- Conduct patient safety focused M&Ms and case conferences.
- Integrate patient safety discussion in rounds, chiefing, and journal clubs, incorporating evidence-based medicine and patient empowerment.
- Educate both faculty and residents on the patient safety indicators and the SBAR (Situation-Background-Assessment-Recommendation) situational briefing model.
- Conduct regular faculty development workshops for teaching patient safety to the residents.
- Develop a Policy and Procedures on the monitoring, evaluating, and ensuring patient safety in the training program.

⁶⁶ ACGME Institute Requirements III.B.6.b

⁶⁷ ACGME Common Program Requirements VI.B.5.

NON-SMOKING POLICY

Smoking is an acknowledged fire and health hazard. AdventHealth facilities are a smoke-free environment; therefore, no smoking is permitted in the facilities: including private offices, call rooms, lounges, lobbies, walkways, breezeways, parking facilities or on the grounds. This non-smoking policy extends to all affiliated properties and businesses owned or operated by AH. If you have questions regarding the smoking policy on the facility premises, please contact Human Resources.

DRESS CODE

Employees comprise an important part of AdventHealth Orlando's public image, and proper dress, personal grooming, and overall appearance add significantly to positive impressions by patients, fellow employees and associated agencies. Employees shall always maintain a neat and professional appearance. Trainees will always appear neat and professional while on-duty and off-duty if they are at a hospital facility or on rotation outside the hospital representing the organization.

Program reserve the right to send home staff to correct Dress Code infractions.

- I. A white coat and AH badge must wear at all times while on duty at the hospital, on rotations, and at the office.
- II. Residents/Fellows are issued an approved name badge and GME lab coat
 - a. The badge is to be worn on the lab coat, scrubs, or other clothing always on the upper left-hand side. Badges are not to be altered in any way including pictures, tape, or stickers. If the AH badge is ever lost or stolen it should be reported immediately to Human Resources.
 - b. The initial badge is free; charges may be assessed for lost or misplaced badges.
- III. Jewelry will be limited and discreet as defined by AH standards.
- IV. AH jackets and badges may not be worn when the resident is Moonlighting or otherwise working and/or volunteering for a non-AH entity unless otherwise approved through the Office of Graduate Medical Education.
- V. Male residents are to wear dress shirt and tie, and clean, unwrinkled slacks that comply with a professional appearance and align with the dress code as set forth in the Program Manual for the residency. Hair should be cut above the neckline, off the ears and without long side burns. Ponytails on men are not acceptable. Open-toed shoes, athletic footwear, or sandals are not allowed.
- VI. Female residents are to wear a dress or pants consistent with modesty and a professional appearance and align with the dress code as set forth in the Program Manual for the residency. Shoes and socks conducive to comfort and a professional appearance are to be worn (no sandals, athletic footwear, or open-toed shoes). Hair should be neat and well groomed. T-shirts and jeans are not acceptable professional dress.
- VII. Scrubs may be worn in the hospital when appropriate (ED, ICU, OB, Anesthesia, Surgery, Night rotations). AH scrubs are not to be worn outside of the hospital. Athletic footwear may be worn in the hospital if the resident is wearing surgical scrubs. Scrubs are not allowed in the outpatient office.
- VIII. The program, Office of Graduate Medical Education, and AH's dress codes will determine what constitutes a professional appearance.
- IX. It is the responsibility of AH GME programs to enforce the AdventHealth Orlando Dress Code. All faculty members will insist that each resident and medical student to abide by the regulations.

MEDICAL LIBRARY

The AdventHealth Orlando Medical Library offers comprehensive information resources to medical and nursing staff, hospital employees, rotating students, and patients and their families through their hospital healthcare provider.

To access Article, Literature or Book Request forms, please go to their AH website: From the AH main site -> Departments -> Medical Library or <https://ahslibrary.ovidds.com>

Library Staff:

- Nancy Aldrich, MLIS - Medical Librarian, Library Manager nancy.aldrich@adventhealth.com, 407-303-1860
- Kris Wiley, MLS - Medical Librarian
- Sara Gomez, MLS - Medical Librarian

Hours:

- Monday - Thursday: 8:00 AM - 4:30 PM, Friday: 8:00 AM - 1:00 PM

After Hours:

- The library is available to physicians and other designated AH healthcare professionals on a 24-hour basis, with an ID badge security access system. The resources and services of the library are continually being evaluated and assessed as to how they fulfill the mission of the hospital and the needs of the AH medical staff and administration.

Contact:

- Phone 407-303-1860
- Email Medical.Library@AdventHealth.com

Location:

- Ground floor of AdventHealth Orlando - across from Doctors' Lounge. Take Elevator A.

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DISASTERS, CLOSURES, REDUCTION, AND INTERRUPTION OF PATIENT CARE, POLICY #: 1019

Issue date: 5/2016	Developed by: GME Admin
Revision dates:	Approved by: CAO

PURPOSE:

To define the process and procedure for Hospital graduate medical education programs in the event of disruption of residency training imposed by emergencies, catastrophic events, or natural disasters.

POLICY:

A disaster is defined as a natural or manmade event that significantly disrupts the environment in which Hospital provides care (damage to the hospital's building(s) and grounds due to severe winds, storms, or earthquakes; loss of utilities such as power, water, or telephones; civil disturbances, accidents, or emergencies within the hospital or community); or that results in sudden, significantly changed, or increased demands for the hospital's services (bioterrorist attack, building collapse, plane crash within the community).

Disaster recovery planning is part of the Hospital's readiness program to fully maintain graduate medical education (GME) without interruption. In the event a disaster interrupts any part of GME, Hospital is committed to maintaining operations and/or restructuring the educational experience for residents immediately. Since a disaster can create safety issues and impact health and well-being of residents, the Hospital Employee Assistance Program (EAP) will be utilized based on resident need.

If any Hospital GME Program must reduce or close residency program(s) due to disruption by emergencies, catastrophic events, or natural disasters the following procedures shall be implemented to address interim recommendations from the ACGME, RRC, and CMS. To the extent possible, the GME office will ensure that administrative support is available to assist residents and program directors.

These guidelines will provide mechanisms for continuity of resident education as well as assisting participating hospitals to seek guidance relative to Medicare GME funding during a disaster.

PROCEDURE:

1. The Designated Institutional Official (DIO) is responsible for maintaining communications between the Program Directors (PD) and the GME Director to assess the impact of a disaster in all areas of GME.
2. The PDs will immediately assess the impact of a disaster to their program(s), assess the programs' function, and if necessary, develop a recovery strategy and timetable and a written plan to address response, recovery, and resumption of education and services. A fully-functional GME telephone tree should be in place.
3. The PD will assess the health and well-being of the residents as follows:
 - a. Contact residents in the program to gather information
 - b. Refer affected residents to available resources for care and support
 - c. Assess the functionality of the facilities and operations that supports the program
4. In the event of a disaster, the DIO will be in contact with all PDs to assist in assessing the impact on the educational experience for that program. The DIO assessment will include the following:
 - a. Immediate contact and discussion with PDs to determine the availability of residents
 - b. The feasibility of continuing on-site training within Hospital.
5. The GME Office expects all residents, coordinators and PDs to be familiar with Hospital policies on

Disaster Planning, including on:

- a. Comprehensive Emergency Management Policy
- b. Evacuation Policies
- c. Severe Weather Policy
- d. Mass Casualty & Mass Fatality Policies
- e. Chemical, Biological, Radiological, Nuclear Response
- f. Hospital Incident Command System
- g. Recovery Checklist for Hospitals After a Disaster

Procedures for ACGME Notification

1. The DIO will notify the ACGME Executive Director of the disaster and, if appropriate, request a declaration of disaster. The ACGME will post a notice on the website, www.acgme.org. The DIO will notify the organizations of the disaster and if appropriate, request a declaration of a disaster.
2. As soon as feasible and to the extent that it is possible, the GMEC will determine whether the disruption of each program's ability to maintain the educational experience is temporary or permanent. In the event that the GMEC determines that a program can no longer provide an educational experience for the residents, the PDs and the DIO will:
 - a. Arrange for temporary transfers to available programs to complete the educational experience on an interim basis, or
 - b. Assist the residents to achieve permanent transfers to other programs or institutions, if necessary.
3. The DIO will, within 10 working days after the declaration of the disaster, contact the ACGME to discuss the timeframe and dates pertinent to maintaining the education of the residents within affected programs, including:
 - a. Submission of program reconfigurations within Hospital to the ACGME, and
 - b. Informing residents of any transfer decisions
 - c. This will be accomplished no later than 30 days after the disaster unless other dates are approved by the ACGME.
4. The ACGME will assist with communications during any declared disaster. The ACGME will maintain phone numbers and email addresses for emergency communications with disaster-affected institutions.
 - a. The DIO will call or email the RRC Executive Director with information or requests for information
 - b. The PDs will call or email the appropriate RRC Executive Director with information and requests for information
 - c. Residents will call or email the appropriate RRC Executive Director with information and requests for information
5. The ACGME will provide instructions on its website so that a resident can change his/her information on the Web Accreditation Data System. In the event of a disaster, Hospital and the GME Office will communicate directly with PDs and residents via all available communication techniques to provide guidance for the affected residents. These communications will include the Hospital GME website.
6. The ACGME will establish a fast-track process for reviewing and approving or not approving submissions by programs related to program changes to address the effects of a disaster including:

- a. Addition or deletion of participating institutions
 - b. Change in format of the educational program
 - c. Change in the approved resident complement
7. If a resident is **temporarily** transferred, he or she will be informed of the minimum duration and the estimated actual duration of the temporary transfer. In the event that the transfer will continue, the program must inform the resident who has transferred.
8. The condition of an affected program may determine that a site visit is required by the ACGME. Prior to this visit, the DIO and PD will receive notification of the information that will be required. This information may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

MEDIA CONTACT

All media questions and contact are to be referred to AH Public Relations Department. Residents are not to make statements to the press or media representatives without advance clearance from the Office of GME and Public Relations. Should the media contact you for information or come to the hospital and ask you for information, please refer to the following:

During business hours - Public Relations - 407-303-1917

After hours and weekends (until 11 PM) - Orlando - 407-303-6611 - page the PR person on call.

VENDORS

AH GME recognizes there are Federal and state laws that impose criminal and civil penalties for offering or receiving improper “inducements” to order, refer, or purchase a health care item or service. The purpose of these laws is to prevent personal benefit to a health care provider from encouraging over-utilization of medical items or services or otherwise overriding considerations of product or service quality or patient wellbeing.

Access to all personnel of AH GME and its training programs is a privilege. As such, there is a responsibility of all suppliers/vendors/pharmaceutical representatives to conduct business in a professional, respectful, and courteous manner. The following guidelines have been established to insure the safety of patients, visitors, and staff, to protect patient confidentiality, and to afford clinicians access to the latest technological advances.

In general, subsidies or other non-contractual benefits received from vendors by AH GME as a department or by individual AH GME personnel should be modest in value and scope, directly tied to legitimate educational purposes, and must not improperly influence the decision making of any AH GME personnel or program. These benefits include but are not exclusive to gifts, meals, donations, and other related activities.

The AH GME policy on vendor relationship are delineated below to indicate the minimal expectations, is as follows:

- I. Vendor representatives must be registered with AH and with the AH GME program in order to be granted the privilege for visits.
- II. Vendor representatives are not permitted in patient care areas.
- III. Promotion or detailing of drugs is restricted to drugs approved by the Food and Drug Administration and listed on the AH formulary. “Off label” detailing is prohibited.
- IV. Promotion or detailing of a drug by multiple representatives on the same visit is prohibited.
- V. Vendors may furnish consultants to serve as expert speakers at AH GME or training program specific conferences / meetings. Prior approval must be acquired by the vendor from any AH GME or training program personnel who is deemed the appropriate authority.
- VI. Appropriate AH GME or training program personnel must approve all clinical and technical materials or manuals furnished by vendors during vendor sponsored events.
- VII. AH GME shall fully comply with the AH established policies: AH Company Wide MM 111: Vendor Visitation and AH SOP #: 942.001.
- VIII. Vendors and AH GME personnel may not attempt to circumvent the application of any part of this policy. Any perceived vague or ambiguous situations may be referred in writing to the Director GME for further clarification of policy compliance. The Director shall respond in writing within seven (7) business days.
- IX. Violations by any pharmaceutical or supplier/vendor representatives could result in sanctions including suspension of facility visitation privileges or requesting the company to replace the representative.

CITIZENSHIP POLICY

AH GME holds the integrity of the teaching faculty – trainee relationship as central to its educational mission. Trainees include medical students, residents, fellows and rotating physicians. This relationship confers considerable trust in the teaching faculty members who consequently bears authority and accountability as advisor/mentor, educator, and evaluator to the trainee.

All policies (Parts A, B and C) are relevant to the expectations of citizenship by AH GME on all its personnel. AH GME policies and procedures take precedence over AH Policies wherever applicable.

Part A: this section is applicable to the entire AH community of health care professionals and employees.

Part B: includes the disruptive conduct policy that applies specifically to the members of the AH Medical Staff.

Part C: refers specifically to physician trainees of AH GME.

PART A: AH POLICY STATEMENT

- I. The purpose of this policy is to emphasize the necessity for all individuals working in AH to treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner. Additionally, this policy protects individuals from behavior, which does not meet these standards.
- II. All members of the health care team, including administrators, the medical staff, nursing and clinical personnel, volunteers and all hospital employees are expected to conduct themselves and their activities in a manner that supports the mission of the hospital and enables the delivery of quality, efficient patient care. Professional behaviors that promote cooperation and teamwork are a priority.
- III. AH citizenship expectations include the following:
 - Respond to patient and staff calls and requests appropriately and timely;
 - Treat others with courtesy and respect;
 - Cooperate and communicate with other members of the health care team in a dignified, professional manner;
 - Respect patient's autonomy, confidentiality, and welfare;
 - Address clinical concerns with colleagues in a direct and respectful manner;
 - Manage disagreements with courtesy;
 - Encourage clear communication;
 - Assist in the identification of colleagues who may be in need of assistance;
 - Address dissatisfaction with policies, practices, or behavior through appropriate medical staff and/or administrative channels;
 - Participate in clinical improvement activities;
 - Maintain professional education and skills;
 - Comply with accepted practice standards;
 - Seek and obtain appropriate consultation;
 - Arrange for satisfactory coverage when unavailable and communicate same to involved parties;
 - Complete patient records in a timely manner; and,
 - Disclose potential conflicts of interest.
- IV. Behaviors to be avoided include the following:
 - Engaging in physical, visual or verbal harassment;
 - Indulging in disorderly conduct or abusive language, including profanity, shouting, and rudeness;
 - Fighting, threatening, intimidating, attempting bodily harm or injury, or interfering with other individuals;
 - Misconduct toward or abuse of others, including patients, visitors, employees, and colleagues;
 - Blaming, shaming, or publicly criticizing others for unexpected or negative outcomes; and,
 - Engaging in dishonest or fraudulent practices.

PART B: AH MEDICAL STAFF DISRUPTIVE CONDUCT POLICY

Members of the AH medical staff who engage in disruptive conduct will be dealt with in accordance with this

policy, as enacted by the AH Board of Directors. In addressing disruptive conduct, protection of patients, employees, physicians, volunteers, visitors and others in the hospital and the orderly operation of the hospital are paramount concern.

- I. Disruptive behavior is defined as behavior that:
 - Is perceived by others to represent or which constitutes acts of degradation, intimidation, or the threat of harm;
 - Disrupts the orderly operations of the hospital;
 - Interferes with and/or impairs the ability of others to accomplish their work safely and competently;
 - Creates a hostile work environment; and/or
 - Interferes with the individuals' own ability to function in a safe and competent manner.
- II. This policy is not intended to inhibit freedom of speech nor to restrain the right to redress grievances.
- III. Examples of disruptive behavior include, but are not limited to, the following:
 - a. Threats, attacks, or abuse, in whatever form, which are personal, irrelevant, or outside the bounds of professional conduct and personal civility;
 - b. Impertinent or inappropriate verbal communication or written documentation in medical records or other official documents that, by fact or design, compromise the effectiveness or reputation of the hospital;
 - c. Public and/or non-constructive criticism, addressed in a manner so as to intimidate, undermine confidence, demean, belittle, or imply stupidity or incompetence;
 - d. Harassment of any kind; and,
 - e. Use of profanity or similarly offensive language, written or not, signs or dramatics that are perceived to intimidate, degrade, embarrass or humiliate other persons or the hospital.
- IV. Procedure:
 - a. Physicians, nurses, or other hospital employees who observe, or are subjected to, disruptive behavior by a member of the AH medical staff are to notify the supervisor of the affected unit about the incident. In the event that the supervisor is unavailable, involved in the incident, or is the individual whose behavior is at issue, the next senior administrator of the department or functional unit is to be notified. Any medical staff member who observes such an incident may notify the Chief Executive Officer or a designee directly.
 - b. Upon notification, the incident is to be documented in writing by the individual who reported the incident or by the supervisor or administrator receiving the report. The documentation shall include:
 - i. the date, time and location of the behavior in question and names of involved persons;
 - ii. a factual description of the behavior in question;
 - iii. the names(s) of any patient or family members(s) involved in
 - iv. the incident or any other individual who was a witness to the incident;
 - v. the circumstances which precipitated the incident;
 - vi. the consequences, if any, of the disruptive behavior as it relates to patient care, personnel, or hospital operations; and
 - vii. details regarding any action taken to intervene in, or remedy, the incident and a factual description of any such action.
 - c. The written report shall be forwarded to the Senior Medical Officer, who shall review that report, take necessary steps to confirm the details, and inform the members of the Citizenship Committee of any preliminary findings.
 - d. The AH Medical Staff Citizenship Committee shall be constituted as follows:
 - i. Chief Executive Officer
 - ii. Senior Medical Officer
 - iii. President of the Medical Staff
 - iv. President-elect of the Medical Staff, and
 - v. Chairperson of involved Department

The Citizenship Committee shall be responsible for reviewing incidents of alleged disruptive behavior; recommending corrective or remedial action; and reporting to the Medical Executive Committee and Administration of AH.

- V. This policy procedure is designed to facilitate a progressive remedial and disciplinary approach to the management of allegations of disruptive behavior. The implementation of this process may be modified subject to the judgment of responsible medical staff leaders and senior hospital administrators, depending upon the specific findings in each case. Other factors, including repeated infractions and the response of the individual involved to prior suggestions and/or recommendations for correction and remediation, shall be considered. The Medical Executive Committee may, at any time in the process, consider other options or when deemed prudent to do so, refer the matter to the Board for resolution, without a recommendation.
- VI. Upon determination that an incident of disruptive conduct has occurred, a meeting will be arranged, including one hospital representative and at least one medical staff representative from the Citizenship Committee and the involved member of the medical staff. The initial meeting shall be informational and collegial, and designed to accomplish the following:
 - a. Advise the member of the nature of the reported incident;
 - b. Obtain the members perspective of the incident;
 - c. Emphasize that certain conduct is inappropriate and unacceptable;
 - d. Educate the member regarding established administrative channels for resolving complaints or concerns;
 - e. Advise the member that retaliation against any person involved in the incident or reporting process shall constitute grounds for immediate exclusion from hospital facilities; and,
 - f. Advise that a written response may be prepared by the member and included with the summary in the confidential portion of the member's medical staff credentials file.
- VII. If another report of disruptive conduct involving the same staff member is received, a second meeting with the involved staff member will be held. The purpose of this second meeting will be to:
 - a. Inform the member of the nature of the reported incident;
 - b. Obtain the member's perspective on the incident;
 - c. Advise the member that certain conduct is inappropriate and unacceptable, advise the member that any future documentation of disruptive conduct will be referred to the Medical Executive Committee for more formal action; and
 - d. Inform the member that a letter documenting the substance of the meeting will be prepared and a copy will be retained in the confidential portion of the member's medical staff credentials file.
- VIII. In the event of a third reported incident of disruptive behavior, a meeting with the involved staff member will be arranged. The participants for such a meeting shall include:
 - a. Chairperson, Professional Affairs Committee or a designee;
 - b. President, AH or a designee; and,
 - c. A designated member(s) of the Citizenship Committee.
- IX. The purpose of this meeting is to inform the member for the last time and in unmistakable terms that the disruptive conduct will not be tolerated. A letter will be sent to the member and will address at least the following:
 - a. A description of the disruptive conduct at issue;
 - b. An outline of the steps taken in the past to correct the conduct in question;
 - c. The details regarding the unacceptable behavior; and,
 - d. An explanation of the conditions applicable to continued practice at the hospital.The member shall be required to sign this letter. Failure or refusal of the member involved to sign the letter will result in the letter becoming a part of the involved member's credentials file and the commencement of a formal investigation pursuant to the Medical Staff Bylaws of AH.

A single additional incident of disruptive behavior after the signing of the notice letter, by the member involved, shall result in an adverse professional review recommendation pursuant to Medical Staff Bylaws. Exclusion from hospital facilities may be appropriate pending this process. The Medical Executive Committee shall be fully apprised of the history and actions taken to address the concerns.

- X. In situations where the member continues to engage in disruptive behavior, the member may be excluded from the hospital's facilities pending the formal investigative process and any related hearing and appeal that may result. Such exclusion is not a suspension of clinical privileges. Rather, the action is taken to protect patients, employees, and others on the hospital premises from inappropriate behavior and to emphasize to the member the serious nature of the hospital's intolerance of such behavior. The involved member may submit a written response to the Medical Executive Committee about the exclusion action within three (3) days of being notified.
- XI. This policy outlines collegial and professional review steps that can be taken in an attempt to resolve complaints regarding disruptive conduct exhibited by medical staff members. However, there may be a single incident (or combination of incidents) of disruptive conduct that is so unacceptable as to make these multiple opportunities inappropriate and to require immediate adverse action. Therefore, nothing in this policy precludes immediate referral to the Medical Executive Committee (or to the Board), or the elimination of any step in the policy in dealing with a complaint about disruptive conduct.
- XII. In order to affect the objectives of this policy, and except as may otherwise be provided, legal counsel shall not be permitted to attend any of the informal meetings described in the paragraphs above.

PART C: AH GME CODE OF CONDUCT

The academic relationship between a teaching faculty member and Resident must be protected from influences or activities that can interfere with the educational environment consistent with the mission of AH GME. Whenever a faculty member is responsible for academic supervision of a Resident, a personal relationship between them that is abusive in nature or of a romantic or sexual nature, even if consensual, will never be tolerated⁶⁸.

Behaviors considered unacceptable include, but not exclusively, the following:

- I. Perceived inappropriate comments directed at an individual related to the person's gender, sexual orientation, racial background, religion, or physical ability;
- II. Verbal abuse, derogatory or degrading remarks, or threats of retaliation. This Also includes threat of/or actual physical contact of any kind when there is a perception of physical violence;
- III. Assigning tasks for punishment rather than for educational benefit or denying equal educational opportunities as a punishment;
- IV. Use of public humiliation or intimidation as a method of teaching or use of derogatory terms when referring to another person;
- V. Performance rating used to punish rather than as an objective evaluation of the performance;
- VI. Preferential treatment because of relationship;
- VII. Sexual harassment of any kind even in jest after the person responsible for the behavior has been informed that they are embarrassing or offensive or that are by their nature reasonably known to be embarrassing or offensive;
- VIII. Initiating or maintaining intimate romantic or sexual relationships between faculty and residents or between physicians and patients;
- IX. Any acts of dishonesty, falsification, plagiarism, misrepresentation or deception, whether deliberate or unintentional;
- X. Being under the influence of alcohol and/or drugs while on AH property; and,
- XI. Any other acts not covered above but are deemed in opposition to AH mission and values.

⁶⁸ ACGME Institutional Requirements, II.D.4.m): The Sponsoring Institution must have written policies covering sexual and other forms of harassment.

AH GME Procedures

- I. This section is designed to outline the procedures to facilitate a progressive remedial and disciplinary approach to the management of allegations of violations to any of the above policies. The implementation of this outlined process is subject to modification upon the discretion of the DIO in consultation with senior administrators.
- II. Any individual who has observed or been the subject of an unacceptable behavior is to report the event immediately to the appropriate program director, either verbally or in writing. The report will be treated with confidentiality. Once a report has been received, the following procedures will be followed:
 - a. Step 1: Investigation of the allegation. Both the complainant and the alleged will be counseled informally on the results.
 - b. Step 2: Documented formal discussion with the program director with an action plan from the perpetrator within 3 days of the discussion.
 - c. Step 3: Program director presents the case in writing to the DIO/CAO who will take specific action in consultation with senior administration.

There may be a single violation that is deemed so severe and requires immediate action that any progressive and disciplinary approach is judged as inappropriate.

Sexual and other forms of harassment⁶⁹:

Sexual and other forms of harassment in AH are considered intolerable behavior. It is a violation of federal law, a violation of trust, and a violation of moral standards. Sexual and other forms of harassment and the guidelines for reporting and investigating harassment complaints are defined in the AH HR-Workplace Policies (800.242-1). Any resident who feels that he/she has been subjected to sexual or other forms of harassment should immediately advise the Program director so that the matter can be investigated, and action taken. As a general principle, the resident should inform the next higher administrator above the alleged perpetrator.

All reports of alleged sexual or other harassment will be investigated in a timely and confidential manner. Investigation will normally involve interviews with the complainant, the alleged victim, the alleged perpetrator, and any other persons who might have information related to the complaint. The administrator to whom the complaint is made will determine if the alleged harassment occurred and, if so, the consequent disciplinary and/or remedial actions deemed appropriate. If the complainant disagrees with the finding, he/she may refer the matter in accordance with the grievance policy as outlined in this manual.

Each AH GME training program shall provide an educational conference for its residents on an annual basis regarding policy against sexual and other forms of harassment, the procedure for reporting and investigating complaints, and the possible effects on the resident's educational program if he/she engages in harassing activity.

The above (Parts A, B) AH established policies are relevant to AH GME although AH GME policies and procedures take precedence over AH Policies wherever applicable.

⁶⁹ ACGME Institutional Requirements IV.H.3.

Residents/Fellows and Faculty are prohibited from being impaired or under the influence of drugs or alcohol while on duty. Residents who exhibit a physical or behavioral impairment such as alcoholism, drug abuse, or a mental or emotional problem, which may affect their skill, attitude, or judgment, may refer themselves on a voluntary basis to the AH Physician Support Services or the Employee Assistance Program for an assessment and possible treatment.

Any individual exhibiting signs of impairment may be subject to the following policies either for voluntary or involuntary referrals in addition to, or as an alternative to, disciplinary action:

- I. The individual will be required to submit to drug/alcohol or clinical screening tests. If by virtue of his/her laboratory tests, behavior, deportment, or performance, raise concern that he/she is suffering from an emotional disorder including, but not limited to, substance abuse, he/she may, at the discretion of the program director of his/her program, be required to undergo clinical or drug/alcohol screening. Such examinations may be required periodically and/or randomly. Behaviors, which might indicate the necessity for evaluation, would include, but not be limited to the following:
 - a. Dereliction of normal duties;
 - b. Inability to be aroused while on call and/or persistent tardiness;
 - c. Disorganized thinking or memory impairment;
 - d. Unprofessional or otherwise inappropriate behavior with peers, patients and their families, teaching faculty, or nursing staff;
 - e. Demonstration of a disorder of mood such as depression or anxiety of such severity that it places the patients under his/her care at risk; and,
 - f. Reporting for duty with the scent of drug/alcohol and/or its possession.
- II. Any individual with documented behavioral evidence that warrants a screening that refuses such testing will be treated administratively as though testing positive for drug/alcohol or other controlled substances. The program director with consultation with the DIO and the Director will formulate an administrative plan for the resident with the intent to maximize the resident's probability of success in his/her education at AH GME.
- III. If clinical evaluation and/or substance abuse screening determines that a disorder is present, depending upon the severity of the individual's impairment, and at the discretion of the program director and DIO, the following actions will be taken:
 - a. The individual will be monitored by the Health Professional Recovery Program (HPRP) and will participate in group or individual therapy or other (AA or NA) activities as recommended by the HPRR. Participation in the HPRP is confidential. If a licensee is referred to the program, has a qualifying diagnosis, and complies with HPRP requirements his or her name will not be disclosed to state regulatory authorities or the public. Provided there is no readmission, records of HPRP participants are destroyed five years after successful completion.
 - b. The individual may be permitted to continue to function with modification in their service load and/or supervision as deemed appropriate by his/her program director.
 - c. The individual may be suspended or placed on sick leave;
 - d. The individual may be placed on a formal leave of absence; and,
 - e. Malfeasance, dereliction of duty or lack of compliance with treatment recommendations could lead to dismissal from the program.
- IV. Due Process – Individuals are entitled to due process as set forth in their contracts with respect to this policy.
- V. An individual with documented substance abuse problem may be listed in the "National Practitioner Database" per the NPD rules.

⁷⁰ ACGME Institutional Requirements IV.H.2.

GRADUATION CEREMONY

Each GME program will conduct their own individual graduation ceremony. Any Trainee faced with extraordinary circumstances, which prevent participation in the graduation, must receive an approval from their program director. Other emergent situations will be considered without the time deadline for submission. Approval must be granted for the Resident/Fellow to be excused from participation.

AH GME programs will issue certificates of completion. Certificates are presented to those at graduation that meet the following criteria:

- I. Successful completion of all requirements from an accredited program in which the resident is board eligible. The dates on the certificate will reflect the dates served at the training program.
- II. Successful completion of all requirements in an institutionally approved non-standard program.

Any trainee leaving without completion of the program in which they were enrolled, will receive a letter from the program director stating their dates of training, status within the program, and rotations completed. This letter will be authenticated by the program director and DIO.

Should a resident misplace a certificate, replacement certificates will be created at a charge of \$30.00 by the training program. Replacement certificates will be signed by the current Program Director and DIO.

RESIDENT PROMOTION AND DISMISSAL

AH as the Institutional Sponsor for GME programs requires training programs to provide residents with standards for promotion to each successive level of the training. As such:

- I. There shall be evaluations for each trainee, which shall be augmented by other evaluation methods, including a 360 evaluation, and other relevant observations.
- II. Trainees must meet standards for promotion as defined by the ACGME, Review Committee and program.
- III. If there are significant deficiencies in their performance, a remedial plan will be given to the trainee in both verbal and written notification in accordance with the program's remediation policy.
- IV. Trainees failing to demonstrate satisfactory progress of performance or achieve specified performance goals may be dismissed from the training program within four (4) months' notice (if possible).
- V. If a resident/fellow will not be promoted, the program director will notify the resident in both verbal and written notification.⁷¹

Resident dismissal procedures:

- I. AH GME training programs subscribe to a policy that residents/fellows may be dismissed for cause including but not limited to:
 1. Failure to fulfill probationary corrective actions;
 2. Unsatisfactory academic and/or clinical performance;
 3. Failure to appear for duty when scheduled without notification to the program;
 4. Failure to comply with the rules and regulations of the residency program;
 5. Revocation, suspension or restriction of license to practice medicine;
 6. Theft;
 7. Unprofessional behavior;
 8. Insubordination;
 9. Use of professional authority to exploit others;
 10. Conduct that is detrimental to patient care; and,
 11. Falsification of information in patient charts or other documents of the residency program.
- II. The program director who is considering dismissing a resident shall consult with the resident's Advisor/Mentor, the Director and DIO who will compose the Dismissal Panel. The process for dismissal shall be:
 1. The resident will be notified in writing that the program is considering dismissal. The reasons dismissal is being considered must be included;
 2. Upon notification, the resident will have an opportunity to meet with the Dismissal Committee to present oral and written support for his/her position in response to the reasons for the action set forth by the program director; and,
 3. If after the meeting (or, if the resident declines to meet, after the opportunity to meet is provided), the program director determines that dismissal is still recommended, the resident will be informed of the dismissal in writing and offered a hearing regarding the dismissal.
 4. The trainee has a right to a hearing regarding a non-promotion or a dismissal.⁷²The resident may request for a hearing in writing. Such a written request must be made to the program director within fifteen calendar days from the date of receipt of the document informing the resident of the non-promotion or dismissal. The hearing process will follow the process outlined in the Appeal Policy section of this manual.

⁷¹ ACGME Institutional Requirements IV.C.1.a

⁷² ACGME Institutional Requirements IV.C.1.b

RESIDENT/FELLOW GOOD STANDING CRITERIA, POLICY #: 1023

Issue date: 7/1/2017	Developed by: GME Admin
Revision date:	Approved by: GMEC

PURPOSE

To establish criteria for a resident to be considered in good standing by his or her program, to identify performance deficiencies that may affect a resident's standing, and to define adverse actions of performance deficiencies.

POLICY

A trainee whose performance conforms to established evaluation criteria in a consistent and satisfactory manner will be in "good standing" with the program and institution. Misconduct, failure to comply with the policies and procedures governing the program or unsatisfactory performance based on one or more evaluations may adversely affect their standing in the program. The minimum criteria for a resident to be in good standing, adverse actions that affect standing, and academic actions in case of performance deficiencies are set forth below:

I. A resident in good standing meets the following expectations:

- a. Satisfactory completion or expected completion of training requirements based on the expectations for the resident's post graduate year (PGY).
- b. Satisfactory overall performance based on faculty evaluations.
- c. Documented competence commensurate with current level of training.
- d. Successful completion and passing of the USMLE Step 3 or COMLEX Level 3 exam, prior to entering the PGY-2 level.
- e. Full compliance with all terms of the resident agreement.

II. Good standing may be adversely affected by:

- a. Misconduct, lapses of professionalism, or unethical behavior
- b. failure to comply with bylaws, policies, procedures, rules regulations of sponsoring and affiliated institutions, departments, or medical staff.
- c. Unsatisfactory clinical performance based on documented evaluations.
- d. Below satisfactory academic performance based on relevant exam scores.
- e. Failure to satisfy licensure, visa, immunization, registration or other eligibility requirements for training.
- f. Delinquent chart completion, inpatient or outpatient.

III. Academic actions in case of performance deficiency. If at any time the Program Director, in concurrence with the Clinical Competency Committee (CCC), determine that a resident is deficient in any of the criteria set forth in this document, one or more academic actions may be taken. These actions may include, but are not limited to the following:

- a. Counseling:
 - i. The purpose of counseling, whether verbal or written, is to give the resident specific notice of performance deficiencies and their possible effect on current standing.
 - ii. Counseling period may vary but must be specified in writing by the program and give trainee a meaningful opportunity to remedy the identified performance problems. Documentation must be maintained at department level.
 - iii. Possible outcomes after counseling are return to good standing, probation, and or non-promotion.
- b. Probation with Remediation
 - i. A resident who is in jeopardy of not successfully completing requirements of their program may be placed on probation.

- ii. Probationary status will be communicated verbally and in writing and will include a description of reasons for probation and required remedial activity.
 - iii. Actions to take place should fail to fulfill corrective actions during a probationary period are outlined in the AH GME Disciplinary Policy.
 - iv. Probation will result in adverse reporting to external entities, including, but not limited to, accreditation agencies, potential employers, credentialing committees, and state medical boards.
- c. Other academic actions as stipulated in the AH GME Manual.
 - i. These actions include but are not limited to: suspension, non-promotion, and dismissal from the program.

DISCIPLINARY POLICY

AH is committed to provide the highest quality of educational programs. The program director may take remedial and/or disciplinary actions including reprimand, suspension or, termination against the resident when there has been failure to attain a proper level of scholarship or professionalism including but not limited to:

- I. AH's Citizenship Policy;
- II. AH's Code of Ethics;
- III. Competencies as specified by the appropriate accrediting body;
- IV. Breach of the Resident Contract;
- V. Behaviors due to alcohol and/or substance abuse;
- VI. Violation of AH and GME policy.

To ensure the quality of care for patients and resident adherence to a standard of excellence in performance and conduct are never compromised, the hospital follows a procedure for corrective disciplinary action when necessary. In the event of a perceived need for formal discipline based on documented deficiencies, the resident will be notified verbally and in writing regarding the deficiencies and the steps outlined to correct these deficiencies:

- A. If this corrective action fails to remediate the deficiencies, the program director shall
- B. take the problem to the program's faculty group. The faculty will vote to recommend placement of the resident on a "probationary" status for a period of one to six months. Along with the probationary status, there will be a verbal discussion and a notification letter to the resident stating the corrective actions required. If the deficiencies are serious enough, immediate dismissal may be enacted.
- C. If the resident fails to fulfill the corrective actions outlined in the notification letter or continues activities contrary to those expected and defined by any of the documents referenced in this disciplinary action section, then the Program director will bring the issues again to the faculty. Disciplinary action of formal dismissal from the program, suspension (up to three months) or probationary status with remediation will be determined. All such recommendations shall be provided verbally and in writing to the resident when approved and shall be implemented by the program director.
- D. Should the resident be placed under suspension, the resident will not work or be in AH property other than for official activities approved or requested by the Program director.
- E. In the case of an act or threat endangering the health, welfare or safety of any patient, visitor, colleague or employee, the program director may suspend or terminate the resident immediately.

GME GRIEVANCE & PROCEDURE, POLICY #: 1021

Issue date: 1/2018	Developed by: GME ADMIN
Revision dates:	Approved by: GMEC (1/10/18)

PURPOSE

The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident grievances that minimizes conflicts of interest, and provides due process relating to suspension, non-renewal, non-promotion, or dismissal⁷³.

POLICY

It is the policy of AH GME to provide trainees with an orderly means of resolving grievances in regard to the educational and professional working environment, disciplinary action, non-promotion, non-renewal of agreement, suspension and dismissal from a program. Bases for a grievance include but are not limited to instances of bias, violation of AH GME code of conduct, violation of resident/fellow agreements or other perceived unfair actions or decisions made unto the trainee by program staff, faculty, or program directors.

Discipline due to violations of AdventHealth Orlando HR policy, including but not limited to, *AH Rules of Conduct Policy #800.243* and *AH Harassment Free Workplace Policy #800.242* are not eligible for grievance under this policy and shall be referred to AH Human Resources for appeal.

The AH GME grievance process is intended to be a confidential and informal process, designed to resolve disagreements internally with minimal conflicts of interest, and is not intended to be an adversarial forum. Throughout the process, trainees, program directors, and other involved parties are encouraged to resolve disputes through discussion and negotiation. Trainees may use this process to raise concerns and grievances without fear of intimidation or retaliation.

Issues of Policy: No grievance will be filed under this policy and procedure that petitions for a change in AdventHealth Orlando and/or AH GME policy. Such issues should be referred to the resident association to be discussed at the resident association meetings and then brought to the GMEC by the resident association representative for consideration.

Time Limit: The resident/fellow must file a grievance as described in the following procedure. All grievances should be filed within 30 calendar days of the date that they knew of the action or received notice of the decision in which the grievance is being based upon.

Adjudication: Interpretation of any aspect of this policy and procedure will be the responsibility of the Designated Institutional Official (DIO). The decision of the grievance committee is final and non-appealable.

PROCEDURE

A. Initiation of a Grievance

1. A written grievance letter must be sent by the resident to the DIO within thirty (30) calendar days of the action as stated in the time limit above. Grievance proceedings cannot be initiated by a resident's legal counsel. Should correspondence be received from a resident's attorney, it will be referred to AH corporate attorneys for response and will not be recognized as initiation of the grievance process.
2. The grievance letter must include the following information:
 - a. The date of the action or decision being grieved, and date in which resident became aware of the action, or notified of the decision, if not immediately.
 - b. A factual description of the grievance and parties involved.

⁷³ ACGME Institutional Requirements IV.C. & IV.D.

3. Any attachments and documentation relevant to the grievance. Upon receipt, the DIO shall investigate, mediate and propose a resolution to the grievance. Within ten (10) business days of receipt of the written grievance, the DIO will propose a resolution, in writing, to the resident with copy to the program director.
4. All involved parties, including the resident, the individual being grieved against (hereinafter “the respondent”), program director, and DIO, shall meet to discuss and affirm the resolution within five (5) business days of issuance of the proposed resolution, or as soon as reasonably feasible.
5. Following the meeting, the resident has ten (10) business days to decline the resolution and state, in writing to the DIO, their request for a formal hearing of the grievance. Should the resident fail to notify the DIO within the time limit, the proposal shall be accepted by all parties and the process shall conclude.

B. Grievance Committee and Formal Hearing of a Grievance

1. The DIO shall assemble a grievance committee (hereinafter “the committee”) within ten (10) business days of receipt of written statement declining proposed resolution and requesting formal hearing.
2. The DIO shall select all members of the committee. The committee shall consist of: two (2) physician faculty members from the involved clinical department; one (1) physician faculty member of the Graduate Medical Education Committee (GMEC) from a clinical department not involved in the action; one (1) senior resident from the involved program; and one (1) senior resident from another AH sponsored residency program.
3. Upon acceptance of assignment by all committee members, the committee shall select a committee chair, and the DIO will notify the resident and the respondent of the committee members. The resident and respondent will have the right to challenge, in writing, any member of the committee for bias.
4. Should the resident or respondent challenge committee membership, the DIO will be granted an additional five (5) business days to decide on the validity of the challenge and appoint new members if need be. The DIO will review and decide on the validity of any challenge; the decision of validity shall be final.
 - a. Any challenges must be based in fact, including previously documented act of discrimination, and conflicts of interest.
5. The resident and/or the respondent may choose to invite an advisor, such as a faculty mentor, to be present during the hearing; however, only members of the committee, the DIO, the resident, and the respondent have the right to address the room. Attorney representatives may not attend the grievance proceedings for either party.
6. Record of the hearing shall be kept in the form of written minutes only.
7. Within ten (10) business days of assembly, the committee shall meet with the resident and the respondent to investigate the grievance. The resident and the respondent will have the opportunity to present to the committee. The DIO shall present to the committee, the initially proposed resolution and the resident’s response.
8. A written report and recommendation of the committee shall be submitted, by the committee chair, to the DIO in writing within ten (10) business days of the hearing.
9. The DIO will inform the resident, the respondent and the resident’s program director of the committee’s recommendation by the next business day following receipt of recommendation, or as soon as reasonably feasible.
10. The recommendation of the committee is final and non-appealable.

RESIDENT RESIGNATION, POLICY #: 1025

Issue date: 5/10/18	Developed by: GME ADMIN
Revision dates:	Approved by: CAO

PURPOSE

This policy sets forth conditions under which a resident may voluntarily terminate participation in any of the AH GME training program:

POLICY

Any resident wishing to voluntarily terminate participation before the completion of their training program must submit a written request for release to their program director. The resident must give at least a 30-day notice unless an exception is made by the Program Director, who must notify the Chief Academic Officer/DIO in writing.

All conditions of appointment will terminate on the effective date of the resignation. Resident will receive training credit only for time served in the program.

Program director must provide information reviewing the circumstances of the resignation and any counseling or remediation rendered, if applicable. GME, Program, and resident will then follow all steps outlined in the graduation/termination checklist.

A resident may choose to decline an offered agreement for the following year by refusing to sign and return an agreement within two weeks of its offer. The resident will remain in good standing during the remainder of the current agreement without prejudice and will assigned tasks until the end of the term of the agreement.

RESIDENT TRANSFER

Residents are considered as a transfer resident under one of the following conditions:

1. Moving from one program to another within the same or different sponsoring institution;
2. Entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs right out of medical school);

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.

AH GME outlines the following guidelines for transfers to ensure that accreditation requirements are met. Resident transfer into an AH GME training program⁷⁴:

- I. To be considered for a position in an AH GME training program, transfer applicants must meet the eligibility requirements as specified by the specialty/sub-specialty Review Committee and eligibility policy of the program.
 - a. The program will follow the guidelines outlined in their selection policies to ensure consistent and nondiscriminatory practices when screening and selecting transfer applicants.
- II. The AH program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.
- III. A sending program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.
- IV. The transfer of an applicant that applies to an osteopathic program from a PGY-1 program not otherwise approved by the AOA:
 - a. The applicant must secure and provide verification of AOA approval for their PGY-1 training.
 - b. Based on review of the verification materials provided, the AH GME Osteopathic program director will approve or deny advance standing in the Osteopathic program beyond the OGME-1 training year.
- V. Resident transfer from an AH GME training program:
 - a. For resident's transferring out of an AH GME training program prior to completion, the AH program director will meet all requirements of transfer as outlined in the ACGME Common Program Requirements.
- VI. Additionally, the program director shall write, and retain in the resident's file the following:
 - a. Competency-based summative evaluation of the resident's performance in the program;
 - b. A statement of the resident's standing in the program;
 - c. A statement of the training years satisfactorily completed;
- VII. For a resident transfer, who also participates an AH GME Osteopathic training program, the summative evaluation and documentation will be prepared in collaboration with the Osteopathic program director of concern.
- VIII. The program director will both discuss and provide a written summative evaluation and verification of training with the transferring resident.
- IX. Upon request for use by other residency programs, program directors will provide a timely written or electronic information:
 - a. Verification of a resident's educational experiences in the program, including resident standing,

⁷⁴ ACGME Institutional Requirements, III.C.2: Resident Transfers.

training years satisfactorily completed, rotations satisfactorily completed if the resident is currently still in the program, and assessment as to whether it is anticipated the resident will satisfactorily complete the training year.

- b. Competency-based summative evaluation of the resident's performance.

TRAINEE FILES, POLICY #: 1024

Issue date: 9/2017	Developed by: GME ADMIN
Revision dates:	Approved by: CAO

PURPOSE

Resident files provide a comprehensive record of trainee activities in a residency program. They are also used to verify completion of residency education requirements. It is the responsibility of AH GME to ensure proper documentation is kept within these files, that they are maintained appropriately, and that they remain secure and confidential.

POLICY

The resident file will be a combination of the file maintained by the respective department and the file maintained by the GME Office. This record will be maintained in both hardcopy and electronic formats as described in this policy. The hardcopy portion of the file will be maintained in a secure location, and the electronic portion of the file will be maintained in New Innovation's (AHGME's web-based, secure residency management system). A program may keep an additional electronic file; however, it must be kept on a secure AdventHealth Orlando drive, and must not replace the hardcopy or New-Innovations files.

The resident file will contain a record of the trainee's application and appointment information, curricular activities, certifications, awards, evaluations, disciplinary actions, graduate records and any additional information concerning the trainee that the Program Director and/or GME office deems appropriate to maintain in the file for purposes of evaluation and training, including records to be maintained for applicable institutional and program requirements of the Accreditation Council for Graduate Medical Education (ACGME).

All Veteran Affairs documentation maintained in the resident file located in the AH GME office.

File Access

1. The file will be available only to the Program Director, Associate Program Director, the program's Clinical Competency Committee, designated program administrative staff and the Office of Graduate Medical Education.
2. The Program Director and the Designated Institutional Official (DIO) or designee may disclose the file, or portions thereof, to individuals with a business need for the information (e.g., for matters relating to the education in the program, or the quality of patient care in the program).
3. The Program Director and the DIO or designee may also disclose the file, or portions thereof, to others as, authorized in writing by the trainee, for credentialing purposes, including medical staff privileging, future employment and moonlighting.
 - a. The trainee is responsible for the cost of printing and postage of documents, as applicable.
4. Upon request, the trainee or graduate shall have timely access to review his or her file under direct supervision of the Program Director or designated program administrative staff.

File Content – New Innovations

1. The following must be kept current at all times in New-Innovations Residency Management Suite:
 - a. Personnel data
 - i. Personal information
 - ii. Training record including gaps in training and LOA
 - iii. Contact information
 - iv. Licenses and certificates
 - v. Test scores
 - vi. AH employee ID and OPID numbers
 - vii. Resident employment agreement and malpractice certificate
 - b. Rotation/assignment schedules
 - c. Evaluations – including all formative and summative evaluations as required by accrediting body
 - d. Procedure logs

- e. Didactic attendance
- f. Clinical & educational work hours (duty hour logs)

File Retention – New Innovations

1. New Innovations records will be retained and kept up to date throughout a resident's training period. Upon successful completion of or withdrawal from a training program, the resident's New Innovations status will be advanced to "Alumni," after 90 days, the entire record will be electronically archived.

File Content – Current and Graduate Academic File

1. At all times while participating in the training program, and upon graduation, dismissal or withdrawal from training program, a resident's physical file must contain the following:
 - a. Appointment documentation
 - i. Application (ERAS application or other)
 - ii. Curriculum Vitae
 - iii. Copy of medical school diploma
 - iv. ECFMG number and copy of certificate
 - v. Visa documentation
 - vi. Summative competency-based evaluation(s) of previous GME experience(s) for transfer residents/fellows
 - vii. Exam transcript (USMLE/COMLEX – All parts)
 - viii. Resident employment agreements
 - b. Evaluations
 - i. Semi-annual evaluations for each academic year
 - ii. Final evaluation signed by resident and program director (upon graduation)
 - iii. Final evaluation/verification to specialty board (upon graduation)
 - iv. Milestones evaluation report for each academic year
 - v. Remediation and probation documentation
 - c. Verifications
 - i. Training program graduation certificate
 - ii. Training verification letter signed by program director (upon graduation)
 - iii. Current/final CV that includes training program and updated scholarly activity
 - d. Other
 - i. Leaves of absence requests/confirmations
 - ii. Moonlighting requests and approvals
 - iii. Final publication and research report
 - iv. Malpractice certificates
 - v. Leave of absence documentation

File Retention – Hard Copy

Files will be retained and kept up to date by the program throughout a resident's training period. Upon successful completion, dismissal or withdrawal from a training program, the entire file will be submitted to and maintained by the GME office permanently.