



2024-25 GME Resident & Fellow Core Manual

Graduate Medical
Education Manual

Graduate Medical Education
July 2024

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Right to Amend Policy: The Company reserves the right to modify, suspend, change, or terminate any policy at any time, by providing such notice as may be required by applicable law, or by ACGME institutional requirements.

Statement on Podiatric Medicine and Surgery Residencies

This statement acknowledges that the Podiatric Medicine and Surgery Residency (PMSR) programs are approved by the Council on Podiatric Medical Education (CPME). All references to the Accreditation Council for Graduate Medical Education (ACGME) throughout the document referring to the training of podiatric residents shall infer the program is approved by CPME and must follow the standards and requirements of CPME. The CPME is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine.

Special Review Process

This process applies to HCA HealthONE as well as all ACGME-accredited residency and fellowship programs sponsored by HCA HealthONE.

This policy outlines the protocol to:

1. Establish criteria for identifying program under performance.
2. Identify the procedure to be utilized when a program undergoes a special review
3. Develop a report that describes the quality improvement goals, corrective actions, and process(es) for monitoring outcomes by the Designated Institutional Official and Graduate Medical Education Committee.

Criteria for Identifying Program Underperformance

The following criteria are used to evaluate the need for Special Review:

1. Any program receiving an ACGME Letter of Notification of Accreditation indicating any of the following must undergo a special review:
 - a. Initial Accreditation with Warning, Continued Accreditation with Warning, and/or adverse accreditation statuses as described by ACGME policies
 - b. Probation
2. The determination of the need for a special review, in situations other than that noted in # 1 above, is made by the Designated Institutional Official, Division Vice President, Group Vice President, President of GME or Vice President of Academic Affairs. This determination should be based on a broad review of the educational quality, resident and/or faculty satisfaction, educational resources available, and the work and learning environment in conjunction with any specific concerns about the program. In determining if a special review is warranted, the following non-exhaustive criteria listed below should be used. Note, however, that this does not suggest that a special review is always required solely in the event one of the following conditions exists:
 - a. Continued Citations/Recommended areas for improvement
 - b. Inquiry from ACGME Office of Resident Complaints or Ombudsperson
 - c. Annual ACGME Resident/Fellow and/or Faculty Survey results that indicate substantially poor performance or an ongoing negative trend
 - d. Annual Program Evaluation and improvement plans that fail to satisfactorily address current citations and areas for improvement
 - e. Unanticipated turnover of Program Directors or key faculty
 - f. Deviations from expected results in standard performance indicators, including but not limited to the following:
 - Resident/fellow attrition
 - Continued faculty turnover
 - The inability to demonstrate success in any of the following focus areas:
 - » Establishment and implementation of supervision policies
 - » Transitions of care
 - » Work hours compliance
 - » Integration of residents/fellows into the sponsoring institution's patient safety initiatives
 - » Integration of residents/fellows into the sponsoring institution's quality improvement initiatives and efforts to reduce disparities in health care delivery

- » Engagement in scholarly activity
- » Faculty development
- » Board certification pass rates

Procedure:

Upon confirming the need for a special review, the Designated Institutional Official and Graduate Medical Education Committee will have 30 days to convene the Special Review Committee to commence the review.

Review

There are two types of special reviews that may occur:

1. Focused review – a review focused on an identified area(s) of concern.
2. Full review – a review of all elements of the program. Programs that undergo a special review due to an accreditation status of “probation” or “warning” must undergo a full review.

Both types of reviews will be conducted by GMEC appointees in a Special Review Committee to include at least:

1. One program administrator
2. One resident/fellow
3. One faculty member
4. One program director
5. One Graduate Medical Education Office representative (DIO/Institutional Review Committee/ Administrative Director of Education (ADME))

Members performing the special review must not be from the program under review. Members of the special review committee may be appointed from other programs or sponsoring institutions within HCA Healthcare Graduate Medical Education to allow a member of the same specialty under review to serve on the committee. The decision to utilize members from facilities outside of the sponsoring institution will be made jointly by the Designated Institutional Official, Division Vice President GME (DVP), and AVP of Accreditation.

All special reviews must be reported to the AVP of Accreditation once determination of the need for a special review has been made and prior to the special review itself to allow for any assistance needed from the accreditation team. Special Reviews triggered by probationary or with warning accreditation status decisions must include a member of the HCA Healthcare Accreditation Team or designee on the Special Review Committee. Special Reviews triggered by reasons other than accreditation status may also require a member of the HCA Healthcare Accreditation Team or designee depending on the risk to accreditation of the program or institution. The decision to include a member of the HCA Healthcare Accreditation Team or designee on a Special Review Committee is made jointly by the Designated Institutional Official, Division Vice President GME (DVP), and AVP of Accreditation. In situations where the Special Review is triggered by issues that may involve the Designated Institutional Official, he or she will recuse themselves from the decision on whether to include an HCA Healthcare Accreditation Team member.

Special reviews include the following components as needed and necessary:

1. Analysis of the following documents:
 - a. Documentation supporting program underperformance
 - b. Most recent Letter of Notification

- c. Most recent ACGME Resident/Fellow and Faculty Survey
 - d. Most recent Annual Program Evaluation and Improvement Plan
 - e. Program Requirements currently in effect AND in effect at the time of underperformance
 - f. Additional documents appropriate to the criteria for underperformance as determined by the Special Review Committee
2. Interviews with those involved and/or potentially affected including program leadership (Program Director, Program Administrator and Administrative Director Medical Education (ADME), peer-selected (if not all) residents, core faculty, C-Suite representatives and other key individuals as identified.
 3. Review and discussion by the Special Review Committee resulting in written recommendations and remediation action plans.

Report

1. Once the review is completed, the Special Review Committee reports to the Graduate Medical Education Committee for approval of the proposed action plan and for ongoing monitoring by the Graduate Medical Education Committee to ensure completion and effectiveness.
2. The report will include the following:
 - a. Name of the program being reviewed with the date the review was completed and a date when the report was accepted by the Graduate Medical Education Committee
 - b. Names and titles of special review panelists and level of training of residents/fellows participating
 - c. Summary of how the review process was conducted and a list of documents reviewed
 - d. Listing of the findings and recommendations of the panel
 - e. Action plan(s) recommended by the Special Review Committee and developed by the program under review with any corrective actions designed to address the identified concerns, quality improvement goals, an implementation plan/timetable, and the process for GMEC monitoring of outcomes
 - f. The report and progress on corrective action plans should be noted and discussed in the relevant program's Annual Program Evaluation (APE)

Monitoring of Outcomes

1. After review and approval, a copy of the final report – including modifications by the Graduate Medical Education Committee - will be provided to the program director of the program reviewed.
2. The Designated Institutional Official, and the Graduate Medical Education Committee will monitor outcomes of the special review process, including actions taken by the program and/or the institution.
3. The program director will provide a report as to the progress of the approved action plans at Graduate Medical Education Committee meetings and as requested by the Graduate Medical Education Committee as they coincide with the implementation timetable and/or until the Graduate Medical Education Committee determines all components have been adequately met.
4. Once the Graduate Medical Education Committee concludes that the issues that triggered the Special Review Process have undergone correction and are no longer a concern the Graduate Medical Education Committee will note completion of the Special Review process.

Resident and Fellow Recruitment, Eligibility, Selection, and Appointment Policy

Recruitment

The Sponsoring Institution in partnership with each of its ACGME accredited programs, will engage in practices that focus on continuous, mission-driven, systematic recruitment and retention of well-qualified candidates, with the intention of recruiting a diverse and inclusive workforce of resident physicians and clinical fellows.

Appropriate resources and systems to support each program's recruitment efforts shall be budgeted and allocated by the primary teaching hospital through the Office of Graduate Medical Education, with support and guidance from the Designated Institutional Official (DIO) and from the HCA Healthcare Graduate Medical Education corporate resource team.

Analysis of prior year recruitment results and trends should be reviewed and evaluated by the Designated Institutional Official, Graduate Medical Education Committee (GMEC), and program leadership with the objective of continuously improving the recruitment process to meet institutional and program goals.

Eligibility for Appointment

All candidates for Appointment must meet one of the following eligibility criteria:

- a. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) or,
- b. Graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA) or
- c. Graduate from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
 - Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
 - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program.
- d. Candidates must have passed the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 CK, or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 1 and Level 2 CE prior to Appointment.
- e. Candidates must meet all state and federal legal requirements for employment and medical licensure in state(s), in which they will be practicing, prior to Appointment.
- f. Foreign national physicians who seek entry into the sponsoring institution's graduate medical education programs must obtain an appropriate visa that permits clinical training activities prior to Appointment.

Selection Process

- a. All ACGME accredited programs shall participate in the National Resident Matching Program (NRMP) as the primary method of selecting candidates for Appointment. The Designated Institutional Official and Graduate Medical Education Committee shall monitor each program's compliance with NRMP Match Participation Agreement.
- b. Candidates selected outside of the NRMP must be reviewed and approved by the Designated Institutional Official for compliance with eligibility requirements prior to Appointment.
- c. Programs shall use the Electronic Residency Application Service ERAS (still under NRMP however) or the Thalamus to receive applications from candidates.
- d. Candidates selected for interview shall be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the program, either in effect at the time of the interview or that will be in effect at the time of the candidate's eventual appointment. This information shall include, at a minimum, a written copy of the Appointment Agreement (employment contract) and the Graduate Medical Education Manual

Appointment

Residents and Fellows who are selected for Appointment shall be provided an Appointment Agreement that complies with ACGME requirements.

Salary and Benefits

Salary

On an annual basis the Graduate Medical Education Committee (GMEC) will provide recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits.

During the Agreement term, the hospital will pay to the resident/fellow an annual salary on a bi-weekly cycle, and in accordance with Hospital's general payroll practices, less applicable withholdings, which corresponds with the resident's/fellow's Post Graduate Year (PGY).

The annual salary for each subsequent Post Graduate Year will be communicated to the resident/fellow in advance of any change in salary, including promotion.

Stipends

a. On-Call Meal

An on-call meal stipend, per academic year, will be provided to cover the meal expenses which the resident or fellow may incur while on call. Like salaries, the on-call meal stipend payments are subject to applicable taxes

b. Orientation

Residents/fellows who are new to the hospital's training programs will receive a stipend to cover the time spent completing on-site and online orientation activities. The stipend will be prorated if resident/fellow does not attend the full orientation. Transferring residents from another HCA Healthcare facility are not eligible for the stipend a second time but are still required to attend orientation for each respective program. The stipend amount is subject to applicable taxes and withholdings.

Medical Training Licenses

The Sponsoring Institution will pay for the medical educational limited license and other related expenses including fingerprinting and background checks. In cases where a full medical license is required by the medical board, the Sponsoring Institution will pay for this license as well.

Requirements differ per state, residents and fellows are asked to work closely with their Program Directors, Program Administrator, and their state medical boards to ensure that all necessary requirements for licensure are understood and maintained.

Professional Medical Liability Coverage

The Sponsoring Institution provides occurrence-based (except in Kansas*) professional liability insurance coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the course and scope of the program(s).

The Sponsoring Institution ensures that residents/fellows are provided with:

- a. Official documentation of the details of their professional liability coverage before the start date of resident/fellow appointments; and
- b. Written advance notice of any substantial change to the details of their professional liability coverage.

*Trainees licensed and residing in the state of Kansas are covered under a claims-made policy with excess coverage provided by the Kansas Healthcare Stabilization Fund for services rendered in any state. Trainees licensed in Kansas, but residing in another state are covered by the same claims-made policy with Kansas Healthcare Stabilization Fund excess, but only when rendering services in the state of Kansas – services rendered in any other state would be covered under an occurrence policy.

Health and Medical Benefits

The Sponsoring Institution ensures that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility.

If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

The Sponsoring Institution ensures that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility.

If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.

The Sponsoring Institutions will provide a comprehensive list of personal benefits package options. The most current plan, enrollment and renewal information may be found on the hospital human resources benefits site.

For details consult your Program Administrator.

Benefits Highlights include, but are not limited to, the following:

- Medical, dental and vision insurance
- Family Medical Leave
- Active Military Leave
- Short-term disability
- Long-term disability
- Life insurance
- Flexible spending accounts
- CorePlus voluntary benefits
- HCA Healthcare 401(k) plan
- **Optum WellBeing Support**
- Employee Stock Purchase Plan
- Corporate Discount Option

Professional Membership Registrations and Dues

When membership to a specialty specific organization is necessary or customary the program will provide the cost of membership.

For details consult your Program Administrator.

Certification Courses

The Sponsoring Institution will pay for Certification courses and any related materials required by the hospital and/or the program, including, but not limited to, Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), as required by specialty.

For details consult your Program Administrator.

In-Training Examinations

The Sponsoring Institution will pay for in-training examinations in the applicable specialty.

For details consult your Program Administrator.

Lab Coats

At the start of each academic year, the program will provide either two white laboratory coats per resident/fellow (July 1 to June 30) or provide a reasonable substitution satisfying the facility requirements and program specialty.

Leave Policy

Commencing on the Start Date, residents are eligible for:

Paid Time Off - PTO (Vacation, Sick or Holiday)

Each resident/fellow receives **annual paid leave of 4 weeks** (a week is defined as five working days, Monday through Friday) to cover time off for vacation, sick, holiday or other time away from work. This collective amount of time off is called paid time off or (PTO).

State laws differ as it relates to vacation and sick leave therefore, if a Sponsoring Institution or program has different polices than what is described below, the Program Administrator for that program, in consultation with the human resources (HR) leader at the facility, will provide the resident/fellow with state or local specific information.

Regardless of the state or locality of employment for a resident/fellow, there is still a process each individual must go through to request and be granted Paid Time Off. The Program Administrator for that program, in consultation with the Human Resources (HR) leader at the facility, will provide the resident/fellow with state or local specific information.

Note:

- Residents/fellows should plan their Paid Time Off with their Program Administrator in a timely manner to allow for adequate coverage adjustments.
- Each program will define how far in advance a Paid Time Off request must occur.
- Paid Time Off requests for specific dates must be submitted in writing or through the Residency Data Management System
- Residents/fellows should take into consideration the need to save time off for holidays and sick leave when scheduling vacation days.
- Residents/fellows should be aware that each specialty has varying requirements as it relates to:
 - The number of required clinical months of training for their particular specialty,
 - The impact leave has on a resident/fellow's eligibility to participate in examinations by the relevant certifying board(s).
- The number of actual Paid Time Off days allocated to residents/fellows in different programs within the same facility may differ due to specialty requirements.
 - Depending on the specialty, there may be program-specific restrictions as to which rotation a resident/fellow can schedule Paid Time Off.
- Except as required by state or local law, Paid Time Off does not carry over to the next academic year and residents/fellows will not be paid out for unused time.
- Paid Time Off may not be contiguous from one academic year to the next unless approved by the Program Director.
- Maximum time off should be no more than seven contiguous days with rare exceptions. Exceptions to be approved by the Program Director.

Educational Leave

One additional week MAY be granted by the Program Director for educational purposes specific to the resident/fellow's training track, to expand knowledge and skills or present scholarly activity. Educational leave may include, but not be limited to, conferences, society meetings, presentations, continuing medical education, USMLE/COMLEX test taking, or Fellowship interviews.

The resident/fellow must seek approval from their Program Director as far in advance as possible and prior to committing to any requested educational leave. Each program may set guidelines on notification timelines.

Resident/Fellow Paid Leave

Resident/fellow employees may be paid **up to six (6) weeks** during the duration of the resident/fellow's defined residency program. Resident/Fellow Paid Leave may be used as a continuous leave of absence or an intermittent leave of absence. Unused Resident/Fellow Paid Leave is not paid out upon termination of employment.

For full details, consult your Program Administrator and HCA Healthcare Time Away from Work.

Paid Family Leave

The full policy may be reviewed here [**HR.TR.026**](#).

Other Time Away from Work

An unanticipated absence may occur that is related to bereavement, military service, jury duty and other instances.

Differing states have differing requirements related to leave.

For details consult your Program Administrator as they pertain to your state.

Eligibility for parental leave or other hospital provided leaves such as leave permitted under the Family Medical Leave Act or other statutorily required leaves shall be offered and controlled by the hospital's human resources policies.

Expense Reimbursement

For details consult your Program Administrator.

Away Rotation Travel and Accommodations

When the primary educational facility does not support specific educational experiences required by the ACGME for a given specialty, the program will partner with outside facilities (either within the HCA Healthcare network or otherwise) to ensure access to required educational experiences. These experiences are typically referred to as “outside rotations” or “away rotations.”

When the location of these rotations is “geographically distant” from the Sponsoring Institution, the program will ensure appropriate travel reimbursement and/or accommodations consistent with HCA Healthcare Graduate Medical Education (GME) policies and procedures.

The ACGME Review Committees considers a participating site to be “geographically distant” if it requires extended travel (consistently more than half an hour each way) or if the distance between the site and the Sponsoring Institution exceeds 30 miles.

Research and Scholarly Activity Travel and Related Expenses

HCA Healthcare Graduate Medical Education (GME) supports research and scholarly activity in many ways facilitating the success of our residents and fellows in sharing and showcasing their scholarly projects. Residents and fellows are required to discuss their proposed scholarly projects with their Program Director, Research Mentor, and their Division Research Director/Coordinator, early in the process including the likely desire to present accepted research at a local, regional, or national conference.

All accepted scholarly activity must proceed through the HCA Healthcare Graduate Medical Education scholarly activity process prior to being submitted for consideration at a scientific conference. Residents and fellows must confirm with their Division Research Director that they are eligible for reimbursement of expenses prior to accepting any offer to present scholarly activity at a conference.

USMLE STEP 3 or COMLEX Level 3

The Sponsoring Institution will pay for step 3 successful completions per policy.

In order to receive Step 3 Reimbursement:

- Resident must take after July 1st of their PGY 1 year
 - The resident must be employed by HCA Healthcare on the date they take the exam
- Resident must receive passing result
- Reimbursement must be submitted, via the CONCUR approval process, within 90 days of receiving the passing result
 - The following **MUST** be attached to the submission:
 - » Passing score report listing test date after July 1 of their PGY 1 year
 - » Receipt showing paid exam fee

STEP 3 Requirement Policy

Prior to completion of the resident's PGY-1, it is recommended the resident register for and take the United States Medical Licensing Examination Step 3 or the Comprehensive Osteopathic Medical Licensing Examination Level 3. Residents **must take and pass** the USMLE Step 3 or COMLEX-USA Level 3 by the deadline of six months prior to the scheduled start of the PGY-3 year to avoid being placed on paid Academic Remediation and to be eligible for promotion to the PGY-3 level in Graduate Medical Education programs. Residents who do not pass the required examination by the deadline will be placed on Academic Remediation by the residency program. If USMLE Step 3 or COMLEX-USA Level 3 is not passed by the scheduled start of the resident's PGY-3, the resident shall be dismissed from the program.

Residents transferring from another program must document a passing score on USMLE Step 3 or COMLEX-USA Level 3 by the deadline, which is within six-months of the starting date of their resident/fellow contract or the start of their PGY-3 year, whichever is later. Failure to meet this transfer requirement will result in dismissal from the program.

Procedure

1. Residents are strongly encouraged to read and become familiar with the eligibility requirements, policies, and procedures of the USMLE or the COMLEX- USA.
2. Residents shall submit documentation of a passing score on the USMLE Step 3 or COMLEX USA Level 3 or provide a copy of their full medical license to the Graduate Medical Education office **no later than** the start date of their PGY-3.
3. Residents are strongly encouraged to take and pass the USMLE Step 3 or COMLEX-USA Level 3 during their PGY-1.
4. Residents who do not pass the required examination by the deadline, which is six months prior to the scheduled start of their PGY-3, will be placed on paid Academic Remediation, which will include the implementation of a Remediation Plan.
5. Residents who have not passed the required licensing examinations prior to the start of their PGY-3 will be dismissed from the program.
6. Transferring residents must pass USMLE Step 3 or COMLEX-USA Level 3 within 6 months of the starting date of their contract or prior to the start of their PGY-3, whichever is later. Failure to do so will result in dismissal from the program.
7. The maximum number of retakes for USMLE Step 3 or COMLEX-USA Level 3 shall be defined by USMLE and COMLEX-USA requirements. Candidates failing the maximum number of retakes of either examination are no longer eligible to complete the examination and are therefore not eligible to obtain a medical license in the United States. Residents who fail the USMLE Step 3 or COMLEX-USA Level 3 after the maximum number of retakes will be dismissed from the residency program in accordance with the terms of their Agreement of Appointment.

Receiving a Subpoena

A subpoena is a legal document that requires an individual to testify or produce documents for a legal proceeding. It does not mean you are being sued.

Should you receive a subpoena contact your local facility Human Resources department who will put you in contact with the facility Risk Manager who will assist you with the process.

Sensitive Examinations

The U.S. Department of Health and Human Services (HHS) sent a letter to all teaching hospitals and medical schools in 2024 providing guidance around consent for sensitive physical examinations, including pelvic, breast, prostate or rectal examinations.

HHS's guidance is specific to examinations that are not medically necessary and are conducted for training and education purposes on patients under anesthesia or sedation.

Prior to any training or education-related sensitive examination (outside of medical necessity) there must be documented consent from the patient or legal representative specifically allowing these examinations.

Ensure that no training or education-related sensitive examinations occur without documented consent. Verify and not assume that consent has been given to ensure all patients are treated with respect and dignity.

Harassment and Respectful Workplace Policy

This policy, not necessarily Graduate Medical Education-specific, regarding harassment and respectful workplace in employment and in the learning and working environment, is consistent with all applicable laws and regulations.

Please refer to *HCA HEALTHCARE policy pertaining to Equal Employment Opportunity, Anti-Harassment, and Respectful Workplace*

Discrimination Policy

This policy, not necessarily Graduate Medical Education-specific, prohibiting discrimination in employment and in the learning and working environment, is consistent with all applicable laws and regulations.

Please refer to *HCA HEALTHCARE policy pertaining to Equal Employment Opportunity, Anti-Harassment, and Respectful Workplace*

Accommodation for Disabilities Policy

This policy, not necessarily Graduate Medical Education-specific, regarding accommodations for disabilities in employment and in the learning and working environment, is consistent with all applicable laws and regulations.

Please refer to *HCA Healthcare policies pertaining to ADA Accessible Facilities and ADA Model Policies and the Leave of Absence Policies.*

Title IX Sexual Misconduct Policy

Employer has adopted this Policy on Title IX Sexual Misconduct in Education Programs and Activities “Policy”, where applicable, in recognition of our commitment to provide a safe and hospitable environment for all members of our community to work and study.

Title IX Sexual Misconduct subverts Employer’s mission, diminishes the dignity of members of the community, and threatens permanent damage to the careers, educational experience, and well-being of our program administrator, residents, fellows, and faculty.

Grievances alleging discrimination or harassment on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, genetic information, gender identity, protected veteran status or other characteristics protected in accordance with applicable federal, state, or local laws; sexual misconduct, domestic violence, dating violence, or stalking; or that are otherwise within the purview of state and local laws set by a Hospital should be referred to the Hospital’s individual Human Resources Department and notify the Sponsoring Institution DIO. Allegations that involve conduct covered by Title IX will be referred to the Hospital’s Title IX Coordinator and will be addressed in a manner consistent with the Hospital’s policy and procedure for Title IX, in lieu of any other policies and procedures in this manual.

Refer to policy *HR.ER.071 Title IX Sexual Misconduct*

Substance Abuse in the Workplace – Physician Impairment Policy

This policy, not necessarily Graduate Medical Education-specific, regarding physician impairment is consistent with all applicable laws and regulations.

Please refer to Reference Number: **HR.ER.060** (formerly CSG.MM.002)

Name Badges

Each facility will provide its residents and fellows with an identification badge which allows for access to the facility and identification of their role, as a physician in a residency or fellowship training program, by other care providers, patients, and families.

To protect our patients, visitors, and team members, you are asked to:

- **Wear the identification badge at all times while in the facility** (with exceptions determined by clinical need, such as while scrubbed into the operating room)
- **Refrain from altering the badges** in any way, including non-approved stickers, tape, or markings
- **Report a lost or stolen badge immediately** to security services, human resources, or Graduate Medical Education (GME).

Company Provided Electronic Devices and Cell Phones

Residents/Fellows will be equipped with an individual electronic mobile devices for use consistent with the program's scope and needs. The assigned equipment is the property of the Sponsoring Institution. Accordingly, the resident/fellow agrees to use it at all times in accordance with facility policies and return it upon completion of the residency program or other circumstance in which a resident/fellow.

Sleep/Rest Facilities (Call Rooms, Lactation Rooms, and Resident Lounge)

We strive to provide a work and learning environment that supports resident and fellow education and professional growth.

Facilities will provide clean, quiet, safe, and private sleep/rest facilities (**call rooms**) in accordance with ACGME requirements.

Facility, in accordance with ACGME requirements and state law, will maintain clean and private areas that allow for **lactation**, appropriately close to patient care, and that support refrigeration for the storage of breast milk.

Room maintenance and cleaning is a shared responsibility. Residents and fellows are asked to notify their Program Administrator if rooms need cleaning or require any additional amenities.

Transportation Options for Fatigued Residents/Fellows

The safety of our residents and fellows is of utmost importance. Physician training can occasionally result in impaired or limited sleep resulting in excessive sleepiness.

Residents and fellows have the professional obligation to determine when they may no longer be able to drive safely and to avail themselves of an alternative mode of transportation.

All programs and facilities have procedures that allow for residents or fellows to arrange for alternative safe transportation home when they are at risk of fatigue.

Note: This covered expense is designed to be used for sporadic and unpredictable situations. Use of this service in a scheduled routine fashion to avoid driving oneself would be an inappropriate use of this service.

For details consult your Program Administrator.

Access to Food While on Duty

We provide access to food while our residents and fellows are on duty.

Behavior Health and Counseling Support

All residents and fellow have access to an Employee Assistance Program (EAP).

For details consult *Optum WellBeing Support*

Educational Resources

For full details refer to this [LINK](#)

Scholarly Activity and Research

HCA Healthcare Graduate Medical Education is committed to making advancements in the field of medicine through research and scholarly activity. All of our residencies and fellowships strive to meet or exceed the standards for scholarly activity set by the Accreditation Council for Graduate Medical Education (ACGME).

Our residents and fellows are supported by their program faculty and a team of national research coordinators to help select topics, get the resources they need, and see projects through from inception to publication.

HCA Healthcare Graduate Medical Education programs are able to leverage data from more than 30 million patient encounters across our facilities each year. Additionally, they are given access to prominent medical journals and clinical databases that they can use to diversify and validate their work.



Educational and Development Resources

HCA Healthcare Graduate Medical Education's Education Team supports Graduate Medical Education program leadership and faculty as we collectively strive to ensure that residency and fellowship graduates have acquired the skills, knowledge, and attributes necessary to meaningfully contribute to the care and improvement of human life. By fostering a community of learners among stakeholders, we assist programs in their educational initiatives including, but not limited to the development and delivery of competency-based curricula, resident professional development, and simulation and experiential learning activities.

Affinity Calls and Specialty SharePoint Sites

The purpose of the specialty Affinity Group is to provide a reoccurring forum for program leaders to develop areas of synergy, prioritize educational initiatives, share best practices, and facilitate decision making around recourses and other educadtional programming needs.

National Collative Didactics

Simulation and Experiential Learning

Simulation-based educations (SBE) provides a structured. Learner-centered, environment in which novice, intermediate and advanced practitioners, can learn or practice skills without potential harm to patients.

Transition to Residency Support

Resident as Teacher Program

The Residents-as-Teachers (R-as-T) Program is designed to be an interactive exploration of the aspects of clinical teaching, and will predominantly consist of assigned readings, guided discussions, and learning exercises. Participating residents will gain skills in clinical teaching, conducting conferences, facilitating small group discussions, performing evaluation, providing feedback, and working with learners of all types. We plan for your participation to be a rich and rewarding learning experience.

HCA Knowledge Management Center

By enabling the Graduate Medical Education Enterprise to collectively and systematically create, share and apply knowledge, the Knowledge Management team increases the efficiency and effectiveness of operations and invokes quality and innovation in medical education. Our team supports scholarly activity by providing publishing platforms and clinical library services in addition to acquiring and managing educational tools and resources that foster educational success.

GME Library Service

- GME Librarians assistance
- Interlibrary Loans
- Literature Searches
- HCA Healthcare Library

Writing Education

HCA Healthcare Scholarly Commons- a platform to collect, share and publish the variety of academic work created by the Graduate Medical Education community. It is a collaborative; open access resource developed to discover and showcase our contributions to medical knowledge.

HCA Healthcare Journal of Medicine



Educational Resources by Specialty

Eduscope - a bi-monthly newsletter that informs, motivates and educates its readers related to the activities and initiatives in support of both learners and faculty. In this newsletter, you will find all the information you need about current happenings in GME, as well as opportunities to broaden your education and scholarly activity.

Supervision Policy

This policy ensures that each ACGME- accredited program establishes a written program-specific supervision policy consistent with this institutional policy and the respective ACGME Common and Specialty-/Subspecialty-Specific Program Requirements.

Supervision and Accountability

The Sponsoring Institution, in partnership with its ACGME- accredited programs oversees:

- Supervision of residents/fellows consistent with institutional and program-specific policies;
- Mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.

POLICY:

All residents/fellows providing care to patients will be supervised by an assigned faculty physician. As residents/fellows demonstrate competence in their ability to care for patients, it is important to foster their progression to higher levels of autonomy by providing them with clinical roles with greater independence and the opportunity to supervise less experienced residents/fellows.

Residents/fellows may always call their faculty physicians, chief resident/fellow or Program Director on any areas of uncertainty.

Faculty physicians will treat residents/fellows with respect and patience. Planned communication to discuss patient progress and management plan changes is required.

PROCEDURE:

Supervision Levels

The following supervision levels are defined by the ACGME common program requirements and the institutional supervision guidelines. According to the ACGME, each patient must have an identifiable and credentialed attending physician who is responsible and accountable for the patient's care.

To promote appropriate resident/fellow supervision while providing for graded authority and responsibility the program must use the following classification of supervision:

- **Direct supervision:**

- The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction.
- [The Review Committee may further specify] PGY-1 residents must initially be supervised directly, only as described above. The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly.
- The supervising physician and/or patient is not physically present with the resident/fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify]

- **Indirect supervision:**
 - The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow for guidance and to provide appropriate direct supervision.
- **Oversight:**
 - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Progressive Authority and Responsibility, Conditional Independence and a Supervisory Role

- Can be delegated to each resident/fellow and must be assigned by the Program Director and faculty members.
- The Program Director must evaluate each resident/fellow’s abilities based on specific criteria, guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows, based on the needs of the patient and the skills of each resident/fellow.
- Senior residents/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/fellow.

Guidelines for circumstances and events in which residents/ fellows must communicate with the supervising faculty member(s).

- For example: the transfer of a patient to an intensive care unit, taking a patient for a procedure or an operation, or end-of-life decisions.
- Each resident/fellow must know the limits of their scope of authority and the circumstances under which the resident/fellow is permitted to act with conditional independence.

Clinical Education and Work Hours Policy

The Sponsoring Institution maintains a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

POLICY:

Maximum Hours of Clinical and Educational Work Per Week

- 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 moonlighting.
- Programs and residents/fellows have a shared responsibility to ensure that the 80-hour maximum weekly limit is not exceeded.

Mandatory Time Free of Clinical Work and Education

- The program must design an effective program structure that provides residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Residents/fellows should have eight hours off between scheduled clinical work and education periods.
- Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents/fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.
- Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident/fellow education.
- Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

Clinical and Educational Work Hour Exceptions

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

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

Moonlighting See Moonlighting Policy

In-House Night Float

- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- The maximum number of consecutive weeks of night float, and maximum number of months of night float per year are specialty specific

Maximum In-House On-Call Frequency

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

At-Home Call

- Time spent on patient care activities by residents/fellows on at-home call must count toward the 80-hour maximum weekly limit.
- The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education when averaged over four weeks.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
- Residents/fellows are permitted to return to hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

Moonlighting Policy

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

POLICY:

- All residents/fellows who engage in moonlighting activities
 - **Must be fully licensed to practice medicine in the state in which they are practicing**
 - **Must have state and federal Drug Enforcement Administration certificate to prescribe; and**
 - **Must carry individual professional liability insurance coverage.**
 - **Must be in good standing in their training program.**
- The resident/fellow must have the **explicit written** and **prior approval** of their Program Director before accepting any moonlighting opportunity. That approval must be in writing and must be made a part of the resident's/fellow's evaluation file.
- No resident/fellow is ever required to moonlight.
- Individual programs may prohibit their residents/fellows from moonlighting
- Moonlighting cannot be used to fulfill a training requirement of the current training program.
- Hours devoted to moonlighting must be counted toward the work hours regulations.
- Moonlighting is a privilege. Residents/fellows who choose to moonlight will be monitored by their Program Director, and the moonlighting privilege may be revoked by the Program Director if the Program Director feels that the moonlighting is adversely affecting the resident/fellow's patient care or education or is putting the resident/fellow at risk for work hours violation or excessive sleepiness/fatigue
- J-1 visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements.
- Residents/fellows are responsible for understanding, advising the Graduate Medical Education office and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.
- Violation of this policy may result in immediate suspension or termination.
- PGY1 trainees are not allowed to moonlight.

Due Process Policy

Residents/Fellows are provided with due process relating to the following actions:

1. Suspension
2. Non-promotion
3. Dismissal

Procedure

To initiate Due Process, the resident/fellow must submit a written appeal to the Designated Institutional Official (DIO) or his/her designee within five business days of receipt of the adverse action.

1. The resident/fellow's appeal should state:
 - a. The facts on which the appeal is based,
 - b. The reason(s) the resident/fellow believes the decision was in error, and
 - c. The remedy requested.

After gathering all information, the Designated Institutional Official or his/her designee determines is relevant:

2. May appoint a panel of impartial individuals, outside of the residents/fellow's program, to assist and advise
3. Will distribute a written response to the resident/fellow within 10 business days. The decision of the Designated Institutional Official or his/her designee is final.

Grievance Policy

This policy outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimize conflicts of interest.

The Graduate Medical Education philosophy is that residents/fellows are encouraged to discuss their concerns with the next level of management within the Graduate Medical Education organization.

Residents/fellows are encouraged to first raise and resolve issues via the Graduate Medical Education chain of command as follows:



Your Resident Forum Representatives can raise issues on your behalf.

If the resident/fellow has an issue with their Program Director, the resident/fellow may contact the Designated Institutional Official and/or the chair of the Graduate Medical Education Committee (GMEC).

- A. Grievances regarding academic or other disciplinary actions are processed according to the **Due Process policy**.
- B. Grievances related to the work environment or issues concerning the program or faculty that are not related to disciplinary or academic adverse actions can be addressed by discussing problems with a chief resident/fellow, Program Director, Designated Institutional Official, the Graduate Medical Education Committee or Graduate Medical Education Administration.
- C. HCA Healthcare maintains a confidential Ethics Line for reporting possible misconduct or obtaining guidance on an ethics or compliance issue. The ethics line number is (800) 455-1996. It is answered 24 hours a day and accommodates numerous languages.

Dismissal Policy

This policy provides residents/fellows with due process relating to the following actions: suspension, non-renewal, non-promotion; or **dismissal**

- Residents/fellows may be dismissed from the program for a serious or egregious act.
- The Designated Institutional Official (DIO) or his/her designee must review and approve all dismissals.
- Serious or egregious acts may include, but are not limited to, the following:
 - Professional incompetence
 - Violation of HCA Healthcare's Code of Conduct.
 - Serious neglect of duty or violation of HCA Healthcare Graduate Medical Education or program rules, regulations, policies or procedures
 - Conviction of a felony or other serious crime as determined by HCA Healthcare Graduate Medical Education
 - Unapproved absence from the program
 - Action or inaction reasonably determined by HCA Healthcare Graduate Medical Education to involve moral turpitude or that is contrary to the interests of patient care or the Sponsoring Institution
 - Failure to progress satisfactorily in the program's educational and clinical program
 - Inability to perform duties required hereunder per the Appointment Agreement.
 - Failure to maintain applicable medical licensure status
 - Falsification of medical records

Promotion Policy

For Graduate Medical Education programs requiring more than one year of training, residents and fellows must demonstrate satisfactory performance in meeting the ACGME specialty-specific milestones applicable to their program in order to be promoted to the next PGY level of the program. Satisfactory performance must be documented through the evaluation processes of the program, and include at least semi-annual performance reviews provided to each resident or fellow from the Program Director. The program's Clinical Competency Committee plays an important role in resident/fellow performance evaluation, and is advisory to the Program Director. The Program Director has final responsibility for resident/fellow evaluation and promotion decisions.

If a resident or fellow does not demonstrate satisfactory performance in meeting the ACGME specialty-specific milestones applicable to their program, then the resident or fellow may not be promoted to the next PGY level of the program. In this circumstance, the Program Director will provide written notification to the resident or fellow of the decision not to promote, and will take one of the following actions:

1. **Remediation.** The Program Director will assign a remediation plan to the resident or fellow with the intent of correcting deficiencies in performance. The remediation plan must be communicated to the resident or fellow in writing and explained verbally to the resident or fellow by the Program Director or by a member of the faculty designated by the Program Director. The maximum period of time for completion of a remediation plan is three (3) months from the date of notification to the resident or fellow. Failure to demonstrate satisfactory performance through remediation may result in dismissal. Residents or fellows assigned a remediation plan may remain at their current salary level until they are promoted to the next PGY level.
2. **Dismissal.** If the Program Director determines that the performance deficiencies of the resident or fellow are not amenable to remediation, then the Program Director will provide written notification to the resident or fellow of the decision to dismiss them from the program.

Right to Appeal

Residents and Fellows who are notified in writing by their Program Director of a decision to dismiss or not promote, suspend or not renew, have the right to appeal this decision in accordance with the Due Process Policy.

Remediation Process

Residents/fellows who are experiencing difficulties with achieving progress along the Milestones, as determined by the Program Director may require intervention to address specific deficiencies. Such intervention, documented in a remediation plan developed by the program director or a faculty mentor and the resident/fellow, will take a variety of forms based on the specific learning needs of the resident/fellow. However, the ACGME recognizes that there are situations which require more significant intervention that may alter the time course of resident/fellow progression.

PROCESS:

A. Key points for a resident/fellow to understand are as follows:

1. Remediation is a method to assist each learner in achieving progress along the Milestones for their specialty and reaching their fullest potential through addressing areas of deficiency towards graduation requirements.
2. It is the responsibility of the resident/fellow to understand and comply with the terms of the remediation plan.
3. A resident/fellow's failure to comply with the remediation plan may cause additional time to be assigned for remediation or could result in termination.
4. After 90 days the program director will determine if adequate progress toward meeting milestones has been achieved and formal remediation can be discontinued. This does not require that all deficits are resolved in a 90 day period.

B. It is the preference of the hospital and the program that the resident/fellow and Program Director or faculty member acknowledge the remediation by signing the remediation plan document.

1. Failure of a resident/fellow to sign the document does not negate that the remediation plan is to be followed and completed by the resident/fellow.
2. It is the resident or fellow's failure to adhere to the plan in a timely manner and rectify said problems, which could result in termination.

C. Given that the Clinical Competency Committees (CCC) meet quarterly or bi-annually, they are not always the only party that identifies residents/fellows with deficiencies. When a resident/fellow is identified as having deficiencies, the Clinical Competency Committees is informed and reviews the resident/fellow's education record during an ad hoc or scheduled Clinical Competency Committees meeting.

* As described above, there can be times when the Program Director initiates the remediation plan independent of the Clinical Competency Committee.

* The Clinical Competency Committee will be involved in oversight and follow-up of remediation plan.

Note: Remediation matters are eligible for due process review when the remediation alters the time course of resident progression.

Sample Remediation Process Flow Chart

Program Director Actions *with Clinical Competency Committee Oversight

- ✓ Identifies residents or fellows with deficiencies

Program Director Actions *with Clinical Competency Committee Oversight

- ✓ Conducts critical review of evaluations and other relevant data
- ✓ Determines possible modifications of work schedules
- ✓ Designs remediation plan
- ✓ Identifies a mentor
- ✓ Develops a mentoring meeting timeline

Program Director Actions

- ✓ Meets with resident/fellow provides written documentation outlining deficiencies and a specific plan to address deficiencies
- ✓ Program Director and resident/fellow sign the written document
- ✓ Program Director submits a copy of the signed written document to the Graduate Medical Education Office and Mentor

Mentor Actions

- ✓ Review Action plan with resident/fellow
- ✓ Conduct regular meeting per established timeline
- ✓ Identify improvements and/or concerns – discuss these with resident/fellow
- ✓ Submit progress report to Program Director

Program Director Actions * with Clinical Competency Committee Oversight

- ✓ Review resident/fellow progress report
- ✓ Determine next step for resident/fellow

Successful Remediation

- ✓ Resident/fellow meets goals identified in remediation plan
- ✓ Program Director documents summary report, to Graduate Medical Education Committee, stating that resident/fellow has satisfied all areas previously identified as concerns
- ✓ Summary progress and mentor notes are placed in resident/fellow residency data management file.

Continued Remediation

- ✓ 30 Day Review
Successful or continued remediation and repeat steps above
- ✓ 60 Day Review
Successful or continued remediation and repeat steps above
- ✓ 90 Day Final Review - if unsuccessful may result in repeating all or portions of the training program, dismissal, or non-renewal of the appointment contract.

Non-Compete Policy

Neither the Sponsoring Institution nor any of the Sponsoring Institution's ACGME-accredited training programs may require residents/fellows to sign a non-competition guarantee or restrictive covenant.

Disaster/Substantial Disruption in Patient Care or Education Policy

The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education, including information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments.

The ACGME defines a disaster as an event or set of events causing significant alteration to the residency/fellowship learning experience.

An extreme emergent situation is a local event (such as a Sponsoring Institution-declared disaster for an epidemic) that affects resident/fellow education or the work environment but does not rise to the level of an ACGME-declared disaster as defined above.

PROCEDURE:

Communication is paramount in a disaster.

The Designated Institutional Official (DIO) and Program Director(s) will establish a central point of operations from which to manage the disaster response. Information must be maintained in a duplicative manner (cell phones, home phones, email, pagers, applicable) to ensure appropriate communication.

1. Program Director(s) must be able to account for all members of their programs to the Designated Institutional Official and Administrative Director of Graduate Medical Education (ADME).
 - All residents/fellows will submit a form or will update the Residency Data Management System, both at orientation and annually that will list contact numbers.
 - All faculty and staff must maintain up-to-date personal contact information at all times.
 - When possible, residents/fellows will notify their Program Director or the Program Administrator as to where they will be evacuating (if necessary) if time allows.
2. Assessment of gaps in training must be made immediately by the Designated Institutional Official and other Graduate Medical Education leadership.
 - Should training be interrupted for more than one month, arrangements for resident/fellow deployment into other programs will be made.
 - Support from the ACGME and the Association of American Medical Colleges (AAMC) will be sought to help in planning for resident/fellow deployment into other programs.
 - Arrangements with state medical boards will also be addressed.

- Maintenance of communication will be addressed to help residents maintain connection with their program and peers.
- The Designated Institutional Official will ensure that financial and administrative support of all programs and residents/fellows will continue for the duration of the emergency, providing for continuation of salary, benefits, professional liability coverage and resident/fellow assignment. The majority of the residents/fellows are paid by electronic direct deposit: it is not anticipated that any interruption will occur. Benefits for affected residents/fellows remain in place for the duration of the disruption.
- The Designated Institutional Official will notify the ACGME within 30 days of all structural changes that have been instituted as a result of the disaster. The report will also include anticipated durations for any changes as well as anticipated effects on residents, fellows and their training.

3. Patient care

- Each facility will have a protocol outlining resident/fellow responsibilities should a disaster occur. Program faculty, staff and residents/fellows are expected to attend to personal and family safety and then render humanitarian assistance where needed.
- Additional resident/fellow teams may be needed to stay at the Sponsoring Institution to ensure patient care is maintained. Work hours and fatigue will be monitored in such situations.
- Residents/fellows will follow facility protocols to ensure that adequate provisions are made for patients before evacuating. Emergency teams will be required to stay and care for patients.

4. In the event of an extreme emergent situation, the following should be followed:

At the Local (Institutional) Level:

- The Program Director(s)'s first point of contact for answers to questions regarding a local extreme emergent situation must be their DIO.
- The Designated Institutional Official should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident/fellow assignments, educational infrastructure or clinical operations that might affect the programs' ability to conduct resident/fellow education in substantial compliance with ACGME Institutional, Common and specialty-specific program requirements. The Designated Institutional Official will provide information to the Executive Director, Institutional Review Committee regarding extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
- Given the complexity of some events, the Executive Director, Institutional Review Committee may request that the Designated Institutional Official submit a written description of the disruptions at the facility and details regarding activities the Sponsoring Institution has undertaken in response. Additional updates to this information may be requested based on the duration of the event.
- The Designated Institutional Official will receive electronic confirmation of this communication with the Executive Director, Institutional Review Committee which will include copies to all Executive Directors of Residency Review Committees (Eds-RRCs).
- Upon receipt of this confirmation by the Designated Institutional Official, Program Director(s)

may contact their respective Executive Directors of Residency Review Committees, if necessary, to discuss any specialty-specific concerns regarding interruptions to resident/fellow education or effect on educational environment.

- Program Director(s) are expected to follow their Sponsoring Institution's disaster policies regarding communication processes to update the Designated Institutional Official on the results of conversations with Executive Directors of Residency Review Committees regarding any specialty-specific issues.
- Designated Institutional Officials are expected to notify the Executive Director, Institutional Review Committee when the institutional extreme emergent situation has been resolved.

Within the Graduate Medical Education Office:

- The Executive Director, Institutional Review Committee will alert Executive Directors of Residency Review Committees (Eds-RRCs) when a program reports an extreme emergent situation. These communications will be included as interim correspondence in institutional and program files.
- Program Director(s) from affected programs may communicate directly regarding specialty-specific concerns once local extreme emergent situations have been confirmed through the Executive Director, Institutional Review Committee.
- After communication between a Program Director and an Executive Directors of Residency Review Committees, the Executive Directors of Residency Review Committees will notify the Executive Director, Institutional Review Committee if there is a perception of substantive institutional accreditation issues occurring within the program during the event.
- The Executive Director, Institutional Review Committee will notify all Executive Directors of Residency Review Committees when institutional extreme emergent situations have been resolved.

Reduction in Program Size Policy

This policy addresses Graduate Medical Education Committee (GMEC) oversight of reductions in size of each of its ACGME-accredited programs, including the obligation of the Sponsoring Institution or the Designated Institutional Official (DIO) to inform in writing, the Governing Board and Graduate Medical Education Committee and affected residents/fellows, as soon as possible when it intends to reduce the size of one or more ACGME-accredited program. Additionally, this policy provides that the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in other ACGME-accredited program(s) in which they can continue their education.

PROCEDURE:

1. The Designated Institutional Official will inform, in writing, the Sponsoring Institution's governing body and the Graduate Medical Education Committee as soon as possible of any anticipated changes in the residency/fellowship program, including reduction of the Sponsoring Institution, voluntary withdrawal of accreditation of the Sponsoring Institution or either of these decisions related to any residency/fellowship program.
2. The Designated Institutional Official and the Graduate Medical Education Committee together have oversight of program accreditation changes and will inform each residency/fellowship Program Director of reduction of a program.
3. Each residency/fellowship program and the Designated Institutional Official are responsible for notifying all affected residents/fellows as soon as possible in the event of any reductions.

In the event that a residency or fellowship program reduces its size (number of trainees), only the number of future positions to be offered will be affected.

Resident and Fellow Complement Reduction and Closure Policy

This policy addresses Graduate Medical Education Committee oversight of closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution, including the obligation of the Sponsoring Institution or the Designated Institutional Official (DIO) to inform in writing, the Governing Board and Graduate Medical Education Committee and affected residents/fellows, as soon as possible, when it intends to close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close or voluntarily withdraw accreditation. Additionally, this policy provides that the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an) other ACGME-accredited program(s) in which they can continue their education.

PROCEDURE:

1. The Designated Institutional Official will inform, in writing, the Sponsoring Institution's governing body and the Graduate Medical Education Committee as soon as possible of any anticipated changes in the residency/fellowship program, including closing of a residency of fellowship program, voluntary withdrawal of accreditation of the Sponsoring Institution or either of these decisions related to any residency/fellowship program.
2. The Designated Institutional Official and the Graduate Medical Education Committee together have oversight of program accreditation changes and will inform each residency/fellowship Program Director of closure of a program.
3. Each residency/fellowship program and the Designated Institutional Official are responsible for notifying all affected residents/fellows as soon as possible in the event of any anticipated closures. In the event that any residency/fellowship program closes, the Sponsoring Institution will allow residents/fellows already in the residency/fellowship program to complete their education or will, with best effort, assist the residents/fellows in enrolling in another ACGME-accredited program in which they can continue their education and training.
4. Affected residents/fellows will have preferential placement in another HCA Healthcare Graduate Medical Education program whenever possible.
5. In the event that the Sponsoring Institution or a major participating site that is a hospital loses accreditation or its license to provide patient care, curtails activity, restricts activity, or closes, the Resident and Fellow Complement Reduction and Closure Policy shall be implemented. The Sponsoring Institution shall provide the ACGME Institutional Review Committee a notification and response plan within 30 days of when the Sponsoring Institution was made aware of the change.

Resident/Fellow Transfer Policy

A resident/fellow is considered a transfer under several conditions including:

1. Moving from one program to another within the same or different Sponsoring Institution
2. When entering a PGY 2 program requiring a preliminary or transitional year even if the resident was simultaneously accepted into the PGY1 program and the PGY2 program as part of the same match cycle.

Note: All prerequisite post-graduate clinical education required for transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

PROCEDURE:

The residency/fellowship Program Director must first seek prior written permission(s) from the Designated Institutional official (DIO) to consider the transfer.

If permission is granted, then the receiving program must obtain and validate a written or electronic verification of previous educational experience, to include:

- **Current CV**
- **Summative competency-based performance evaluation** prior to acceptance
- **Summative Milestones evaluation upon matriculation**

These will become part of the resident/fellow file. The receiving Program Director must report the presence of other learners to the Designated Institutional official and Graduate Medical Education Committee in accordance with sponsoring institution guidelines.

Vendors Policy

This policy addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. These interactions may occur in the clinical training sites.

The following descriptions of allowable and prohibited practices is not intended to be exhaustive, and any other interactions between residents/fellows and vendor representatives that have the appearance of compromising impartiality in clinical or academic practices are likewise discouraged.

PURPOSE:

To ensure that graduate medical education activities at the Sponsoring Institution and affiliated training sites are not compromised through vendor influence, either collectively or through interactions with individual residents/fellows.

POLICY:

Vendor Training of Residents and Fellows

- Vendors may appropriately orient, train and advise residents/fellows on the proper use or calibration of a product that has already been acquired by the Sponsoring Institutions or other clinical training site.
- In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products.
- Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent in writing.
- Vendors must be identified as such so that they are not mistaken for clinicians.

Program Monitoring of Residents/Fellows - Vendor Representative Interactions.

- Program leadership should be aware of and discuss with residents/fellows any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident/fellow in a position of obligation to or influence by the vendor should be explicitly discouraged.
- Program Directors must communicate this policy to their trainees as part of the program orientation and reinforce it through inclusion in program handbooks and other information sites for resident/fellow reference.

Guidelines

- Residents/Fellows may not accept gifts of any kind from a vendor.
- Residents/Fellows may not accept free samples from a vendor.
- The acceptance by a Resident/Fellow of pharmaceutical samples for delivery to patients is not allowed. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents/fellows.
- Promotional and marketing materials may not be directly distributed to residents/fellows by vendor.
- Vendors may not provide food and beverages.
- Graduate Medical Education (GME) personnel are not permitted to directly accept gifts or incentives which can include books, instruments, equipment or teaching aids from vendors.

- The Hospital does not permit funds from the industry to be provided in any manner and specifically does not allow lunches or meals to be provided by vendors.
- Company employees may not contribute in-kind services for a vendor's event.

Vendor Approval

- Please send any requests for vendor-funding events to the GME Division Vice President.
- The Facility/Division Ethics and Compliance Officer (ECO) must approve acceptance of vendor funds for any facility or division event.
- The division or company department must determine the need for education, choose the speakers and attendees and determine the schedule and location.
- If it is necessary to provide the vendor education at a dinner or noon conference, the Graduate Medical Education program would need to provide for costs of the meals.

REFERENCE:

The hospital expects residents and fellows, program directors, program administrator and faculty to be familiar with and abide by the hospital Code of Conduct and policies and procedures which address Vendor interaction with Company colleagues and facilities, including but not limited to:

- ***Business Courtesies to Potential Referral Sources Policy (EC.005)***
- ***Entertainment Policy (EC.006)***
- ***Business Associate-Sponsored Meetings, Training and Honoraria Policy (EC.007)***
- ***Gifts Policy (EC.023)***
- ***Vendor Relations (EC.028)***
- ***Professional Educational Funding from Vendors Policy (EC.029)***

Completion of Program and Graduation Guidelines

Each Graduate Medical Education program will conduct a graduation ceremony.

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

1. Successful completion of all requirements from an accredited program. The dates on the certificate will reflect the dates served at the training program.
2. Successful completion of all requirements in an institutionally approved non-standard program.

Criteria for Completion of Program

ACGME approved residency and fellowship programs are designed to enable graduates to undertake a qualifying examination (or examinations) in order to become board-certified in a specialty or sub-specialty.

There are requirements put forth by both the ACGME and the board of the specialty or sub-specialty that determine the minimum necessary activities required to successfully complete any given training program. Neither the Program Director nor the Sponsoring Institution can negate these requirements without specific approval from the regulatory bodies.

The determination of whether a resident or fellow has successfully completed all of the requirements put forth by the ACGME and the specialty/sub-specialty board is made by the Program Director after consultation from the Clinical Competency Committee and other program faculty.

Graduation Certificates

Once a resident/fellow successfully completes the requirements for their given training program, the Sponsoring Institution will award the individual, an HCA Graduate Medical Education printed, official graduation certificate indicating:

1. Date of graduation
2. Name of the program completed and sponsoring institution
3. Certificates will be authenticated by the Program Director and Designated Institutional Official

Graduation Ceremonies, Celebrations and Gifts

Completion of an ACGME accredited training program is an important achievement which HCA Healthcare strives to celebrate with appropriate graduation ceremonies, celebrations and gifts. Facilities and programs differ with regard to the specific types of events, often varying by program size and preferences. Programs and Sponsoring Institutions will work together to develop appropriate graduation events to mark this important milestone and honor each resident/fellow.

Appendix

Appendix A: List of Common Terms

Accreditation Council for Graduate Medical Education (www.acgme.org)

The Accreditation Council for Graduate Medical Education (ACGME) is an independent entity that sets standards for U.S. graduate medical education (residency and fellowship) programs and the institutions that sponsor them and renders accreditation decisions based on compliance with those standards. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards (Institutional and Program Requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. Accreditation is overseen by a Review Committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty residency and fellowship programs.

CLER site visit:

A visit conducted by CLER Field Representative(s) and other representatives, as determined by the ACGME, that includes interviews with faculty members, program directors, residents and/or fellows, participating site personnel, institutional leadership, and other selected staff members, and the review of institutional documentation, as needed, to assess the effectiveness of the Sponsoring Institution and its participating sites in managing the integration of graduate medical education in the six CLER Focus Areas.

Clinical Competency Committee

The clinical competency committee (CCC) is a required body comprising three or more members of the active teaching faculty who are advisory to the Program Director (PD) and review the progress of all residents/fellows in the program.

Competencies

Competencies are specific knowledge, skills, behaviors and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

Complement

A complement is the maximum number of residents or fellows approved by a Review Committee per year and/or per program based upon the availability of adequate resources.

Designated Institutional Official (DIO)

The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

ECFMG

The Educational Commission for Foreign Medical Graduates

Educational Events

Refers to those events for which the attendees may receive certification towards their professional educational requirements, as well as any other activities that are provided for professional educational purposes and are sponsored by a facility, division or company department.

Graduate Medical Education

The period of didactic and clinical education in a medical specialty, sub-specialty, or sub-specialty that follows completion of undergraduate medical education (i.e., medical school) and that prepares physicians for the independent practice of medicine in that specialty, sub-specialty, or sub-specialty. Also referred to as residency or fellowship education.

Graduate Medical Education Committee (GMEC)

The Committee that has oversight of the sponsoring institution and graduate medical education program accreditation, quality of the learning and working environment and the quality of the educational experiences

Hospital

The hospital is the acute care facility to which a particular resident or fellow is assigned for their program.

National Resident Matching Program (NRMP)

A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the U.S. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies. It is the most widely used matching program. There are other matches used by some programs such as the San Francisco Match or other specialty matches.

Program Letter of Agreement (PLA)

A written document that addresses graduate medical education responsibilities between an individual accredited program and a site other than the Sponsoring Institution at which residents or fellows have required educational experiences.

Program Administrator

The Program Administrator (PA) is the lead administrative person who assists the Program Director in accreditation efforts, educational programming and support of residents/fellows.

Program Director

The Program Director (PD) is the individual designated with authority and accountability for the operation of a residency/fellowship program.

Program Evaluation Committee

The Program Evaluation Committee (PEC) is the group appointed by the PD to conduct the Annual Program Evaluation and program review as needed.

Postgraduate Year

Postgraduate year (PGY) is the denotation of a postgraduate resident/fellow's progress in his or her residency and/or fellowship training; used to stratify responsibility in most programs. The PGY does not necessarily correspond to the resident/fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship program is a pediatric endocrinology 1 level and a PGY-4.

Review Committee or Residency Review Committee

The Review Committee (RC), or Residency Review Committee (RRC), is a group comprised of volunteers that sets accreditation standards (requirements), provides peer evaluation of Sponsoring Institutions (SIs) or programs to assess the degree to which these comply with the applicable published accreditation requirements and confers an accreditation status on each SI or program with regard to substantial compliance with those requirements. There are three types of Review Committees: Specialty Review Committee, Transitional Year Review Committee and Institutional Review Committee.

Sponsoring Institution (SI)

The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements

Vendor

Any salesperson, representative, consultant or other employee of a company under contract with the Sponsoring Institution or a company seeking to do business with the Sponsoring Institution or clinical partners. Examples of vendors include, but are not limited to, skilled nursing facilities, pharmaceutical/ medical device companies and financial advisors.

Vendor Gifts

“Gifts” refer to items of value given without explicit expectation of something in return.

Gifts include cash or cash equivalents, outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, entertainment or recreational opportunities, promotional items, business courtesies such as food and beverages and “ghost-writing” of scholarly works on behalf of the resident/fellow. Sponsoring Institution residents/fellows may not accept gifts, regardless of value, for themselves or on behalf of the Sponsoring Institution, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer.

