

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Requirements for Non-ACGME Approved Programs

Policy: Administrative Guideline-01

Purpose: To establish common standards for all Non-ACGME Fellowships.

1. Non-ACGME Programs

Establishment and maintenance of non-ACGME clinical fellowship programs for physicians requires initial and ongoing review by the Graduate Medical Education Committee (GMEC). Positions should not be offered to prospective candidates prior to approval by the GMEC to establish the program. This review serves two purposes: to ensure that the fellowship meets educational standards and that the fellowship does not have a negative impact on the education of residents and fellows training in an ACGME-accredited program at BIDMC.

2. GMEC Approval Process

For oversight of the educational aspects of the fellowship only. Salary, malpractice and benefits coverage of a non-ACGME trainee are the responsibility of the sponsoring clinical department. The department must ensure that all appropriate requirements are met prior to submission to GMEC.

- a. The BIDMC non-ACGME Fellowship Proposal must be submitted to the GME office for review 8 months prior to the beginning of the fellowship (the program proposal/application template is available in the Graduate Medical Education Office).
- b. An application for a new program must be approved by the core Residency Director in the department in which the non-ACGME program will reside, the Division Chief (if applicable), and the Department Chief prior to submission to the GME Office.
- c. The GMEC will review the proposal and required documentation.

Once the complete program proposal and documentation are received in the GME office, the faculty program director must present the proposed fellowship application at an upcoming GMEC for review.

3. Credentialing Non-ACGME Fellows

The Department/program director must ensure that fellowship candidates meet eligibility requirements for appointment prior to making offers. Program Directors and Coordinators are responsible for vetting onboarding paperwork to and from incoming trainees. The following information for an incoming trainee must be submitted electronically to the GME Office prior to beginning a residency or fellowship by the Program Coordinator:

- a. Applicant Full Name
- b. Residency Program before Fellowship
- c. Social Security #

- d. Program start and end dates
- e. Visa status if applicable
- f. Non-standard disciplines currently recognized and approved by ABMS boards for the purpose of J-1 clinical visa sponsorship are listed on the ECFMG web site:
<http://www.ecfm.org/evsp/subspecialty.html>

The NON-ACGME fellowship should then follow the GME Administrative Guidelines-02Policy requirements located on the BIDMC Internal Portal:
<http://apps.bidmc.org/cms/display.asp?c=109>

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/22 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

Revisions: 3/9/2006, 9/22/2008, 2/7/2009, 3/28/2011, 5/19/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

Eliminated:

*Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual*

Title: Graduate Medical Education Guidelines for New Residents and Fellows at Beth Israel Deaconess Medical Center

Policy: Administrative Guideline-02

Purpose: The GME office requires all ACGME and Non-ACGME programs adhere to the resident and fellow GME licensing and credentialing guidelines. This policy describes requirements for all trainees.

Policy Statement:

There are strict regulations surrounding physician licensing and credentialing in Massachusetts. This policy has been created to ensure that residents and fellows are appropriately credentialed and licensed by the start of their training program.

Residents and fellows will be referred to as **trainees**, the word **Program** will be used to describe ACGME or GMEC-approved non-ACGME residencies, fellowships or electives for the remainder of the document.

ACGME & Non- ACGME Program Requirements

Credentialing Process:

1. Contracts

A trainee Contract/ Agreement must be created for every trainee annually. Templates are updated annually and are available in the GME Coordinator Shared Resources file (access granted by GME).

2. Licensure

All trainees must have a Massachusetts medical license. This may be a limited or a full license. Please visit www.massmedboard.org for license requirements and application forms.

a. For limited licenses

The MA Limited License or Change of Program Application must be submitted to the GME office. The GME office will submit the completed application and supporting documents directly to the Board of registration.

b. For Full Licenses

Applications for full licenses are submitted by the applicant directly to the Board of Registration in Medicine (BORM). The trainee must provide the Program and GME office with a copy of the full license card after issuance, as well as a copy of the

Federal DEA and Massachusetts Controlled Substance Certificates.

3. IMG (International Medical Graduates) Trainees must provide the following additional documentation :

All IMG applicants must submit a notarized copy of the indefinite ECFMG certificate (including a copy of the receipt for payment of the status report).

Proof of eligibility for employment in the US: Trainees must be eligible to work in the United States. Any requested visa type and application must be submitted at the same time as the license application. Acceptability of H visas and other visas is a program decision. Applicants should obtain explicit permission from the program prior to application for a visa.

- a. Information on the J-1 Visa Application can be found at www.ecfm.org. J Visa applications must be processed through the GME Office. Visa applications must be done annually. There are four primary application types:
 - 1) J-1 Initial Standard Application (ACGME Programs)
 - 2) J-1 Continuation Standard Application (ACGME Programs)
 - 3) J-1 Initial Non-Standard Application (Non-ACGME Programs)
 - 4) J1 Continuation Non-Standard Application (Non-ACGME Program)
- b. Information on the H1-B Visa application is provided by and processed through the Human Resources Department.

4. MedHub

Program coordinators must provide all trainee information to the GME office on the Onboarding form as soon as the information is available. The information is then entered into MedHub by the GME office and provided to HR for onboarding.

5. Human Resources Forms

The HR documents are sent to the trainees electronically.

6. Employee Occupational Health Services Forms

The Occupational Health documents are sent to the trainees electronically .

7. CRICO Malpractice Forms

The CRICO documents are sent to the trainees electronically.

8. Timeline

Complete credentialing and licensing can take up to 16 weeks, please plan accordingly.

9. Inquiries for Status of Application

All inquiries into the status of the license application should be directed to the GME office.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

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Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2008

Revised: 2/5/09, 5/13/11, 5/19/14, 1/4/17, 6/19/19

Next review: 7/25

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Duty Hours Exceptions

Policy: GME-02

Purpose: To outline procedure to extend duty hours

Policy Statement:

The BIDMC is committed to provide a safe and healthy learning environment for all house officers and follows all regulations set forth by the ACGME regarding duty hours. The following procedure will be used by an individual program to request a 10 % increase in the 80 hour limit. In general BIDMC recommends a thorough review of a program's curricular structure prior to submitting an application.

Procedure(s) for Implementation:

Eligibility Criteria:

1. The institution must have a favorable status from its most recent review by the ACGME Institutional Review Committee.
2. The program must be accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.
3. Eligibility for exception is determined by each individual RRC, the Program Director is responsible to verify that their specialty RRC allows for a duty hour exception, prior to submission.

Approval Process:

1. Prior to submission to the RRC, the BIDMC GMEC must review and formally endorse the request for the exception in writing. The endorsement will be signed by the Designated Institutional Official (DIO) or the Chair of the GMEC.
2. The RRC must approve in writing all duty hours exception requests before any extension of resident hours occurs.

Each program request to the GMEC and RRC for a duty hour exception must include:

1. The current accreditation status of the program and the date of the next review
2. A clear statement that the RRC for the program will consider an exception. This information is available on the ACGME website.
3. An explanation that describes the justification for the exception, which must include the following documentation:
 - a) Patient Safety: Information must be submitted that describes how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
 - b) Educational Rationale: The request must be based on a sound educational rationale which

should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.

- c) Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.
- d) Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
- e) Faculty Monitoring: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be included.

All requests will be reviewed by the GMEC. The committee will specifically:

- 1. review the proposal
- 2. assess whether the request justifies granting approval of the extension of the maximum weekly number of duty hours from 80 up to 88 hours, averaged over four weeks

A specific recommendation to accept or deny the exception will be provided to the program in writing. This action will be recorded in the GMEC meeting minutes.

Prior to extending resident work hours the program must apply to their individual RRC for approval of the exception.

If the exception is granted by the RRC the program must provide the GME office with a copy of the RRC written approval prior to extending the resident work hours.

The GME will respond in writing to :

- 1. acknowledge the RRC approval for a duty hours exception
- 2. specify the assignments and level(s) of training to which the proposal applies in writing
- 3. Each exception approval is valid for up to 12 months.

Monitoring:

- 1. Once approved, the program will be required to submit quarterly hour reports to the GME committee. In addition the program will be asked to specifically comment in the quarterly report on the continued educational value and any patient safety issues.
- 2. Duty hour exception must be renewed annually with the GMEC.

Caveats:

At any time the GMEC may decide to discontinue the duty hour exception for reasons such as, but not limited to: patient safety, lack of evidence regarding educational benefits, absence of reports on hours, or violation of the hour's limitations.

Addendum:

Per the ACGME website, only the following RRCs will consider Duty Hour Exceptions for Neurosurgery.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

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Original Date Approved: 9/20/2004

Revisions: 3/9/2006, 11/24/2008, 11/16/2011, 6/19/2019

Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Evaluation and Promotion

Policy: GME-03

Purpose: To provide guidelines for evaluation and promotion for trainees

Policy Statement:

The procedures described are applicable to all trainees, including interns, residents and fellows. This policy represents the minimum standard regarding the evaluation and promotion of trainees who are enrolled in programs sponsored by Beth Israel Deaconess Medical Center (BIDMC). This includes programs accredited by the Accreditation Council for Graduate Medical Education (“ACGME”) as well as non-ACGME accredited programs.

Evaluation:

According to the ACGME Common Program Requirements, all programs must provide trainees with regular formative evaluations, a summative evaluation at the end of the training period, and an opportunity to evaluate the faculty and curriculum on at least an annual basis.

Trainee evaluation criteria must address the elements of the ACGME core competencies.

The evaluation and promotion process for each program should be modified as needed to reflect specific ACGME program requirements. The common program and specialty requirements may be found on the ACGME website. (www.acgme.org)

All evaluation procedures will be reviewed by the Graduate Medical Education Committee (GMEC) at the time of each program’s Annual Program Review (APR).

1. Trainees

The Program Director must appoint the Clinical Competency Committee (CCC), composed of, at a minimum, three members of the program faculty. There must be a written description of the responsibilities of the CCC.

The CCC should:

- a. Review all resident evaluations semi-annually
- b. Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME

- c. Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Formative Evaluation:

- a. The program director or his/her designee is responsible for collecting written evaluations regarding trainee performance from relevant supervising attending physicians, and from other individuals as deemed appropriate.
- b. The program director must provide each trainee with a semi-annual evaluation of performance and feedback. These sessions should be used to review and discuss evaluations of the trainee, highlight trends, identify weaknesses or areas of insufficient progress and design remedies, as appropriate.
- c. There should be written documentation of the semi-annual and other feedback sessions. Evaluations should be dated and signed by both the evaluator and the trainee. A copy of the evaluations and any summaries must be kept in the individual trainee's file.
- d. Evaluations should document progressive performance improvement appropriate to educational level
- e. It is recommended that during the first year of training in any program, the trainees should be reviewed after three months, in addition to the semi-annual reviews, to ensure early recognition of concerns or issues.
- f. All evaluations must be made available for review by the individual trainee.
- g. Trainees should be evaluated against the same criteria when assigned to outside rotations at facilities affiliated with the GME program.

Summative Evaluation:

- a. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.
- b. The program director must provide a summative evaluation for each trainee upon completion of the program. This evaluation should become part of the permanent trainee file.
- c. The summative evaluation must be accessible for review by the trainee.
- d. This evaluation should include documentation of the final period of training; and verify that the trainee has demonstrated sufficient competence to enter practice without direct supervision.

2. Faculty

- a. Trainees should evaluate the faculty in writing. This must occur annually at a minimum.
- b. The faculty evaluations should be anonymous with only aggregate summaries and blinded comments provided to the program director and individual faculty.

The full requirements and standards surrounding evaluation in an ACGME program may be found on the ACGME website under Common Program Requirements.

Promotion and Contract Renewal:

1. Criteria

- a. Promotions to successively higher levels within a residency or fellowship program are based on the trainee's satisfactory completion of the outlined curriculum and mastery of clinical activities appropriate to the trainee's level.
- b. Each program's criteria and goals for training should be known to the trainees and faculty and should be reviewed by the department and the program director at least annually.
- c. The trainee's progress should be documented during regular evaluation meetings (described above).
- d. The GMEC reviews the overall promotion process of the program each time the program undergoes an APR.

2. Notification

- a. At least four months prior to starting the next academic year, trainees should be informed of the decision to promote them for the next academic year. This may be done through a request to sign a contract for the next academic year.
- b. If a review of a trainee's evaluations and an assessment of the trainee's overall progress in the program indicates that a trainee has not demonstrated the necessary criteria for promotion to the next level, the program director may elect to not promote the trainee to the next level.
- c. The program director may offer the trainee an opportunity to repeat an academic year if allowed by the ACGME and subspecialty board regulations or decide to not renew the trainee's contract.
- d. If the decision is made to not renew a trainee's contract for the next academic year, the program director must notify the trainee in writing that his/her appointment will not be renewed. The written notice must specify the reasons for non-renewal and should be delivered no later than four months prior to the end of the academic year, usually February 28th.
- e. If the primary reason(s) for nonrenewal occurs within the four months prior to the end of the contract, the program will provide as much written notice as possible, prior to the end of the contract.
- f. The trainee who has received notice of non-renewal may be offered the opportunity to conclude the remainder of the academic year or to resign from the program. These decisions should be made on an individual basis and include discussion between the program director and the trainee.

Review of the decision:

The final decision to not promote a trainee or renew a contract rests within the individual program. These decisions should be based on a collection of evaluations and assessments that demonstrate objectively a lack of competence compared to other trainees at the same training level.

A trainee may request a review of the decision to not renew a contract.

To request a review, the trainee must, within ten (10) days from the date he/she receives the written notice indicating a non renewal or failure to promote provide the program director with a written statement detailing the reasons that he/she should be promoted or have his/her contract renewed.

Departmental Review:

The program director will convene a departmental review committee to review the trainee's request within ten (10) days of its receipt. The trainee may be requested to appear at the departmental review committee meeting. The committee will review the trainee's record including evaluations and other assessments. The program director will provide benchmark information for the resident's level of training.

The program director will verbally notify the trainee of its decision within three (3) days of its meeting, and provide the trainee a written decision within ten (10) days of the oral notification.

Formal Institutional Hearing Appeal Procedure:

Following a department review the trainee, if not satisfied with the decision, may request an outside review by the GMEC. The purpose of this review is to allow the matter to be assessed outside the trainee's department.

To request a review of a department's final decision by the GMEC, the trainee must provide the Chair of the GMEC with a written statement requesting a hearing and provide a copy of the written decision of the departmental review committee within ten (10) business days from the date of the department's review committee's written decision. The written request for an appeal should detail the reasons the trainee believes he/she should not have a contract withheld. Failure to request a review within the 10 days shall be deemed acceptance of the non renewal status.

Once a trainee requests a hearing, the Director of GME shall appoint a committee which shall consist of not less than three (3) persons, all whom are members of the GMEC. One member shall be a trainee member of the GMEC.

The purpose of the hearing is to allow the trainee an opportunity to assemble and submit available information to a review committee of the GMEC and to enable the Director of

GME to make a recommendation to the program director and department chair.

The hearing committee shall issue a written report of its findings of fact and recommendations within ten (10) days of the hearing. A copy shall be sent to the trainee, the Director of GME, the program director and the department chair. The department chair, after reviewing the report of the hearing committee, shall take action which should be communicated to the trainee in writing as soon as possible. The decision of the department chair is final.

Reporting Obligations:

The regulations of the Massachusetts Board of Registration in Medicine require that the program director report any formal disciplinary action brought against a trainee.

In some instances a trainee may decide to leave a program prior to the end of the full training period. Although a non-renewal of a contract may not be due to a disciplinary action, the program is obligated to inform the Board of Registration in Medicine of the premature departure date and may be requested to provide a reason – e.g. transfer to another program or specialty.

Grievance Policy:

Alternatively, or in addition, if a trainee does not agree to a contract non-renewal or failure to promote, he/she may file a grievance with their program. See GME-05 policy for details.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/22 |
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| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 3/24/2004

Revised: 5/21/2007, 4/26/2010, 5/19/2014, 1/4/2017, 6/19/2019

Next review: 7/25

References: www.acgme.org

*Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual*

Title: Policy for Extension of Training

Policy : GME-04

Purpose: To describe the policy for trainees who may need to extend training due to a leave of absence

Policy Statement:

This Policy establishes hospital-wide guidelines for extending training as might be applicable for Trainees appointed to ACGME programs sponsored by Beth Israel Deaconess Medical Center. The extension of training guidelines described in this Policy relate to those Trainees who might need to compensate for excused days (vacation, sick, or personal) or leaves of absence (medical, family, parental, general or bereavement), or in the event of insufficient experience during the training period.

1. Extension of Training Requirements

A program director may require a trainee to compensate for excused days, or a leave of absence. The extension of training period may be accomplished by either extending the Trainee's appointment year, or by reappointing the Trainee for the time period sufficient to make up the lost days.

Alternatively a program director may require a trainee to extend his or her training in order to complete all RRC-required clinical experiences, or otherwise to meet specialty board examination eligibility requirements. In this instance, additional training shall be determined by the program director, the pertinent RRC and/or the certifying board.

2. Stipend for Extension of Training

The trainee may receive a stipend during any extension of training, subject to the availability of funding. The decision to provide a stipend is dependent upon available budget, and whether the trainee's excused days or leave was paid or unpaid. In the event a stipend is paid, it will be at the pay rate the trainee received during the last regular appointment year.

3. Notification

Prior to the extension of the program, the trainee will receive written notification from the program director indicating the required length of additional training and the time period over which it will occur. It is the responsibility of the program to notify the ACGME and /or specialty certifying board accordingly.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/22 |
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| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requestor Name: Graduate Medical Education Committee

Original Date Approved: 11/22/2004

Revised: 3/9/2006, 12/2/2008, 1/26/2009, 3/28/2011, 5/19/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

Eliminated:

References: www.acgme.org

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Trainee Grievances

Policy: GME-05

Purpose: To provide a mechanism for resolving ‘grievances’ or disputes and complaints from trainees

Policy Statement:

To provide a mechanism for resolving ‘grievances’ or disputes and complaints that may arise between a trainee and his/her program director or other faculty member. The procedures described below are applicable to all trainees, including interns, residents and fellows. To appeal a formal disciplinary action the trainee is referred to policy GME-10 “*Remediation and Disciplinary Actions.*”

A grievance is any unresolved dispute or complaint a trainee has with the policies or procedures of the residency training program or any unresolved dispute or complaint with his/her program director or other faculty member.

A trainee may appeal disagreements, disputes, or conflicts with his/her program using the procedure outlined below.

Grievances:

The following grievances shall be subject to this procedure:

- a. Disputes or complaints related to perceived unfair or improper application of a policy, procedure, rule, or regulation;
- b. Unresolved disputes or complaints with the program director or other faculty member not related to performance or disciplinary actions;
- c. Complaints of retaliatory action associated with use of this procedure or other appeal procedures.

Complaints based solely on the following actions are not subject to this procedure. In some instances these examples constitute disciplinary actions that may be subject to appeal through GME-10 policy.

- a. Establishment and revision of salaries, position classifications, or general benefits
- b. Work activity accepted by a trainee as a condition of employment or work activity which may reasonably be expected to be part of the job
- c. The contents of policies, procedures, rules, and regulations applicable to

trainees

- d. Means, methods, and personnel by which work activities are to be conducted;
- e. Layoff or suspension because of lack of work, reduction in the work force, or job abolition (GME-11 *Residency Closure/Reduction Policy*)
- f. Relief of trainees from duties in emergencies
- g. Formal disciplinary actions resulting in suspension or dismissal of a trainee (GME-10 Policy).

1. Informal Resolution of a Grievance

a. Step 1

A good faith effort will be made by an aggrieved trainee and the program director to resolve a grievance at an informal level. This will begin with the aggrieved trainee notifying the program director, in writing, of the grievance within thirty (30) calendar days of the event or action giving rise to the grievance. This notification should state the nature of the complaint, all pertinent information and evidence in support of the claim, and the relief requested.

The program director shall inform the Department Chair and the Director of GME that notice of a grievance has been received. Within seven (7) calendar days after notice of the grievance is given to the program director, the trainee and the program director will set a mutually convenient time to discuss the complaint and attempt to reach a resolution.

Step 1 of the informal resolution process will be deemed complete when the program director informs the aggrieved trainee, in writing, of the final decision following such discussion. This written response should address the issues and the relief requested. A copy of the program director's final decision will be sent to the appropriate department chair and to the Director of GME.

In instances where the event or action giving rise to the grievance directly involves the program director, the trainee may choose to initiate informal resolution of the grievance with the department chair. The department chair will be responsible to provide the written notification to the trainee as outlined above.

b. Step 2

If the program director's final written decision is not acceptable to the aggrieved trainee, the trainee may choose to proceed to a second informal resolution step which will begin with the aggrieved trainee notifying the department chair, in writing, of the grievance. Such notification must occur within ten (10) calendar days of receipt of the program director's final decision. This notification should

include all pertinent information, including a copy of the program director's final written decision, evidence that supports the grievance, and the relief requested. Within seven (7) calendar days of receipt of the grievance, the trainee and the department chair will set a mutually convenient time to discuss the complaint and attempt to reach a resolution. The trainee and the department chair may each be accompanied at such meeting by one person, other than legal counsel. Step 2 of the informal process of this grievance procedure will be deemed complete when the department chair provides the aggrieved trainee with a written response to the issues and relief requested. Copies of this decision will be kept on file in the offices of the department chair and the Director of GME.

2. Formal Resolution

a. Request for Formal Resolution

If the trainee disagrees with the final decision of the department chair, he or she may pursue formal resolution of the grievance. The aggrieved trainee must initiate the formal resolution process by presenting a written statement to the Director of GME within fifteen (15) calendar days of receipt of the department chair's final written decision. The statement should describe the nature of and basis for the grievance and include copies of the final written decisions from the program director and the department chair and any other pertinent information. Failure to submit the grievance in the fifteen-day period will result in the trainee waiving his or her right to proceed further with this procedure. In this situation, the decision of the department chair will be final.

b. Confirmation

Upon timely receipt of the written grievance, the Director of GME will notify the trainee and department chair in writing confirming that the complaint has been received.

If the Director of GME should determine that the complaint is not subject to the procedure under this policy, a written explanation of this finding will be provided to the trainee and department chair. To the extent possible, the Director of GME will suggest available alternative steps.

For complaints that fall under the Grievance policy appropriately, the Director of GME will initiate the steps for a formal resolution of the grievance, and appoint a Grievance Committee. The Grievance Committee will review and carefully consider all material presented by the trainee, his/her program director and party complained of, at a scheduled meeting, following the protocol outlined below.

The Grievance Committee:

1. Composition of the Grievance Committee

Upon request for a formal resolution and following confirmation that the complaint is subject to the procedure under this policy, the Director of GME will select a Grievance Committee composed of two (2) trainee members, two (2) program directors and an Associate Director of GME. No members of this Grievance Committee will be members of the aggrieved trainee's department. The Director of GME will choose a member to be the chair of the Grievance Committee. Both parties involved in the dispute will be notified in writing of the Grievance Committee composition and may object in writing within five (5) calendar days. The Director of GME will consider any objection and within five (5) calendar days of receipt of an objection, may, at his/her discretion, substitute one or more members of the Grievance committee. Either party will have only one opportunity to object to the selected Grievance Committee members. Once the selection of the Grievance Committee is complete, the Director of GME will send a copy of the trainee's written grievance to each member of the Grievance Committee.

2. Grievance Committee Procedures

a. Hearing Date

The Chair of the Grievance Committee will set the date, time, and place for a hearing which is mutually convenient to the Grievance Committee members, the trainee, and the department chair.

b. Attendance

All Grievance Committee members shall be present throughout the hearing except for brief periods due to emergencies. The trainee must appear personally at the Grievance Committee hearing. The trainee, the department chair, and a representative of each one's choice is entitled to be present during the entire hearing, excluding deliberations. The Grievance Committee will determine the propriety of attendance at the hearing of any other persons. Witnesses other than the trainee, the department chair, and their representatives may remain in the hearing room only while giving their testimony unless the Grievance Committee, the trainee, and the department chair agree otherwise.

c. Conduct of Hearing

The Chair of the Grievance Committee will preside over the hearing, determine procedure, assure there is reasonable opportunity to present relevant oral or written information, and maintain decorum. Both the trainee and the department chair, or their representatives, will have the right to present evidence, call and question witnesses, and make statements in defense of his or her position.

Before testifying, each witness shall affirm that his or her testimony shall be the truth, the whole truth, and nothing but the truth. The Grievance Committee Chair will determine if information is relevant to the hearing and should be presented or excluded. The Grievance Committee Chair is authorized to exclude or remove any person who is disruptive.

d. Legal Representation

The Grievance Committee shall be entitled to have an attorney present to advise the Grievance Committee on procedural and evidentiary issues.

e. Recesses and Adjournment

The Grievance Committee Chair may recess and reconvene the hearing, continuing for such additional sessions, as the Grievance Committee deems necessary. Upon conclusion of the presentation of oral and written information, the hearing record is closed. Once the hearing is completed, it may be reopened, for good cause, by the Grievance Committee at any time prior to the rendering of its written decision. The Grievance Committee will deliberate outside the presence of the involved parties.

f. Decision

Decisions are determined by a majority vote of members of the Grievance Committee and are final. After deliberation, the written decision will be reviewed and signed by the Grievance Committee members.

g. Meeting Record

Arrangements will be made for the hearing to be accurately recorded and for any transcription of the recording it determines to be appropriate. Such recording and transcription may be made by such Medical Center employee or employees as the Grievance Committee may designate. The final written decision of the Grievance Committee and the transcript, if one is prepared, will be placed on file in the GME Office.

3. Final Decision of the Grievance Committee

The Grievance Committee will provide the aggrieved trainee, the department chair, and the Director of GME with a written decision within ten (10) calendar days of the meeting. The decision shall consist of two sections, one containing findings of fact, and the other containing recommendations to the Director of GME. The recommendations may include affirmation, reversal or modification of action taken with respect to the trainee, and also may include suggested changes in Medical Center policies and procedures that the Grievance Committee feels would be appropriate in light of the grievance. The recommendations also may include any

suggested action that should be taken with respect to persons other than the trainee and any other suggestions that the Grievance Committee feels appropriate. The decision of the Grievance Committee will be final.

Confidentiality:

All participants in the grievance process are expected to maintain confidentiality by not discussing the matter under review with any third party except as may be required for purposes of the grievance procedure.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/22 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 5/17/2004

Revised: 5/21/2007, 4/26/2010, 5/19/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

References: www.acgme.org

Title: Policy for Extension of Training

Policy : GME-06

Purpose: To provide guidelines for graduate trainees in ACGME accredited programs regarding paid family and medical leave

Policy:

BIDMC provides graduate trainees in ACGME accredited programs with paid family and medical leave as set forth in this policy. For the purpose of this policy, the term “Graduate Trainee(s)” means physicians, or other graduates of a doctoral program, who are enrolled in an approved or Medical Center-sponsored ACGME accredited training program as an intern, resident or clinical fellow. This policy does not apply to trainees, fellows, or other employees in programs that are not ACGME accredited programs. This policy constitutes a paid family and medical policy within the meaning of 458 CMR 2.12(6)(d)(2).

Eligibility for the leave of absence will be determined in accordance with the applicable BIDMC policy or state or federal law – i.e., the Family and Medical Leave Act (FMLA), the Massachusetts Paid Family and Medical Leave Law (PFMLL), the Massachusetts Parental Leave Act (MPLA), Massachusetts Domestic Violence Leave Act, etc. Please refer to BIDMC’s Leave of Absence Policy (PM-11) and/or PFMLL Policy (PM-40) or contact Human Resources for more details regarding eligibility for an initiating leaves under these policies.

Where Graduate Trainees are eligible for a leave of absence for their own serious health condition, to care for a family member with a serious health condition, or for family bonding/parental leave under the BIDMC policies relating to the FMLA, the PFMLL, or the MPLA, they will be eligible for salary continuation for up to 12 weeks of such leave per year in the aggregate. Salary continuation will be calculated as 100% of the Graduate Trainee’s regular weekly salary based on their regular schedule (not including any additional moonlighting earnings), subject to regular tax and benefit withholdings and deductions.

Benefits will continue in effect during leave under this policy on the same basis as if the Graduate Trainee remained employed for the duration of his/her leave of absence. BIDMC will continue to deduct the employee portion of benefits premiums from the Graduate Trainee’s salary continuation.

Paid leave under this policy will run concurrently with – not in addition to – any family or medical leave available under state or federal law or other BIDMC policy

Any period of family or medical leave under state or federal law or BIDMC policy that does not qualify for salary continuation under this policy will be subject to BIDMC’s Leave of Absence Policy and/or PFMLL Policy, as applicable. This includes with respect to Graduate Trainees’ ability to elect to use vacation time concurrent with any such leave and the maintenance of benefits during such leave. During a leave of absence that is unpaid by BIDMC, health insurance coverage and other benefits will continue as if the Graduate Trainee worked continuously during the leave period, provided that Graduate Trainees continue to pay their share of the premiums, as applicable. Graduate Trainees should contact the Benefits Department for more information about maintenance of benefits during an unpaid leave of absence.

This policy pertains to Graduate Trainees' employment relationship with BIDMC, and not to the training or competency requirements of training departments, accrediting or certifying bodies, state licensing boards, or any other authority as to the adequacy of medical training. Therefore, this policy should not be construed as altering attendance or any other requirements of any ACGME accredited programs. Graduate Trainees should consult their specific programs concerning the effect of leaves of absences on satisfying the criteria for completion of the training program. However, Graduate Trainees should be aware that any leave, including any medical or family leave, may require extension of the training program or making up certain aspects of program as required by ACGME accreditation, specialty board certification requirements, or other applicable requirements.

Questions about this policy may be directed to Human Resources, the Graduate Trainee's program director, or the Administrative Director of Graduate Medical Education.

Disclaimer: This policy is intended as a general guidance only. While the Medical Center endorses the policies described herein, they are not conditions of employment, present no promises or guarantees, and do not constitute a contract between the Medical Center and any of its Graduate Trainees. The Medical Center necessarily reserves the right to modify, suspend, revoke or terminate any and all policies, procedures and benefits set forth herein as it sees fit, without notice.

Vice President Sponsor: Richard M. Schwartzstein, Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/22 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 1/26/2004

Revised: 5/17/04, 3/9/06, 5/24/06, 3/16/09, 5/19/14, 1/4/17, 4/24/21

Next Review Date: 7/25

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME Manual)**

Title: Medical Licensure

Policy: GME-07

Purpose: To describe the trainee requirements for medical licensure

Policy Statement:

Each Trainee must have a valid limited or permanent license to practice medicine in the Commonwealth of Massachusetts. Trainees without proper licensure will not be allowed to perform patient care activities, and therefore will not be eligible to receive salary. Trainees must understand their obligations regarding proper licensure through the Massachusetts Board of Registration in Medicine.

1. Limited License

This license restricts medical activities to BIDMC and hospitals affiliated with the residency for activities solely within the scope of the residency. Limited licensure must be renewed annually. The Application process can take up to 10 weeks from completed application to issue of limited license.

The Medical Center will require that all new house officers have both Steps 1 and 2 (CK/CS) of USMLE (or Level 1 and 2 of COMLEX) prior to starting residency or fellowship.

Initial applications are available on the GME website or Board of Registration in Medicine (www.massmedboard.org). If the completed application is not received within 10 weeks of starting residency or fellowship, it is possible that a license will be delayed and training will not start on time.

Limited license renewals must be completed electronically at the Board of Registration in Medicine's website (<https://medboard-online.med.state.ma.us/olr/public/>). The trainee will be required to pay for license renewal online. Renewals should be processed no later than 4 months before your renewal date or no later than February 15th (for July 1 starts). Copies of renewal documentation must be submitted to Program Coordinators.

The GME office receives the limited license directly from the board and distributes to the program coordinator.

2. Permanent License

Eligibility requirements for a Full Massachusetts license are available on the Board of registration website. (www.massmedboard.org) A trainee with a start date of July 1, must have a full license issued by February 1st or will be required to apply for a limited license by February 15th. The trainee has sole responsibility of renewing the license directly with the board of registration. The trainee must provide the program with a copy of the license

application, and a copy of the wallet card.

Copies of renewed full licenses must be provided to the program at least 10 days prior to expiration date. Individuals who don't comply are at risk of losing hospital privileges.

The GME office will verify via online verification through the Board of Registration in Medicine website that the trainees have received a full license.

Vice President Sponsor: Richard M Schwartzstein, MD, Vice President of Education

Requested By: Graduate Medical Education Executive Council

Approved By:

<input checked="" type="checkbox"/> Graduate Medical Education Executive Council	7/1/22
Carrie Tibbles, MD, DIO/Director, GME	
<input checked="" type="checkbox"/> Medical Executive Committee	7/20/22
Daniel Talmor, MD, Chair, MEC	

Original Date Approved: 1/26/2004

Revisions: 1/26/2004, 3/9/2006, 9/15/2008, 10/27/2011, 6/19/2019

Next Review Date: 7/25

Eliminated:

References: www.acgme.org

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Participation in Institutional Quality Improvement

Policy: GME-08

Purpose: To delineate expectations for participation in quality improvement programs

Policy Statement:

1. Departments participating in GME programs sponsored by BIDMC must conduct formal quality improvement programs in accordance with BIDMC Staff By-Laws. This process may take place through the Participating Institutions. The quality improvement education program is developed collaboratively by quality officers, residents/fellows, faculty members, nurses, and other staff members to reflect the clinical site's quality programs' experience and goals.
2. All departments sponsoring GME programs must meet the requirements for Quality Assessment and Improvement as defined in the Medical Staff By-Laws and the BIDMC Performance Improvement Plan.
3. Residents/fellows shall receive progressive education and training on quality improvement that involves experiential learning. Residents/fellows and faculty members shall engage in quality improvement educational activities where the clinical site's systems-based challenges are presented, and techniques for designing and implementing systems changes are discussed.
4. The Institution must provide specialty-specific data on quality metrics and benchmarks related to resident/fellows' patient populations and their direct patient care.
5. Residents/fellows should have the opportunity to participate in departmental and clinical site-wide QI committees.
6. Departments sponsoring programs with off-site rotations must ensure that Quality Assessment and Improvement programs exist at those sites, and that residents have opportunities to participate.
7. Residency Program Directors will provide opportunities for residents to participate in clinical quality improvement activities.

8. Departments and/or Participating Institutions for GME programs sponsored by BIDMC must have a medical records system that is available at all times and documents the course of each patient's illness and care.
9. The medical records system must be adequate to support the education of residents and provide data for residents integral to the support of transitions of care.
10. Whenever possible and appropriate, residents will be provided with opportunities to participate in autopsies.
11. Residency Program Directors will instruct all residents to complete medical records in a timely manner, and will develop strategies to enforce this policy.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Executive Council
Carrie Tibbles, MD, DIO/Director, GME | 7/20/2022 |
| <input checked="" type="checkbox"/> Medical Executive Committee
Daniel Talmor, MD, Chair, MEC | 7/1/2022 |

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

Revisions: 3/9/2006, 9/22/2008, 2/9/2009, 9/2/2014

Next Review Date: 7/25

Eliminated:

Title: Remediation and Discipline

Policy: GME-10

Purpose: To delineate guidelines for remediation and disciplinary action for trainees

Policy Statement:

The purpose of this policy is to describe procedures by which deficiencies in performance and misconduct of participants in graduate medical education programs at Beth Israel Deaconess Medical Center (BIDMC) may be addressed. This policy provides guidance to training program faculty and outlines procedures by which procedural fairness is afforded to trainees subject to disciplinary actions. This policy is applicable to physician trainees in all recognized training programs, whether accredited or non-accredited.

Part I - Actions in Response to Performance Deficiencies or Misconduct:

1. Preliminary Academic Actions

GME Program Directors are encouraged to use the following preliminary measures to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, preliminary measures available to the Program Director shall include notification of the resident in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the trainee to improve his/her performance. If these preliminary measures are unsuccessful or where performance or misconduct is of a serious nature, the Program Director may initiate formal disciplinary action (see below).

The following actions may or may not be used sequentially, and are not subject to the appeal procedure available under Part II of this policy:

a) Counseling Letter

A counseling letter may be issued by the Program Director to a trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

b) Notice of Concern

A notice of concern may be issued by the Program Director to a trainee who is not performing satisfactorily. Notices of concern should be in

writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the trainee. A Notice of Concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to additional actions. This action need not follow a counseling letter nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

2. Formal Disciplinary Actions

a) Causes

Formal disciplinary action may be taken for any appropriate reason, including but not limited to any of the following:

- 1) Failure to satisfy the academic or clinical requirements or standards of the training program;
- 2) Professional incompetence, misconduct or conduct that might be inconsistent with or harmful to patient care or safety;
- 3) Conduct that is detrimental to the professional reputation of the Medical Center;
- 4) Conduct which calls into question the professional qualifications, ethics, or judgment of the trainee, or which could prove detrimental to the Medical Center's patients, employees, staff, volunteers, visitors or operations;
- 5) Violation of the policies or procedures of the Medical Center, or applicable department, division or training program;
- 6) Scientific misconduct.

b) Specific Procedures

Formal disciplinary action may include, but is not limited to:

1) Probation

Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Program Director.

- i. Probation is a temporary modification of the trainee's participation in or responsibilities within the training program; these modifications are designed to facilitate the trainee's accomplishment of program requirements. Generally, a trainee will continue to fulfill training program requirements while on probation, subject to the specific terms of the probation.
- ii. The Program Director shall have the authority to place the trainee on probation and to determine the terms of the probation. A trainee shall be paid while on probation.
- iii. Probation may include, but is not limited to, special requirements or alterations in scheduling a trainee's responsibilities, a reduction or limitation in clinical

responsibilities, or enhanced supervision of a trainee's activities.

- iv. The Program Director shall notify the trainee in writing of the probation. Written notification should include:
 - reasons for the probation,
 - required method and timetable for correction,
 - date upon which the decision will be re-evaluated, and
 - statement regarding the trainee's right to request a review of the probation in accordance with the procedures outlined below.
- v. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or other academic sanctions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

2) Suspension

- i. The Program Director or his/her designee may temporarily suspend the trainee from part or all of the trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the trainee from the clinical service is required for the best interests of patients, staff and/or trainee due to seriously deficient performance or seriously inappropriate conduct. Suspension may be coupled with or followed by other academic actions. The trainee's stipend will not be paid while the trainee is on suspension status.
- ii. The suspension will be confirmed in writing by the Program Director, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Written notification should include:
 - reasons for the suspension
 - required method and timetable for correction
 - date upon which the decision will be re-evaluated
 - statement regarding the trainee's right to request a review of the suspension in accordance with the procedures outlined below.

This notice shall precede the effective date of the suspension, unless a serious risk to patient care or the health or safety of an employee warrants immediate suspension, in which case the notice shall be provided at the time of the suspension, or as soon thereafter as is practicable.

- iii. To initiate a review of a suspension decision, a trainee must submit a written request for a review of the suspension to the Program Director within three (3) business days of the

trainee's receipt of the notification. If the trainee requests review of the suspension, the Program Director shall meet with the trainee within the next three (3) business days and afford the trainee an opportunity to provide any information in his or her defense. After this meeting, the Program Director, following consultations with the appropriate individuals, if any, will render a decision.

The trainee shall receive written notification of the decision of the Program Director and the reasons for and consequences of the decision.

The trainee must seek review of the suspension decision in accordance with this section before initiating the procedure available under Part II of this policy.

3) Requirement that trainee must repeat an academic year

A trainee may be required to repeat an academic year in lieu of dismissal from a Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the trainee to repeat an academic year is at the discretion of the Program Director, in consultation with funding sources.

4) Denial of certificate of participation

If the Program Director decides not to award the trainee a certificate of participation/completion, the Program Director will notify the trainee as soon as reasonably practicable of this intent.

5) Termination

The Program Director shall have the authority to terminate a trainee from a training program for reasonable cause, including but not limited to:

- i. A failure to achieve or maintain programmatic requirements or standards in the GME training program;
- ii. A serious or repeated act or omission compromising acceptable standards of patient care including, but not limited to, an act that constitutes a disciplinary cause or reason;
- iii. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- iv. A material omission or falsification of a GME training program application, a medical record, or a BIDMC document, including billing records.

A termination occurs when a trainee is

- i. dismissed during the academic year, and/or
- ii. not continuing in the program beyond the current academic year because of the trainee's performance,

conduct and/or other similar cause. A trainee has the right to request formal review of the termination decision.

A decision not to continue a trainee in a program beyond the current academic year for reasons other than performance and/or conduct does not constitute a disciplinary action, and the trainee shall have no right to appeal such actions.

Written notice of a recommendation of termination from a program including the reasons for the decision and the effective date of termination, shall be provided by the Program Director to the trainee. The notice shall also state that the trainee may request a formal review of the termination in accordance with the procedure described in Part II of this policy.

When appropriate, the Program Director may afford the trainee an opportunity to resign voluntarily.

When a decision has been made not to renew a trainee's contract, whether the reason for non-renewal of the contract is the trainee's performance, conduct or other similar cause or for other reasons unrelated to performance, conduct or similar cause, e.g. loss of financial support, the Program Director must give written notice of nonrenewal of the contract no later than four (4) months prior to the end of the trainee's current contract period. However, if the primary reason for the nonrenewal occurs during that four (4) month period, as much notice as is reasonably possible under the circumstances should be provided.

6) Reporting Obligation

The Massachusetts General Laws, Chapter 111, Section 53B and the regulations of the Massachusetts Board of Registration in Medicine require that the Program Director report any formal disciplinary action brought against a trainee.

3. Administrative Actions

a) Automatic Suspension

The trainee will *automatically* be suspended from the GME training program for any of the following reasons:

- 1) Failure to complete and maintain medical records as required by the medical center or affiliation site, in accordance with the Medical Center's policies
- 2) Failure to comply with state licensing requirements of the Massachusetts Board of Registration in Medicine
- 3) Failure to obtain or maintain proper visa status
- 4) Unexcused absence from the GME training program for more than twenty-four (24) hours.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Program Director or the trainee's supervisor will promptly notify the trainee of their automatic suspension in writing, providing the facts upon which the suspension is based and a written notice of the intent to consider the trainee to have automatically resigned at the end of the suspension period (see below).

Whether the basis of the automatic suspension is 1), 2), 3), or 4), the trainee shall respond by correcting the deficiency when possible and by submitting a written explanation of the reasons for the circumstances resulting in automatic suspension. In all cases, the trainee shall submit a written response to the Program Director within the ten (10) day suspension period.

The trainee will not receive any academic credit during the period of automatic suspension. The trainee stipend will not be paid while the trainee is on automatic suspension status.

Automatic suspension does not entitle the trainee to the procedures available in Part II of this policy.

b) Automatic Resignation

The trainee may be considered to have automatically resigned under the following circumstances:

- 1) Failure of the trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the Massachusetts Board of Registration in Medicine during the 10-day automatic suspension period may result in the trainee's automatic resignation from the GME training program.
- 2) Failure to complete medical records or to respond in writing with an acceptable plan to complete delinquent medical records may result in the trainee's automatic resignation from the GME training program.
- 3) A trainee who is absent from the training program for any reason for any period of time must contact his or her supervisor immediately or as soon as feasible.

Trainees must communicate directly with the Program Director in the event he or she is unable to participate in the training program for any period of time in excess of twenty-four (24) hours. The Program Director may grant a leave in times of exceptional circumstances.

If a trainee is absent without leave for twenty-four (24) hours or more, he or she may be considered to have resigned voluntarily from the program unless he or she submits a written explanation of any absence taken without leave. This written explanation must be received by the Program Director within ten (10) days of the first day of absence without leave. This ten (10) day period is concurrent with the automatic suspension period. The Program Director or his or her designee will

review the explanation and any materials submitted by the trainee regarding the absence without leave in question. The Program Director or designee will notify the trainee in writing of his or her decision within ten (10) days of submission of the trainee's written explanation. Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Program Director or his/her designee will result in the trainee's automatic resignation from the GME training program. The trainee's stipend will continue to be paid for twenty (20) days after the first day of absence without leave.

Whether due to the trainee's failure to respond to the notice of automatic suspension and intent during the ten (10) day automatic suspension period or to the Program Director's decision after reviewing the trainee's written explanation of the absence without leave or the plan to address delinquent medical records, or due to the trainee's failure to provide verification of appropriate license and/or visa, the program director may consider the trainee to have automatically resigned. The Program Director will provide written notice of the trainee's automatic resignation.

The trainee shall receive payment of his/her usual stipend for a period of twenty (20) days after the effective date of the automatic resignation.

Automatic resignation does not entitle the trainee to the procedures available in Part II of this policy.

Part II - Appeals:

The following formal disciplinary actions are subject to appeal:

- Probation
- Suspension
- Requirement that Trainee repeat an academic year
- Termination from a program
- Denial of a Certificate of Participation/Completion of training.

1. Programmatic/Departmental Appeal Procedure

If a trainee desires to appeal a Program Director's adverse action, the trainee may request a review of the decision.

The trainee must, within ten (10) days from the date of the notice of a disciplinary action that is subject to appeal, provide the Program Director with a written statement detailing the reasons he/she believes he/she should not be placed on probationary status, should not be suspended, should not be required to repeat the academic year, or should be granted a Certificate of Participation/Completion of Training. The Program Director will convene a departmental review committee to review the trainee's statement within ten (10) days of its receipt. The trainee must appear at the departmental review committee meeting. Failure to appear in person will be deemed a voluntary dismissal of his/her request for review, acceptance of the adverse action, and waiver of the right to appeal. While attorneys are not allowed to be present at the meeting of the departmental review committee, the trainee may be accompanied by another person of his/her choice. The committee will notify

verbally the trainee of its decision within three (3) days of its meeting, and provide the trainee a written decision within ten (10) days of the oral notification.

2. Formal Institutional Hearing/Grievance Procedure

The trainee may request a hearing before the GMEC Executive Council to appeal the decision of the departmental review committee. The purpose of this appeal is to allow the matter to be reviewed outside the trainee's department. To request a review of a department's final decision by the GMEC Executive Council, the trainee must have received the written decision of the departmental review committee and within ten (10) business days from the date of the department's review committee's written decision, provide the Chair of the GMEC with a written statement requesting a formal hearing, and detailing the reasons he/she believes he/she should not be placed on probation, should not be suspended, should not be required to repeat the academic year, should not be dismissed, or should be granted a Certificate of Participation/Completion of Training. Failure to request a hearing within the 10 days shall be deemed acceptance of the adverse action and shall constitute a waiver of the right to appeal.

The purpose of the hearing is to allow the trainee an opportunity to assemble and submit available information to a review committee of the GMEC and to enable the Director of GME to make a recommendation to the Department Chair or Service Chief. The trainee shall receive written notice of the date, time and place of the hearing and shall also be advised of his/her right to appear with counsel and to introduce witnesses or evidence, subject to the limitations set forth below.

If the trainee requests a hearing, the Director of GME shall appoint a hearing committee which shall consist of not less than three (3) persons, all who are members of the GMEC Executive Council. One member shall be a trainee member of the GMEC Executive Council. No person who has actively participated in the initiation of the adverse action shall be appointed to the hearing committee.

The Chief/Program Director whose adverse action or proposed action occasioned the hearing or his/her designee shall have the initial obligation to present evidence in support of the action or proposed action. Thereafter, the trainee requesting the hearing shall have the burden of providing by clear and convincing evidence that the action or proposed action was arbitrary or capricious, or unsupported by substantial evidence.

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or the presentation of evidence. The hearing committee shall consider such evidence as reasonable persons are accustomed to rely on in the conduct of serious affairs. The hearing committee may take notice of any general, technical, medical or scientific fact within the specialized knowledge of the committee, and shall decide all other procedural matters not specified in this policy.

The trainee may not retry, and the hearing committee and the Medical Center may rely on and accept as true, any finding of fact contained in a final decision by the applicable licensing, certifying, or regulatory authority.

The hearing committee shall issue a written report of its findings of fact and recommendations within ten (10) days of the hearing. A copy shall be sent to the trainee, the Director of GME, the Program Director and the Department Chief. The Department Chief, after reviewing the report of the hearing committee, shall take action which should be communicated to the Trainee in writing as soon as possible. The decision of the Department Chief is final.

3. Remedy

If the adverse action is rescinded following appeal, the remedy available to the trainee shall not exceed the restoration of the trainee's stipend payment, benefits, or any rights relative to participation in the training program which may have been lost as a result of the action.

Vice President Sponsor: Richard M Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Executive Council | 7/1/2022 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/2022 |
| Daniel Talmor, MD, Chair, MEC | |

Original Date Approved: 11/2/2003

Revised: 1/26/04, 3/9/06, 4/26/2010, 5/19/10, 10/19/2015

Next Review Date: 7/25

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Residency Closure/Reduction

Policy: GME-11

Purpose: To describe the consequences in the event of a program closure or reduction

Policy Statement:

The Beth Israel Deaconess Medical Center is committed to supporting the education of physicians through its accredited training programs. In the event the institution faces a situation in which the total number of residents is forced to be reduced, either by federal mandate or budgetary restrictions, whenever possible, BIDMC will allow residents already enrolled in a training program to complete that program. If the mandates or restrictions are such that the BIDMC must immediately reduce the number of residents, the BIDMC will assist the resident(s) in enrolling in another ACGME accredited program.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/2022 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/2022 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 12/18/1998

Revised: 3/9/2006, 3/28/2011, 5/19/2014, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Trainee Contracts (Interns, Residents, Fellows)

Policy: GME-12

Purpose: To explicitly state hospital rules on trainee contracts

Policy Statement:

1. The Beth Israel Deaconess Medical Center (BIDMC) Graduate Medical Education Committee (GMEC) specifies that applicants for GME programs must be informed electronically or in writing of the terms and conditions of employment and benefits.
2. BIDMC will provide residents with an annual written agreement or contract outlining the terms and conditions of their appointment to an educational program, and will monitor the implementation of these terms and conditions by the program directors.
3. In instances where a trainee's agreement is not going to be renewed, the resident will receive a written notice of intent not to renew a trainee's agreement no later than four (4) months prior to the end of the trainee'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 trainee will be provided with as much written notice of the intent not to renew as the circumstances will allow.
4. BIDMC sponsored residency programs will be provided with a standard contract by the GME Office annually. The contract contains all the requirements stipulated by the ACGME.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

- | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> Graduate Medical Education Executive Council
Carrie Tibbles, MD, DIO/Director, GME | 7/1/2022 |
| <input checked="" type="checkbox"/> Medical Executive Committee
Daniel Talmor, MD, Chair, MEC | 7/20/2022 |

Original Date Approved: 1/8/2004

Revisions: 1/26/2004, 3/9/2006, 11/3/2008, 11/28/2011, 10/19/2015

Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Restrictive Covenants

Policy: GME-13

Purpose: To delineate policy on restrictive covenants

Policy Statement:

The Beth Israel Deaconess Medical Center strongly supports the policy of the Accreditation Committee on Graduate Medical Education which prohibits the inclusion of any restrictive covenants or non-compete clauses for residents.

It is the policy of the Beth Israel Deaconess Medical Center, in accordance with the laws of the Commonwealth of Massachusetts {MGL Ch. 112, Sec. 12X}, that no residency program will ask for a signature by a resident on a non-compete or restrictive covenant clause as a contingency of Graduate Medical Education training.

Residents are advised to note that it is also improper to sign a non-compete/restrictive covenant clause in conjunction with any Beth Israel Deaconess Medical Center documents.

Procedure(s) for Implementation:

1. Procedure and Responsibilities

Responsible Party - Program Directors

Action

Ensures that program documentation required for signature by residents does not contain a non-compete or restrictive covenant clause. Trainees advise the Office of GME of any documents that contain language which could be construed as non-compete or restrictive covenant language.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

- | | |
|--------------------------------------------------------------------------|-----------|
| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/2022 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/2022 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

Revisions: 3/9/2006, 9/22/2008, 2/23/2009, 5/19/2014, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Trainee Supervision for Interns, Residents and Fellows

Policy: GME-15

Purpose: To establish guidelines for individual departmental supervision policies

Policy Statement:

This Policy establishes hospital-wide supervision guidelines for all interns, residents and fellows (Trainees) appointed to graduate medical Education (GME) programs sponsored by the Beth Israel Deaconess Medical Center (BIDMC). It also establishes institutional supervision guidelines for medical students enrolled in courses sponsored by BIDMC.

This Policy is intended to comply with applicable standards set by the Massachusetts Board of Registration in Medicine (BoRM), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), requirements of the Accreditation Council of Graduate Medical Education (ACGME), and provisions of the BIDMC Medical Staff Bylaws.

General Principles:

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

The below is the section from the ACGME Common Program Requirements:

VI.D.3. Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:

VI.D.3.b).(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.

VI.D.3.b).(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.

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision by Members of the Medical Staff:

All Trainees must be supervised by a member of the medical and/or teaching staff taking care of patients at all training sites, including both inpatient and outpatient experiences and daytime routine and on-call activities. The medical staff member must have a current Full License issued by the Massachusetts BoRM, and be properly credentialed, with appropriate clinical privileges at the institution or facility where the supervision is occurring. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care.

The supervision of Trainees must allow for 'graduated responsibility'. Trainees should be allowed the opportunity to assume increasing patient care responsibilities according to their level of education, ability, and experience. The level of responsibilities assumed by each Trainee must be determined by the teaching medical staff, and should be based on written descriptions of the roles and responsibilities of trainees. Trainees should receive regular evaluations that include an assessment of their ability to assume increasing levels of clinical responsibilities. The program director must evaluate each trainee's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty and Trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects

Program Responsibilities:

1. Each GME program is required to supplement this Policy with written, program specific policies regarding supervision of Trainees. The program policy should describe the supervisory responsibilities of the faculty and the Trainee. In any situation in which a program-specific policy conflicts with the GME Policy, the terms of the GME Policy # 15 shall prevail.
2. Each program must define the general responsibilities for each PGY level, including supervisory responsibilities, medical/surgical procedures or orders that require direct supervision or countersignature, in emergency and non-emergency situations.
3. Each program director must define the levels of responsibility for each Trainee by preparing a description of the types of clinical activities each Trainee may perform with and without direct supervision and those for which the Trainee may act in a teaching/supervisory capacity. The program will communicate the defined levels of responsibility to each Trainee.

4. Trainees should receive regular evaluations that assess their competency. The assessment of a Trainee's competence shall serve as the basis for determining the minimum level of supervision required for different activities.
5. On-call schedules for attending physicians shall provide for supervision that is readily available to a Trainee on duty 24 hours per day, 7 days per week. The program director must ensure and document adequate supervision of Trainees at all times. Trainees must be provided with rapid, reliable systems for communicating with supervising faculty.
6. Programs should define standard indications and principles to guide Trainees in determining the need for communication with the attending physician in all circumstances.
7. Under certain circumstances determined by the program, urgent judgments by highly experienced physicians are required, and for these specialties attending physicians must be immediately available on site at all times. Under other circumstances, attending physicians can provide adequate supervision off site as long as their physical presence within a reasonable time can be assured in case of need.
8. The Program Director must assure that a schedule with the name and contact number of the responsible attending physician is available at all times to program Trainees. Faculty schedules must be structured to provide Trainees with continuous supervision and consultation.
9. All patients seen by Trainees on an outpatient basis must be seen by, discussed with, or reviewed by the responsible attending physician.
10. Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, Trainee feedback, attending physician feedback, risk management reports and quality improvement reports.

Attending Physician Responsibilities:

1. An attending physician is responsible for and actively involved in the care provided to each patient, both inpatient and outpatient.
2. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents.
3. An attending physician directs the care of each patient and provides the appropriate level of supervision for a Trainee, based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the resident being supervised.
4. The attending physician, in consultation with the program director, accords a Trainee progressive responsibility for the care of the patient based on the Trainee's clinical

experience, judgment, knowledge, technical skill, and capacity to function.

5. The attending physician advises the program director if he/she believes a change in the level of the Trainee's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.
6. The attending physician fosters an environment that encourages questions and requests for support or supervision from the Trainee, and encourages the House officer to call or inform the attending physician of significant or serious patient conditions or significant changes in patient condition.

Trainee Responsibilities:

1. A Trainee's responsibilities shall include patient care activities within the scope of his/her clinical privileges, attendance at clinical rounds and seminars, timely completion of medical records, and other responsibilities as assigned or are required of all members of the Medical Staff.
2. Each Trainee will take action as necessary to remain knowledgeable of the clinical status of all patients assigned to him/her, and discuss any significant changes in clinical status with the attending as soon as possible.
3. In life-threatening emergencies (e.g., code situations), Trainee's may initiate or modify major diagnostic and therapeutic actions consistent with their level of ability and training.
4. In case of an emergency, the Trainee may ask another health care provider to immediately contact the attending physician while the Trainee initiates emergency interventions but must inform the attending as soon as possible and receive additional instruction as indicated.
5. Prior to performing an invasive procedure on a patient, Trainees must have approval of the attending physician, and follow the attending physician's directions regarding supervision, consistent with residency policy.

Supervision of Medical Students:

1. Trainee's Responsibilities in Medical Student Instruction:
 - a) All Trainees in BIDMC 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.
 - b) Trainees may be delegated responsibility for medical student supervision by an attending physician.
 - c) Trainees may be delegated the responsibility by an attending to review, correct and

countersign the medical records presented to them by medical students.

2. Faculty Responsibilities in Medical Student Instruction

- a) Harvard Medical School, through its faculty governance process, will outline responsibilities for teaching and supervision of medical students.
- b) The attending physician is ultimately responsible for the supervision of a medical student, however, a Trainee may be delegated such responsibility by a faculty member.
- c) Attending physicians should endeavor to remain aware of the activities and performance of any medical student(s) assigned to them for supervision.

3. Medical student responsibilities

- a) To participate in clinical learning experiences, medical students must be enrolled in the specific course related to the clinical activity.
- b) Medical students are expected to be appropriately dressed, and have an appropriate name identification card.
- c) Medical students are expected to properly identify themselves to patients, by name and level of training
- d) Medical students must communicate with the attending physician, or supervising Trainee, prior to initiating any procedure or implementing any changes in the treatment plans.
- e) Medical students may enter information into the medical record, i.e., history and physical, discharge summary, and progress notes. *However, any such entries must be countersigned by a physician.* Each participating hospital sets its own policies about what a student may enter into the medical record.

Monitoring and Reporting on Trainee Supervision

Any alleged infractions of the supervision policy should be reported to the Trainee's Program Director or his/her designee.

The Program Director or his/her designee is responsible to investigate and if possible resolve the issue.

If not resolved, the problem should be brought to the attention of the Chair of the department and other relevant house staff committees.

Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, Trainee feedback, attending physician feedback, risk management reports and quality improvement reports.

Supervision policies and the adequacy of supervision will be addressed during each Internal Review conducted by the GME office in compliance with ACGME regulations as well as through regular ACGME surveys.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

Graduate Medical Education Committee **7/1/2022**
Carrie Tibbles, MD, DIO/Director, GME

Medical Executive Committee **7/20/2022**
Daniel Talmor, MD, Chair, MEC

Original Date Approved: 1/8/2004

Revisions: 3/9/06, 11/24/2008, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy for Trainee Moonlighting

Policy : GME-16

Purpose: To describe the guidelines for moonlighting

Policy Statement:

The Accreditation Council for Graduate Medical Education (ACGME) stipulates that: “Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care.” For this reason moonlighting activities must be monitored by individual programs.

All Trainees at the Beth Israel Deaconess Medical Center (BIDMC) must comply with the ACGME Common Program and Institutional requirements in addition to the requirements specified below. For the purpose of this policy ‘Trainee’ refers to residents and fellows enrolled in educational programs at BIDMC.

1. Moonlighting must not interfere with ability of a Trainee to achieve the goals and objectives of the training program.
2. Trainees must not be required to engage in moonlighting.
3. Trainees require a prospective, written statement of permission from the program director. This letter must be part of the Trainee’s permanent file.
4. All hours engaged in moonlighting activities that occur within the training program and/or the sponsoring institutions or non-hospital sponsor’s primary clinical site(s) must be counted with the Trainee’s duty hours. The total hours - including both the regular and the moonlighting hours can not exceed the weekly maximum of allowable hours. This is 80 hours per week, unless a duty hour exception has been granted by the ACGME. If an exception has been approved, the total hours cannot exceed that number approved by the RRC for the individual program. In addition the Trainee must be insured at least one full day per seven days free of any clinical responsibilities.
5. The Program Director is responsible to monitor all Trainees that engage in moonlighting. Noncompliance with the duty hour regulations may lead to withdrawal of permission to moonlight by the Program Director.
6. The Program Director is responsible to monitor the Trainees’ performance for the effect of moonlighting. Adverse effects may lead to withdrawal of permission at the discretion of the Program Director or designee.

7. Trainees are responsible to ensure malpractice coverage for all moonlighting activities. This may require the completion of both an institutional waiver form and the CRICO Confirmation of Extended Professional Liability Checklist signed by the Program Director or chief. Copies of these documents must be kept as part of the trainee's permanent file.
8. In addition to the above policy, Trainees must follow the individual departmental moonlighting policy.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President for Education

Approved By:

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|-------------------------------------------------------------------------------------------------------------------|-----------|
| <input checked="" type="checkbox"/> Graduate Medical Education Committee
Carrie Tibbles, MD, DIO/Director, GME | 7/1/2022 |
| <input checked="" type="checkbox"/> Medical Executive Committee
Daniel Talmor, MD, Chair, MEC | 7/20/2022 |

Requested By: Graduate Medical Education Committee

Original Date Approved: 3/22/2002

Revised: 4/25/2005, 3/9/2006, 3/23/2009, 5/10/2014, 9/2/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Resident Eligibility & Selection

Policy : GME-17

Purpose: To ensure that all enrolled trainees are eligible and that the selection process for trainees is fair and without prejudice.

Policy Statement:

The Beth Israel Deaconess Medical Center (the Medical Center) Graduate Medical Education Committee (GMEC) monitors the compliance of each program with these policies and procedures:

1. Trainee Eligibility

Applicants with one of the following qualifications are eligible for appointment to accredited residency or fellowship programs sponsored by the Medical Center:

- a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- c) Graduates of medical schools outside the United States and Canada
 - 1) who hold a valid certificate from the Educational Commission for Foreign Medical Graduates and/or
 - 2) Have a full and unrestricted license to practice medicine in a US jurisdiction.
- d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who 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 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

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).

2. Resident Selection

- a) Medical Center programs must select from among eligible applicants on the basis of the applicant's preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
- b) All sponsored programs participate in an organized matching program, where available, such as the national Resident Matching Program (NRMP).

3. Enrollment of Noneligibles

The enrollment of noneligible residents may be a cause for withdrawal of accreditation of the involved program. The GMEC annually reviews each sponsored program's intern and resident selection procedures to insure compliance with the above policies and procedures.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

Graduate Medical Education Executive Council 7/1/22

Carrie Tibbles, MD, DIO/Director, GME

Medical Executive Committee 7/20/22

Daniel Talmor, MD, Chair, MEC

Original Date Approved: 12/10/1998

Revised: 3/9/2006, 5/21/2007, 5/19/2010, 11/28/2011, 10/19/2015

Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: USMLE Completion Requirement

Policy: GME -19

Purpose: To establish requirements for completion of USMLE examinations during their training

Policy Statement:

The Beth Israel Deaconess Medical Center (BIDMC) requires training physicians to complete the United State Medical Licensing Examination (USMLE) Step examinations during or before their training period at the BIDMC. Reasons: outcomes, progression, minimum standards in keeping with other hospitals.

The timing of completion of the Step Examinations are set forth below:

Step 2:

Successful completion of USMLE Step II (CK, CS) is required for initial appointment at a PGY1 level.

Step 3:

Documentation of successful completion of USMLE Step III is strongly recommended for appointment (or reappointment) at the PGY 3 level. Documentation of successful completion of USMLE Step III is required for appointment (or reappointment) prior to the advancement or acceptance at the PGY 4 level or higher.

Individual Extensions/Extenuating Circumstances:

Program Directors, for extenuating circumstances only, may apply to Graduate Medical Education Committee (GMEC) for consideration of an extension for a 12 month period for an individual for successful completion of USLME Step 3. Future extensions will not be granted for subsequent appointment years for the individual. In addition, program directors will not be granted frequent recurring extensions.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

Graduate Medical Education Executive Council 7/1/22

Carrie Tibbles, MD, DIO/Director, GME

Medical Executive Committee 7/20/22

Daniel Talmor, MD, Chair, MEC

Original Date Approved: 1/26/2004

Revisions: 3/9/2006, 9/15/2008, 11/21/2011, 10/19/2015

Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Multi-disciplinary Pain Management

Policy: GME-20

Purpose: To guide pain management requirements

Policy Statement:

To ensure that the educational training experience for the sponsored pain medicine program complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored. Disciplines involved include Neurology, Physical Medicine and Rehabilitation, Psychiatry, and Radiology, in addition to sponsoring Anesthesiology program.

Background:

The Beth Israel Deaconess Medical Center provides support to one Anesthesiology-sponsored Pain Medicine training program. Pain management requires a multidisciplinary approach to a common problem, and the Accreditation Council for Graduate Medical Education (AGCME) requires that there be an institutional policy governing the educational resources committed to pain medicine.

Effective July 2007 a Pain Multidisciplinary Fellowship Committee must be established to regularly review the program's resources and its attainment of its stated goals and objectives. The Anesthesiology Pain Management Program Director is responsible for scheduling regular meetings and maintaining minutes of the proceedings.

Monitoring and compliance:

Under the guidance of the Pain Management Program Director, the program will perform an annual review of program effectiveness. The Pain Multidisciplinary Fellowship Committee must also regularly review program resources and attainment of goals and objectives.

Deficiencies will be addressed by the program director and Designated Institutional Official (DIO) if needed. The (DIO) and the GME Committee (GMEC) will monitor educational resources committed to the pain medicine training program through the Internal Review process.

If difficulties in the distribution of resources committed to pain medicine training are identified, the DIO will meet with members of the program and multidisciplinary committee to assess the issues and to recommend corrective action. The DIO will report these findings to the GMEC and if necessary the Medical Executive Committee (MEC) which may meet with the pain medicine

training director and other hospital/institutional officials. The MEC's recommendations will be forwarded for approval to the GMEC.

Any request for program changes in pain medicine would be reviewed through customary ACGME processes.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

- Graduate Medical Education Executive Council**
Carrie Tibbles, MD, DIO/Director, GME 7/1/22
- Medical Executive Committee**
Daniel Talmor, MD, Chair, MEC 7/20/22

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 1/14/2008
Revisions: 1/15/2008, 3/28/2011, 5/19/14
Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Anesthesia and Surgical Critical Care Multi-disciplinary Management

Policy: GME-21

Purpose: To guide anesthesia and surgical critical care requirements

Policy Statement:

The purpose of this policy is to ensure that the educational training experience for the sponsored Critical Care training programs complies with the institutional and program-specific RRC requirements, and that the allocation of clinical and other resources is monitored.

Background:

The Beth Israel Deaconess Medical Center provides support to one Anesthesiology-sponsored Critical Care training program and one Surgery sponsored Critical Care training program. Critical Care requires a multidisciplinary approach, and the Accreditation Council for Graduate Medical Education (ACGME) requires that there be an institutional policy governing the educational resources committed to critical care. This policy ensures cooperation of all disciplines involved in critical care medicine.

Monitoring and compliance:

The program will perform an annual review of program effectiveness. Deficiencies will be addressed by the critical care program director and Designated Institutional Official (DIO) if needed. The Designated Institutional Official (DIO) and the GME Committee (GMEC) will monitor educational resources committed to the pain medicine training program through the Internal Review process.

If difficulties in the distribution of resources committed to Critical Care training are identified, the DIO will meet with members of the program involved to assess the issues and to recommend corrective action. The DIO will report these findings to the GME Committee and if necessary the Medical Executive Committee (MEC) which may meet with the Critical Care program directors and other hospital/institutional officials. The MEC's recommendations will be forwarded for approval to the GMEC.

Any request for program changes in the Critical Care training programs would be reviewed through customary ACGME processes.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

- Graduate Medical Education Executive Council**
Carrie Tibbles, MD, DIO/Director, GME 7/1/22
- Medical Executive Committee**
Daniel Talmor, MD, Chair, MEC 7/20/22

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 1/14/2008

Revisions: 3/28/2011, 5/19/2014

Next Review Date: 7/25

Eliminated:

Title: Graduate Medical Education Guidelines for Program Affiliation Agreements

Policy: GME-22

Purpose: The ACGME requires program agreements between all ACGME programs with rotating residents and fellows. These program agreement documents may or may not include a financial section. The following guidelines describe the sign-offs required by the GME office.

These recommendations apply to affiliations that the BIDMC sponsors as well as programs that BIDMC participates in as the affiliated or participating institution.

General Principles:

Affiliations or letters of agreement are required according to the guidelines set forth by the ACGME. www.acgme.org

1. Program letters of agreement between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment are required.
2. Program letters of agreement must:
 - a. Be renewed at least every 10 years
 - b. Be approved by the designated institutional official (DIO)
 - c. Identify the faculty members who will assume educational and supervisory responsibility for residents
 - d. Specify the responsibilities for teaching, supervision, and formal evaluation of residents
 - e. Specify the duration and content of the educational experience
 - f. Include goals and objectives for the assignment
 - g. State the policies and procedures that will govern resident education during the assignment.
 - h. Describe how residents/fellows provide confidential evaluation of faculty members and the rotation
 - i. Describe how the residents of fellows can participate in core didactic activities at the primary clinical site during the rotation at the participating site
3. Beth Israel Deaconess Medical Center (BIDMC) Affiliation Agreements (i.e. Sponsoring)
 - a) Non-Financial

All BIDMC affiliation agreements with no financial component must include the following signatures

- 1) BIDMC Program Director (or Associate Program Director as indicated)
- 2) BIDMC Designated Institutional Official (DIO) – *Must be the final signature*

3) Program Director at the affiliated hospital

b) Financial

All BIDMC affiliation agreements with a financial component must include the following signatures

- 1) BIDMC Program Director (or Associate Program Director as indicated)
- 2) BIDMC Designated Institutional Official – *Must be the final signature*
- 3) BIDMC Chief Financial Officer (CFO)
- 4) Program Director at the affiliated hospital
- 5) DIO or Director of Education at affiliate

4. Program letters of agreement should be fully executed prior to the start of the rotation but must be finalized within 30 days of the start of the rotation. Failure to provide the GME office with the fully executed agreement within 30 days of the start of the rotation will result in the removal of the resident/fellow from the rotation.

When the BIDMC is the sponsoring program, programs should use standard program affiliations that are available on the BIDMC GME website only.

Non-BIDMC Affiliation Agreements (i.e. combined, participating or affiliated)

1. When BIDMC is the affiliated institution, the agreement is drafted by the sponsoring hospital.
2. BIDMC requires the same signatures from the BIDMC even if the affiliate does not require them.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

Graduate Medical Education Executive Council **7/1/22**
Carrie Tibbles, MD, DIO/Director, GME

Medical Executive Committee **7/20/22**
Daniel Talmor, MD, Chair, MEC

Original Date Approved: 10/29/2007

Revised: 11/21/2007, 11/28/2011, 10/19/2015

Next Review Date: 7/25

Eliminated:

References:

Title: Disaster-Patient Interruption Policy

Policy: GME- 23

Purpose: In the event of a disaster causing a sustained interruption of patient care that impacts the GME programs sponsored by BIDMC, GMEC establishes this policy relative to the continuation of the educational experiences of residents.

The definition of a disaster will be determined by the Accreditation Council for Graduate Medical Education (ACGME) as defined in the ACGME Policies and Procedures. The Designated Institutional Official (DIO) will be the primary Medical Center contact with the ACGME regarding disaster determination as well as response planning and implementation.

Overview:

ACGME is committed to assisting in reconstituting and restructuring residents' educational experiences as quickly as possible after a disaster.

1. Definition of Disaster

An event or set of events causing significant alteration to the residency experience at one or more residency programs. Hurricane Katrina is an example of a disaster.

2. ACGME Declaration of a Disaster

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

3. Trainee Transfers and Program Reconfiguration

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its trainees because of a disaster, it must: arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its trainees, or assist the trainee in permanent transfers to other programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular trainee, the preferences of each trainee must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each trainee will complete the year in a timely fashion.

Within 10 days after the declaration of a disaster (see above), the Designated Institutional Officer (DIO) of each sponsoring institution with one or more disaster-affected programs (or another institutionally designated person if the institution

determines that the designated institutional official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs:

- a) to submit program reconfigurations to ACGME, and
- b) to inform each program's trainees of trainee transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

If within the 10 days, the ACGME has not received communication from the DIO(s), ACGME will attempt to establish contact with the DIO(s), to determine the severity of the disaster, its impact on training, and next steps.

4. ACGME Website

On its website, ACGME will provide, and periodically update, information relating to the disaster.

5. Communication with ACGME from Disaster Affected Institutions/Programs

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. In general:

- a) *DIOs* should call or email the Institutional Review Committee Executive Director with information and/or requests for information.
- b) *Program Directors* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.
- c) *Trainees* should call or email the appropriate Review Committee Executive Director with information and/or requests for information.

On its website, the ACGME will provide instructions for changing trainee email information on the ACGME Web Accreditation Data System.

ACGME Policies & Procedures (June 9, 2008) Addressing Disasters Page 2 ACGME Policies & Procedures (June 9, 2008) Addressing Disasters Page 3

6. Institutions Offering to Accept Transfers

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and trainees. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

The ACGME will expedite the processing of requests for increases in trainee complement from non-disaster affected programs to accommodate trainee transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

7. Changes in Participating Sites and Resident Complement

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster

Title: Statement of Commitment

Policy : GME-24

Purpose: To statement institutional commitment to Graduate Medical Education (GME)

Policy Statement:

The Beth Israel Deaconess Medical Center (BIDMC) recognizes that medical education is a continuum marked at various stages by the degree of Doctor of Medicine, completion of an accredited graduate medical education (GME) program, and subsequently a continuing life-long interest in professional self-improvement and education.

With respect to GME specifically, the BIDMC is committed to providing the appropriate resources to assure the highest quality of training.

Educational Resources:

The institution is committed to providing a scholarly milieu in which the resident physician interacts with a diverse group of other learners and teachers. This group includes medical students, nursing students, graduate students, and faculty.

Resources include, but are not limited to, a patient population that is appropriate in size and diversity of medical problems, technological support including computer management of patient records and care, and research opportunities, in both the clinical and basic sciences.

Financial Resources:

All residents are compensated and receive fringe benefits including health insurance, disability insurance and professional liability insurance. Additionally they are eligible to enroll, at their discretion, in other group benefits programs offered by the medical center.

Every department receives financial resources from the medical center to support educational endeavors. Additionally, the medical center created and maintains an infrastructure to supervise and coordinate graduate educational activities through the GME office and personnel.

Human Resources:

All physicians practicing at the BIDMC hold an academic appointment at Harvard Medical School. Additionally, a portion of the full-time faculty member's salary is predicted on an obligation to teach. The institution also is committed to the support staff within the GME office to implement graduate education policies.

Vice President Sponsor: Richard M. Schwartzstein, Vice President for Education

Approved By:

- Graduate Medical Education Committee** 7/1/22
Carrie Tibbles, MD, DIO/Director, GME
- Medical Executive Committee** 7/20/22
Daniel Talmor, MD, Chair, MEC

Requested By: Graduate Medical Education Committee

Original Date Approved: 1/10/2010

Revisions:

Next Review Date: 7/25

Eliminated:

*Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual*

Title: Policy for National Provider Identifiers (NPIs) for all ACGME and NON-ACGME Trainees (Interns, Residents, Fellows & Rotators)

Policy: GME-25

Purpose: The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

Policy Statement:

The NPI is a unique 10-position numeric identifier to be used for electronic claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, and remittance advices. The NPI remains the same throughout a physician's professional career. Physicians will be required to continuously maintain their NPI information, including name changes, additional taxonomy codes, etc. Physicians should maintain their own logon and password information.

The procedure to apply include the following:

1. To apply, visit <https://nppes.cms.hhs.gov/NPPES> and provide the information listed below.
2. Important Note: please select "Individual" – Do not select "organization"
3. You will then be asked to fill in the following information about yourself **or the individual for whom you are applying** (Note that currently Medicare insists only the provider should access the NPPES system for their information):
 - a. Interns, Residents, and Clinical Fellows who are pending licensure should **use Taxonomy Code: 390200000X** – (Student in Organized Health Care Education/Training Program)

Provider Name

SSN

Provider Date of Birth

Country of Birth

State of Birth (if Country of Birth is U.S.)

Provider Gender

Mailing Address

Practice Location Address and Phone Number

Provider Type (Report specialty you are training in at this time, if applicable)

State License Information (if issued)

Contact Person Name (self)
Contact Person Phone Number and Email (self)

The Graduate Medical Education office will require that all trainees obtain an NPI number and notify their program coordinator with the number within 14 days of starting a trainee program.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Committee | 7/1/22 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/23/2009
Revisions: 5/19/2014, 1/4/2017, 6/19/2019
Next Review Date: 7/25

Eliminated:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Accommodations for Trainees with Disabilities

Policy: GME-26

Purpose: To provide a procedure to identify the need for and provide reasonable accommodations for Trainees with disabilities in compliance with the American with Disabilities Act.

Policy Statement:

Beth Israel Deaconess Medical Center (BIDMC), as the institutional sponsor for graduate medical education (GME) programs, acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the American with Disabilities Act (ADA) and is committed to considering requests for reasonable accommodations made by Trainees with known disabilities who can meet the clinical and academic requirements of their residency program. BIDMC maintains certain minimum technical standards that applicants to GME programs and trainees appointed to GME programs must possess.

It is the responsibility of BIDMC's residency and fellowship program directors to select individuals who are best qualified to meet certain residency program requirements and who are the most likely to become competent, independent physicians. Trainees must gain the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Scope and Responsibility:

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME) accredited GME programs sponsored by BIDMC.

It is the responsibility of all program directors and BIDMC's GME Committee to comply with this policy.

Eligibility Criteria and Program Requirements:

GME programs require applicants accepted into the program (trainees) to develop competence in six areas: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice, Interpersonal Skills and Communication, and Professionalism.

Toward this end, GME programs, in accordance with the ACGME Institutional and Program Requirements, define the specific knowledge, skills, and personal attributes to be achieved by trainees, and provide educational experiences necessary for their trainees to demonstrate competency in each area.

In order to achieve competency in these six areas, trainees, at a minimum, must have aptitude and abilities in the following areas: (1) observation; (2) communication; (3) sensory and motor coordination and function; (4) conceptual, integrative abilities; and (5) behavioral and social attributes.

1. Observation requirements

- a. observe demonstrations and participate in clinical care and in basic and clinical sciences as determined by the respective faculty; and
- b. observe a patient accurately at a distance and at close hand, noting non-verbal as well as verbal signals.

2. Communication requirements

- a. speak intelligibly, hear adequately, and observe patients closely in order to elicit and transmit information, describe changes in mood, activity and posture, and perceive non-verbal communications;
- b. communicate effectively and sensitively with patients;
- c. communicate effectively and efficiently in oral and written English with all members of the health care team;
- d. possess reading skills at a level sufficient to accomplish curricular requirements and provide clinical care for patients; and
- e. complete appropriate medical records and documents and plans according to protocol and in a complete and timely manner.

3. Sensory and Motor Coordination and Function Requirements

- a. possess sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers;
- b. be able to execute motor movements reasonably required to provide general care and emergency treatment to patients;
- c. have somatic sensation and the functional use of the senses of vision and hearing;
- d. have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out required activities;
- e. be able to consistently, quickly, and accurately integrate all information received by whatever senses are employed; and
- f. possess sufficient sensory and motor coordination and functional capacity to meet the specific requirements of any specialty training program in which the Trainee participates.

4. Intellectual, Conceptual, Integrative and Quantitative Abilities

- a. be able to identify significant findings from history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, prescribe appropriate medications and therapy and retain and recall information in an efficient and timely manner;
- b. possess the ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans; and
- c. possess good judgment in patient assessment and in diagnostic and therapeutic planning.

5. Behavioral and Social Attribute Requirements

- a. possess the emotional health required for full use of intellectual abilities, the exercise of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients;
- b. exhibit the development of mature, sensitive and effective relationships with patients, colleagues, clinical and administrative staff, and all others with whom the accepted applicant interacts in the professional or academic setting, regardless of their race, ethnicity, gender, religion, age or other attributes or affiliations that may differ from that of the trainee;
- c. tolerate physically taxing workloads and function effectively when stressed;
- d. be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients; and

Applicants with Disabilities:

Under Federal and State law, BIDMC must provide reasonable accommodations to otherwise qualified applicants and trainees with disabilities unless to do so would cause an undue hardship. A qualified applicant or trainee with a disability is someone who has the requisite skill, experience, education to meet the Program Requirements and to perform the essential functions of the trainee's position, with or without reasonable accommodation.

An applicant is not disqualified from consideration due to a disability and is not required to disclose the nature of his/her disability during the application and/or interview process.

Trainees with disabilities are responsible for requesting reasonable accommodations. When the disability, the need for and/or the type of accommodation is not obvious, the trainee is responsible for providing medical documentation to Human Resources and Occupational Health appropriate to verify the existence of the disability and or the appropriateness of the requested accommodation. The Program Director will work with the trainee to help to identify and assess potential reasonable accommodations. A request for accommodation may be made at any time during residency training. In order for a trainee to receive maximum benefit from his/her residency training time, requests for accommodation should be made as early in the training process as possible. All requests for reasonable accommodation should be directed to the Program Director at BIDMC and/or the sponsoring institution. The Program Director(s), working with representatives from Human Resources, Occupational Health, and the requesting

trainee, will determine whether the requested accommodation is reasonable or would impose an undue hardship, or whether an alternative accommodation would be as effective as the requested accommodation.

Some of the aptitudes, abilities, and skills described in the ACGME Requirements can be attained by some trainees with technological compensation or other reasonable accommodation. However, trainees using technological supports or other accommodations must be able to perform in a reasonably independent manner. The use of trained intermediaries to carry out essential functions described in the ACGME Requirements will not be permitted by the BIDMC. Intermediaries, no matter how well trained, are applying their own powers of selection and observation, which could affect the judgment and performance of those to whom they are providing their intermediary services. Therefore, BIDMC will not permit third parties to be used to assist a trainee in the clinical training area in accomplishing curriculum requirements. Other accommodations will be given due consideration, and reasonable accommodations will be made where consistent with curriculum objectives and legal requirements applicable to BIDMC and its sponsored programs.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Executive Council | 7/1/22 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor, MD, Chair, MEC | |

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 9/2/2014

Revised:

Next Review Date: 7/25

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Transitions of Care and the Safe Handover of Patients

Policy: GME - 27

Purpose: The purpose of this GME policy is to enhance patient safety by defining standards for a safe, effective approach to transitions of care across all GME programs, consistent with the ACGME Common Program Requirements.

General Background:

1. Effective communication among team members is an essential team process and a critical component in the delivery of safe quality health care to the patient across the entire spectrum of healthcare providers. Such communication is particularly critical when primary responsibility for a patient is transferred from one physician to another.
2. These transitions of care must be timely, patient-centered, explicitly structured and contribute to safe patient care. The process of “clinical handover” formalizes the transfer of accountability and responsibility of some or all relevant aspects of patient care.
3. The Sponsoring Institution and Clinical Departments are committed to implementing systems that ensure effective, consistent and agreed upon processes to support clinical handover. This ensures timely transitions of care free from significant distractions other than emergent patient interventions, utilizing an appropriate environment and systems to deliver continuous safe quality clinical care.

Definitions:

Transitions of care or clinical handover is the communication process that enables the “transfer of clinical responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or healthcare team on a temporary or permanent basis” .¹

Policy Rationale:

The purpose of this Graduate Medical Education (GME) policy is to enhance patient safety by defining standards for a safe, effective approach to transitions of care across all GME programs, consistent with the ACGME Common Program Requirements.

Standards:

1. Programs must design clinical assignments to minimize the number of transitions in patient care.
2. Programs must ensure and monitor effective, structured handover processes to facilitate

both continuity of care and patient safety.

3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.
4. Schedules that list the attending physicians and residents currently responsible for each patient's care must be made readily available to all members of the health care team.
5. Individual programs/departments should develop a policy that addresses transitions of care relevant to the clinical specialty. These policies should include standards around the transfer of information, supervision requirements, and documentation of the clinical transfer
6. This policy should be supported by faculty development and resident education related to safe handoffs and transitions in care.
7. The program should ensure sufficient resources are in place to enable effective transitions in care, including staff training in clinical handover.

A review of the department's policy and education related to transitions of care will be reviewed by the GMEC at the mid cycle review.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

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| <input checked="" type="checkbox"/> Graduate Medical Education Executive Council | 7/1/22 |
| Carrie Tibbles, MD, DIO/Director, GME | |
| <input checked="" type="checkbox"/> Medical Executive Committee | 7/20/22 |
| Daniel Talmor MD, Chair, MEC | |

Original Date Approved: 09/26/2011

Revisions: 9/2/2014

Next Review Date: 7/25

Eliminated:

References:

1. Australian Medical Association, 2006, Safe Handover: Safe Patients, Guidance for Clinical Handover for Clinicians and Managers. (Adapted from the British Medical Associations resource: Safe Handover: Safe Patients)