

GME Resident and Fellow Manual

2021-2022

Welcome to HCA Healthcare



As a resident or fellow, you are now part of the largest graduate medical education (GME) network in the United States.

HCA Healthcare is currently home to GME programs in more than 60 hospitals from Florida to California. Welcome to your program and to the broader HCA Healthcare organization. You have started the most impactful period of your medical training. This is a time when you will be inspired, challenged and given the tools to care for and improve human life. And, by joining the HCA Healthcare family, you have opened the door not only to an exceptional GME experience but also to fulfilling career opportunities across our

robust network of top-performing hospitals, surgery centers, practices, urgent care centers and research centers.

As is the case with most U.S. residency and fellowship programs, GME is where newly minted doctors begin to treat real patients in a real-world environment. What makes HCA Healthcare's GME programs unique is our emphasis on the individual resident/fellow's performance. We work to develop competencies that a physician will need once he or she enters practice, such as core measures and patient satisfaction. We give continuous feedback to our residents/fellows so they will understand where they excel, as well as where they can improve. We tailor our curricular offerings and use our wealth of expertise and resources to provide you with personalized, innovative and evidence-based training. This offers you the advantage of quickly becoming a leader in the healthcare industry early in your career.

Throughout your educational experience, there will be an intentional emphasis on communication between the physician and the patient. We also spend a great deal of time talking about the business side of healthcare. Since HCA Healthcare leads in both of these areas, we are uniquely prepared to help you become the very best physician you can be.

I want to thank you for choosing HCA Healthcare. Welcome to the nation's highest-quality, most patient-centered team, where one path leads to thousands of opportunities.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Deighton". The signature is fluid and cursive, with a long horizontal line extending to the right.

Bruce Deighton, PhD | Vice President Graduate Medical Education | HCA Healthcare

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This **2021-2022 GME Resident & Fellow Manual** supersedes and replaces all previous versions of the resident and fellow manual that were available in the hospital prior to July 1, 2021, as well as any Sponsoring Institution policies that conflict with the policies listed here.

The Roman numerals at the end of the subject matter headings above relate to the **ACGME Institutional Requirements** section headings.

Statement on Podiatric Medicine and Surgery Residencies

This statement acknowledges that the Podiatric Medicine and Surgery Residency (PMSR) programs are approved by the Council on Podiatric Medical Education (CPME). All references to the Accreditation Council for Graduate Medical Education (ACGME) throughout documents

referring to the training of podiatric residents shall infer the program is approved by CPME and must follow the standards and requirements of CPME. The CPME is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine.

I. List of Common Terms

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

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

Clinical Competency Committee

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

Competencies

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

Complement

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

Designated Institutional Official

The designated institutional official (DIO) is the individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

Graduate Medical Education Committee

The graduate medical education committee (GMEC) has responsibilities that include oversight of institutional and program accreditation, quality of the learning and working environment, quality of the educational experiences, programs' annual evaluation and improvement activities, processes related to reduction/closure of programs and provision of patient safety reports.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

Hospital

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

Program Coordinator

The program coordinator (PC) is the lead administrative person who assists the PD in accreditation efforts, educational programming and support of residents/fellows.

Program Director

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

Program Evaluation Committee

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

Postgraduate Year

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

Remediation

Residents/fellows may undergo remediation, which allows for correction of deficiencies that require intervention. Remediation is a method to assist each learner in reaching his/her fullest potential by addressing areas of deficiency toward graduation requirements. A remediation plan may be issued to address and correct the resident/fellow's performance deficiencies that may cause disruption to a resident/fellow's progression or continuation within the program. Remediation is not a form of punishment but a method used to help the resident or fellow improve.

Review Committee or Residency Review Committee

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

II. Salary and Benefits (IV.B.3)

ACGME

“IV.B.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant’s eventual appointments. (Core)”

A. Salary

Resident/fellow salaries are determined on an annual basis by the SI and approved by the GMEC.

B. Stipend Payments

1. On-Call Meal Stipend

For hospitals that do not make food readily available to meet ACGME requirements regarding on-call meals, an on-call meal stipend of \$950.00 per academic year will be provided to the resident or fellow in two separate payments. The first payment will occur within ninety (90) days of the contract start date and the second payment will occur after January 1. This stipend is provided to cover the meal expenses which the resident or fellow may incur while on call. Like salaries, the on-call meal stipend payments are subject to applicable taxes.

2. Orientation Stipend

Residents/fellows who are new to the hospital’s training programs will receive a \$500.00 stipend to cover the time spent completing on-site and online orientation activities. The stipend will be prorated if resident/fellow does not attend the full orientation. Transferring residents from another HCA Healthcare facility are not eligible for the stipend a second time but are still required to attend orientation for each respective program. The stipend amount is subject to applicable taxes and withholdings.

C. Expenses Covered by the Hospital

1. Equipment

The hospital will determine, and make available as needed, electronic and mobile devices for use consistent with the program’s scope and needs. The assigned equipment is the property of the hospital and the resident/fellow agrees to use it in accordance with the Appropriate Use of Communication Resources and Systems policy, [EC.026](#), and the Information Security Electronic Communications policy, [IP.SEC.002](#). The resident/fellow agrees to only use company-issued electronic devices to accomplish responsibilities under their resident agreement. Just like with other equipment the resident/fellow uses in the facility, the mobile device is company-owned property and should not be tampered with, such as removing and replacing the phone’s subscriber identification module (SIM) card. Prior to the program’s completion, if requested, the resident/fellow will return the equipment to the hospital in the condition in which it was provided to him/her with

reasonable wear and tear. If the equipment is either not returned to the hospital for any reason, or returned with damage beyond reasonable wear and tear, then the resident/fellow may be asked to pay the hospital the fair market value of the equipment, as determined by the hospital. If required, the resident/fellow agrees to enter into a separate agreement with the hospital regarding possession and use of such equipment.

2. Licensure

The hospital shall pay for or reimburse the resident/fellow for the medical educational limited license. In cases where a full medical license is required by the medical board, the hospital shall pay for this license as well. The resident/fellow shall initiate procedures to obtain such license as soon as she/he is qualified to do so. Please note that it is incumbent on the resident/fellow to understand the requirements of the medical board in the state where their residency/fellowship training will take place. States have differing requirements as it relates to medical educational limited licenses and when a full medical license is required. Failure to secure the needed license in a timely manner may result in suspension or termination.

3. Required Certification

The hospital shall provide the certification courses and any related materials required by the hospital and/or the program, including, but not limited to, Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), pursuant to the program manual.

4. In-Service Examinations

The hospital shall pay for in-training examinations in the applicable specialty.

5. Uniforms

At the start of PGY-1, the hospital shall provide either two laboratory coats per resident/fellow (July 1 to June 30) or provide a reasonable substitution satisfying the facility requirements and program specialty. For subsequent years, the hospital shall provide uniforms as specified in the program budget.

D. Benefits

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

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

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

- The hospital will provide worker's compensation insurance that's consistent with the hospital's benefits program.

III. Eligibility and Selection of Residents and Fellows (IV.B.1)

ACGME

“IV.B.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. (Core)”

- A. Residents/fellows in ACGME-accredited programs at the hospital must be selected based on qualifications that meet or exceed the standards below.
 - 1. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee for Medical Education (LCME); or,
 - 2. Graduates of osteopathic medicine in the U.S. accredited by the Commission on Osteopathic College Accreditation (COCA); or,
 - 3. Graduates of medical schools outside the U.S. or Canada who have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or,
 - 4. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
 - 5. Applicants must be recent (two or fewer years) graduates from medical school to be considered. Special exceptions may be considered for:
 - a. Candidates with an M.D. or D.O. with a M.P.H./M.S./Ph.D. and extensive prior research experience after completion of an LCME- or a COCA-accredited medical or osteopathic medical school in the U.S. or Canada;
 - b. Candidates who have served a prolonged period as a general medical officer in the U.S. military;
 - c. Candidates who have successfully completed an ACGME- or AOA-accredited residency/fellowship program in the U.S. or Canada.
 - 6. All requisite prior training must be **successfully** completed prior to beginning any residency or fellowship program.
 - 7. Applicants must have passed United States Medical Licensing Examination (USMLE) Step 1 and Step 2 CK or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) Level 1 and both components of Level 2.

- B. Programs will select candidates to interview only from among the pool of eligible applicants, evaluating each applicant based on their preparedness, ability, aptitude and academic background (to include clerkship grades, standardized test scores, communication skills and humanistic qualities, such as motivation, honesty and integrity).

- C. All residency programs are required to use the Electronic Residency Application Service (ERAS) to receive and accept applications to the program. All residency programs at the hospital will also participate in the National Resident Matching Program (NRMP) as the

primary method of recruiting trainees. All applicants who are granted interviews must interview prior to the initial match process. Exceptions may be made for fellowship or other programs not going through ERAS.

- D. For residents or fellows attempting to transfer, the residency/fellowship program must first seek permission from the HCA Healthcare GME Division Vice President to consider the transfer. If permission is granted, then the receiving program must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.

A physician who has completed a residency/fellowship program that was not accredited by the ACGME, RCPSC or CFPC may enter an ACGME-accredited residency/fellowship program in the same specialty at the PGY-1 level and, at the discretion of the PD at the ACGME-accredited program, may be advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency/fellowship in those specialties for which an initial clinical year is not required for entry.

- E. Applicants invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions and benefits of their appointment to the ACGME-accredited program, as well as all institutional and program policies regarding eligibility and selection for appointment, either in effect at the time of the interview or that will be in effect at the time of their eventual appointment. This includes financial support; vacations; parental leave, sick leave and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents. All terms, conditions and benefits of the potential appointment are described in the GME resident/fellow contract.
- F. In compliance with applicable federal and state law, the hospital does not discriminate against individuals with regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.
- G. Hospital training programs do not sponsor visas. The Educational Commission for Foreign Medical Graduates (ECFMG) is the sole sponsor of J-1 physicians in clinical training programs. For more information, please visit www.ecfm.org.

IV. Resident/Fellow Pre-Employment Requirements and Responsibilities

A. Pre-Employment Requirements

1. Documentation of eligibility for employment, including work and training visa status, if applicable;
2. Documentation of resident/fellow receipt of all immunizations or signed declinations required under hospital policy;
3. Successful passing of laboratory screening tests for abuse of controlled substances;
4. Criminal background check;
5. Occupational health screening;
6. Obtaining and maintaining a valid, unrestricted medical license for medical trainees of a similar training level as required in the state of employment;
7. Attendance at and successful completion of any pre-employment training courses or orientation assignments required by the hospital or the program;
8. Proof of graduation by delivering to the program a diploma or official transcript from an accredited medical, osteopathic or podiatric school in accordance with the eligibility requirements set out in this manual, which are also incorporated into the GME resident/fellow agreement by reference; and
9. The resident/fellow must not currently be excluded, debarred or otherwise ineligible to participate in any federal healthcare programs, must not have been convicted of a criminal offense related to the provision of health care items or services and must not be, to the best of his/her knowledge, under investigation or otherwise aware of any circumstances which may result in the resident/fellow being excluded from participation in the federal healthcare programs.

B. Employment Requirements

1. The resident/fellow shall fulfill all professional and educational duties, obligations and assignments provided by the hospital through the PD.
2. The resident/fellow shall maintain in good standing either such training license or such full license at all times during the residency/fellowship employment period.
 - a. Residents/fellows in California must maintain eligibility for licensure pursuant to the license exemption and register with the board. Failure to maintain eligibility

- for a medical license in California will result in suspension without pay or termination of the resident/fellow agreement at the discretion of the PD.
- b. The resident/fellow must provide documentation of licensure to the hospital prior to employment and upon request thereafter and must immediately notify the hospital if any license, permit or certification is restricted, revoked, suspended or not renewed. Failure to maintain current medical licensure will result in either suspension without pay until the license is renewed or termination of the resident/fellow's agreement with the hospital at the discretion of the PD.
 - c. The hospital will pay the fee for the initial training license and renewal training license as applicable. If full physician licenses are not required for the training program, but the resident/fellow chooses to hold a full license, the resident/fellow is responsible for the application, fee and license maintenance.
3. The resident/fellow shall also obtain and maintain a National Provider Identifier (NPI) number.
 4. Resident/fellow shall enroll in the Medicare program PECOS (Provider Enrollment, Chain and Ownership System) for the sole purpose of ordering and certifying items or services for Medicare beneficiaries.
 5. The resident/fellow shall abide by all rules and regulations as set forth by the ACGME and this GME Resident & Fellow Manual.
 6. The resident/fellow acknowledges that the hospital has certain obligations in connection with applicable laws, regulations and accreditation standards, including, but not limited to, state law/regulations; Occupational Safety and Health Administration (OSHA) regulations, Office of Inspector General (OIG); Medicare and Medicaid eligibility and reimbursement requirements, the standards of The Joint Commission; the ACGME; and all applicable labor and civil rights laws. The resident/fellow further acknowledges that the hospital, from time to time, may adopt policies, procedures and/or documentation requirements in connection with the implementation of such laws, regulations and accreditation standards.
 7. The resident/fellow agrees to cooperate fully with the hospital in its compliance with all applicable laws, regulations and accreditation standards, as may be enacted or amended from time to time, and with all implementing policies, procedures and/or documentation requirements now in existence, or as may be adopted or amended by the hospital from time to time.
 8. The resident/fellow shall behave in a professional manner consistent with the hospital's standards and acknowledges that it is the express policy of the hospital to prohibit discrimination with regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.

9. Educational assignments and rotations will be carried out by the resident/fellow and in accordance with the goals and objectives of each program and the specialty-specific milestones. The resident/fellow will be responsible for operating in accordance with the **GME Resident & Fellow Manual** as the resident/fellow engages in patient safety, quality improvement, transitions of care, supervision, work hours and professionalism as defined by the ACGME.
10. For information regarding requests for and consent to release of information and release of liability, reference the GME Resident/Fellow Employment Agreement Attachment 1.

V. The Learning and Working Environment

A. Clinical and Educational Work Hours

1. Maximum Hours of Clinical and Educational Work Per Week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and moonlighting.

2. Mandatory Time Free of Clinical Work and Education

- a. The program must design an effective program structure that provides residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- b. Residents/fellows should have eight hours off between scheduled clinical work and education periods.
 - There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
- c. Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- d. Residents/fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

3. Maximum Clinical Work and Education Period Length

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

4. Clinical and Educational Work Hour Exceptions

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

- a. To continue providing care to a single severely ill or unstable patient
- b. Humanistic attention to the needs of a patient or family
- c. To attend a unique educational event

These additional hours of care or education will be counted toward the 80-hour weekly limit.

5. Moonlighting

See Moonlighting Policy

6. In-House Night Float
Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
7. Maximum In-House On-Call Frequency
Residents/fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
8. At-Home Call
 - a. Time spent on patient care activities by residents/fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education when averaged over four weeks.
 - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
 - b. Residents/fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

B. Patient Safety, Quality Improvement, Supervision and Accountability

1. Patient Safety and Quality Improvement
Each resident/fellow will be educated on patient safety goals, tools and techniques, and trained on how to report patient safety concerns. Each resident/fellow will also complete a quality improvement project that includes participation in inter-professional quality improvement activities.

C. Professionalism

1. Professionalism and learning objectives are accomplished through supervised patient care responsibilities, clinical teaching and didactics.
2. Emphasis is placed on a learning environment free of excessive reliance on residents/fellows to fulfill non-physician obligations and ensure manageable patient care responsibilities.
3. Each resident/fellow must assure personal fitness before, during and after clinical assignments as a responsibility of patient- and family-centered care.
4. Recognition of impairment from illness, fatigue and substance abuse in oneself, peers or other members of the health care team is a personal responsibility.
5. Professionalism involves accurate reporting of clinical and educational work hours, patient outcomes and clinical experience data.
6. Programs must provide a professional, equitable, respectful and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse or coercion of students, residents/fellows, faculty and staff.

7. In addition to the above, residents/fellows should make themselves aware of hospital-specific code of conduct, dress code, personal appearance guidelines, standards for professional behavior and confidential reporting policies, and adhere to the same.

D. Well-Being

1. So that residents, fellows and faculty are better prepared to manage their own well-being, each program will organize educational sessions on well-being to bring attention to burnout, depression and substance abuse and the related symptoms.
2. To protect the resident/fellow work environment, each program will focus on ensuring a meaningful physician experience, which includes protection of time with patients, minimization of non-physician obligations and promotion of progressive autonomy.
3. In addition to the above, all HCA Healthcare employees have access to [Optum WellBeing Support](#). Optum WellBeing Support is accessible 24 hours a day, seven days a week. Call toll-free at 1-877-950-5075. All communication between you and the Optum WellBeing Support counselors are strictly private and confidential, and all records pertaining to participation are kept by an outside vendor. Optum WellBeing Support participation does not adversely affect job security or advancement opportunities.
4. Residents/fellows have the opportunity, after consulting with their PD, to attend medical, mental health and dental care appointments during work hours. It is also understood that there are circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, illness and family emergencies, without fear of negative consequences. The resident/fellow must still communicate with their PD as far in advance of their shift as possible if they will not be able to report to work.

E. Fatigue Mitigation

Adequate sleep facilities are provided to residents/fellows as needed and transportation for residents/fellows too fatigued to return home will be provided, along with transportation back to work. Education on fatigue and the signs of fatigue will be provided for awareness and proper management.

During orientation, each resident/fellow will complete the Sleep, Alertness and Fatigue Education in Residency (SAFER) course. This training occurs annually, at the beginning of each academic year, and is made available to all residents/fellows and faculty.

F. Clinical Responsibilities, Teamwork and Transitions of Care

1. **Clinical Responsibilities**
Clinical responsibilities for each resident/fellow are defined in the curriculum goals and objectives and are specific to each PGY level and specialty as it relates to personal ability, patient safety, severity and complexity of the patient illness/condition and available support services.

2. Teamwork

Residents/fellows must care for patients in an environment that maximizes communication and opportunity to work as a member of effective inter-professional teams that are appropriate for specialty-specific delivery of care.

3. Transitions of Care

- a. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure.
- b. Programs, in partnership with their Sponsoring Institutions, must provide and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- c. Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process and monitor that process.
- d. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents/fellows currently responsible for each patient's care.
- e. Each program must monitor the continuity of patient care, consistent with the program's policies and procedures.
- f. A transition of care ("hand-off") is defined as:
 - Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure or diagnostic area
 - Inpatient admission from the emergency department
 - Transfer of a patient to or from a critical care unit
 - Transfer of a patient from the intensive care unit to an inpatient unit when a different physician will be caring for that patient
 - Transfer of care to other healthcare professionals within procedure or diagnostic areas
 - Discharge, including discharge to home or another facility such as skilled nursing care
 - Change in provider or service, including resident/fellow sign-out, inpatient consultation sign-out, and rotation changes for residents/fellows

G. Disclosure Pursuant to HCA Healthcare Graduate Medical Education's Obligations to Support Legitimate Educational Interests

Each teaching hospital's goal is to continually improve the clinical and educational environment in which residents train. The hospitals and officials of the HCA Healthcare corporate GME office may use residents' education records and personally identifiable information, including but not limited to clinical outcomes data, in-training exam performance, formative and summative evaluation results, curriculum outcomes, etc., to support this goal. The only persons or offices with legitimate educational interests in reviewing resident education records and personally identifiable information include, but are not limited to, those employed by the hospital or HCA Healthcare GME in an administrative, supervisory, academic or research, or support staff positions, contractors,

consultants and other outside service providers with whom the organization has contracted, who may utilize the educational record in order to fulfill his or her professional responsibilities.

VI. Supervision Policy (IV.J)

ACGME

“IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)”

Supervision and Accountability

All residents/fellows providing care to patients will be supervised by an available attending physician. As residents/fellows demonstrate competence in their ability to care for patients, it is important to foster their progression to higher levels of autonomy by providing them with clinical roles with greater independence and the opportunity to supervise less experienced residents/fellows. While first year residents/fellows initially require direct supervision, more senior residents/fellows often can operate with more autonomy under indirect supervision or continued faculty oversight, as defined below. Residents/fellows may always call their attending physicians on any areas of uncertainty. Attending physicians will treat trainees with respect and patience. Planned communication to discuss patient progress and management plan changes is encouraged.

a. Supervision Levels

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

i. **Direct supervision:**

- The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction.
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

ii. **Indirect supervision:**

- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and to provide appropriate direct supervision.

iii. **Oversight:**

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

b. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident/fellow must be assigned by the PD and faculty members.

- i. The PD must evaluate each resident/fellow’s abilities based on specific criteria, guided by the Milestones.

- ii. Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows, based on the needs of the patient and the skills of each resident/fellow.
 - iii. Senior residents/fellows should serve in a supervisory role to junior residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.
- c. Programs must set guidelines for circumstances and events in which residents/fellows must communicate with the supervising faculty member(s).
 - i. Each resident/fellow must know the limits of their scope of authority and the circumstances under which the resident/fellow is permitted to act with conditional independence.
 - ii. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility.

VII. Leave Policy (IV.H)

ACGME

“IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. (Core)”

A. Vacation, Sick or Holiday

Each resident/fellow receives annual paid leave to cover time off for vacation, sick, holiday or other time away from work. This collective amount of time off is called paid time off or PTO.

State laws differ as it relates to vacation and sick leave. Due to the fact that this manual is used by residents/fellows who work in various states, the leave laws in a particular state may differ from what is described below. If a Sponsoring Institution or program has different policies than what is described below, the PC for that program, in consultation with the human resources (HR) leader at the facility, will provide the resident/fellow with state-specific information.

Regardless of the state of employment for a resident/fellow, there is still a process each individual must go through to request and be granted PTO. Please review the details below, which apply to all residents/fellows.

- Residents/fellows should plan their PTO with their program leadership in a timely manner to allow for adequate coverage adjustments.
- Each program will define how far in advance a PTO request must occur.
- Residents/fellows should take into consideration the need to save time off for holidays and sick leave when scheduling vacation days.
- Residents/fellows should be aware that each specialty has varying requirements as it relates to:
 1. The number of required clinical months of training for their particular specialty, and
 2. The impact leave has on a resident/fellow’s eligibility to participate in examinations by the relevant certifying board(s).
- The number of actual PTO days allocated to residents/fellows in different programs within the same facility may differ due to specialty requirements.
- Depending on the specialty, there may be program-specific restrictions as to which rotation a resident/fellow can schedule PTO.
- Generally, a resident/fellow will not be granted more than three weeks of PTO in any given academic year.

Please note:

- i. Except as required by state law, PTO does not carry over to the next academic year and residents/fellows will not be paid out for unused time.
- ii. PTO requests for specific dates must be **submitted in writing and as far in advance as required by the program.**
- iii. PTO may not be contiguous from one academic year to the next unless approved by the PD.

- iv. Maximum time off should be no more than seven contiguous days with rare exceptions. Exceptions to be approved by the PD.
- v. While the general guidance is that a resident/fellow must use PTO for hospital-approved holidays, PDs may exercise their discretion based on individual circumstances.
- vi. No additional time is granted for fellowship interviewing. A week is defined as five working days, Monday through Friday. Please note it is up to each individual program to set weekend call schedules prior to and following a resident/fellow's requested PTO.

B. Other Time Away from Work

An unanticipated absence related to bereavement, military service, jury duty and other circumstances, may occur. Please refer to the leave policies for your hospital as different states have varying requirements related to leave. When such an absence occurs, the resident/fellow is expected to notify the PD and PC immediately; how notification should occur is up to each program. The program will arrange coverage for the resident/fellow. All leaves of absence must be documented in the residency/fellowship data management tool. Eligibility for parental leave or other hospital-provided leaves, such as leave permitted under the Family Medical Leave Act (FMLA) or other statutorily required leaves, shall be offered and controlled by the hospital's HR policies.

C. Parental Leave

Please refer to your hospital's leave policies as state requirements vary.

D. Time Away for Educational Leave

One additional week **MAY** be granted for educational purposes specific to the resident/fellow's training track, to expand knowledge and skills or present scholarly activity. Educational leave may include, but not be limited to, conferences, society meetings, presentations, continuing medical education, USMLE/COMLEX test taking, etc. The resident/fellow must seek approval from his/her PD as far in advance as possible and prior to committing to any requested educational leave. Each program may set guidelines on notification timelines.

Residents/fellows should not make travel arrangements or payment for educational leave until the PD approves such leave.

All scheduling matters regarding leaves and rotations must be documented through the hospital residency/fellowship management suite.

As noted above, residents, fellows and programs must be mindful of board eligibility requirements and how they are impacted by resident/fellow leaves and PTO. Refer to specialty-specific guidelines found on the specialty board website.

VIII. Moonlighting Policy (IV.K.1)

ACGME

“IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)”

The primary responsibility of all residents/fellows is to their own postgraduate medical education and to the patients charged to their care.

A. General Requirements of Moonlighting

1. PGY-1 residents/fellows are not permitted to moonlight.
2. All other residents/fellows who wish to moonlight must be in good standing in their training program.
3. Individual programs may prohibit their residents/fellows from moonlighting.
4. Internal moonlighting on a resident/fellow's specialty service is prohibited.
5. Residents/fellows who wish to engage in practicing medicine outside of their formal training program must complete the moonlighting approval request and documentation through the residency/fellowship management suite.
6. The resident/fellow must have the explicit written and prior approval of his/her PD and DIO before accepting any moonlighting opportunity. That approval must be in writing and must be made a part of the resident's evaluation file.
7. Moonlighting cannot be used to fulfill a training requirement of the current training program.
8. All residents/fellows who engage in moonlighting activities
 - a. must be fully licensed to practice medicine;
 - b. must have state and federal (DEA) licenses to prescribe; and
 - c. must carry individual malpractice insurance coverage.
9. Licenses and insurance coverage provided by HCA Healthcare during the resident's/fellows' graduate medical education CANNOT be used for purposes of moonlighting.
10. Moonlighting may be conducted only within the established institutional principles of work hours. The PD is responsible for monitoring the effect of moonlighting on a resident/fellow's performance in the educational program. Hours devoted to moonlighting must be counted toward the work hours regulations.
11. Moonlighting is a privilege. Residents/fellows who choose to moonlight will be monitored by their PD, and the moonlighting privilege may be revoked by the PD if the PD feels that the moonlighting is adversely affecting the resident/fellow's patient care or education or is putting the resident/fellow at risk for work hours violation or excessive sleepiness/fatigue.
12. J-1 visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements. Residents/fellows are responsible for understanding, advising the GME office and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.

13. Violation of this policy may result in immediate suspension or termination.
14. No resident/fellow may be forced to moonlight.
15. The hospital does not provide professional liability coverage for duties assumed outside of the hospital, and residents should obtain written verification of coverage and limits carried by the host institution or employer and present it to the PD and placed in MedHub.

IX. Promotion Policy (IV.D.1.a)

ACGME

“IV.D.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident/fellow’s appointment. (Core)”

Purpose: A resident/fellow is expected to be promoted to the next level of residency/fellowship with anticipation of successful graduation. Specialty-specific milestones and ACGME core competencies must be met by each resident/fellow in order to be granted promotion and eventual graduation from residency/fellowship.

The program will identify circumstances where a resident/fellow may experience a delay or alternate course in the promotion process. In instances where a resident/fellow agreement will not be renewed, or when a resident/fellow will not be promoted to the next level of training, the program must provide the resident/fellow with as much written notice as possible.

Disciplinary and Adverse Actions

- A. **Disciplinary actions** are typically utilized for serious acts requiring immediate action, such as suspension or dismissal. The residency/fellowship programs are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the GME Resident & Fellow Manual Section XII. Due Process policy. All disciplinary actions will become a permanent part of the resident/fellow’s training record.
- B. **Adverse actions** may result when continued remediation actions have been unsuccessful. These actions may include suspension, denial of certificate of completion or non-renewal of agreement or dismissal. Adverse actions will become a permanent part of the resident/fellow’s training record. All significant adverse actions are subject to the GME Resident & Fellow Manual Section XII. Due Process policy.
- C. Below are the various actions that may be taken.
 - a. **Suspension**
 1. A resident/fellow may be suspended from all program activities and duties by his/her PD, DIO or Division Vice President (DVP) for GME.
 2. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional; incompetent; erratic; potentially criminal; noncompliant with hospital policies, procedures and code of conduct, federal healthcare program requirements, or conduct threatening to the well-being of patients, other residents/fellows, faculty, staff or the resident/fellow.
 3. All suspensions must be reported to the DIO.
 4. Suspension must not exceed 60 calendar days without additional review and may be coupled with or followed by other actions.
 5. Suspension may be with or without pay.

6. Residents/fellows can be suspended for failure to comply with the medical records policy.

b. Non-Renewal of Agreement

1. A decision of intent to not renew a resident/fellow's contract should be communicated to the resident/fellow in writing by the PD as soon as practical but no later than prior to the end of the contract year.
2. A copy of the notification, signed by the PD and resident/fellow, must be sent to the DIO.

c. Denial of Certificate of Completion

1. A resident/fellow may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency/fellowship training. This may include the entire year or overall unsatisfactory performance for at least 50 percent of rotations during the final academic year.
2. In most situations, the resident/fellow should be notified of this pending action as soon as possible.
3. A copy of the notification, signed by the PD and resident/fellow, must be sent to the DIO and DVP of GME.
4. In certain situations, a resident/fellow denied a certificate of completion may be offered the option of repeating the academic year, but only at the discretion of the PD and DIO.

d. Dismissal

1. Residents/fellows may be dismissed from the program for a variety of serious acts.
2. The DIO or his/her designee must review all dismissals.
3. The resident/fellow does not need to be on suspension or remediation for this action to be taken.
4. Prior written notice will not be provided to the resident/fellow when it is determined that the seriousness of the act requires immediate dismissal. Serious acts may include, but are not limited to, the following:
 - a. Professional incompetence
 - b. Serious neglect of duty or violation of hospital or program rules, regulations, policies or procedures
 - c. Conviction of a felony or other serious crime as determined by the hospital
 - d. Conduct that the hospital reasonably determines to be prejudicial to the best interest of the hospital or program
 - e. Unapproved absence from the program
 - f. Action or inaction reasonably determined by the hospital to involve moral turpitude or that is contrary to the interests of patient care or the hospital
 - g. Failure to progress satisfactorily in the program's educational and clinical program

- h. Total disability as defined in the hospital's employment policies and procedures, or inability to perform duties required hereunder for a designated period of time per the hospital's employment policies and procedures
- i. Material failure to comply with any specific obligations or intent of this agreement, as determined by the hospital
- j. Failure to maintain a medical license
- k. Falsification of medical records

Immediate dismissal will also occur if the resident/fellow is listed as an excluded individual by any of the following:

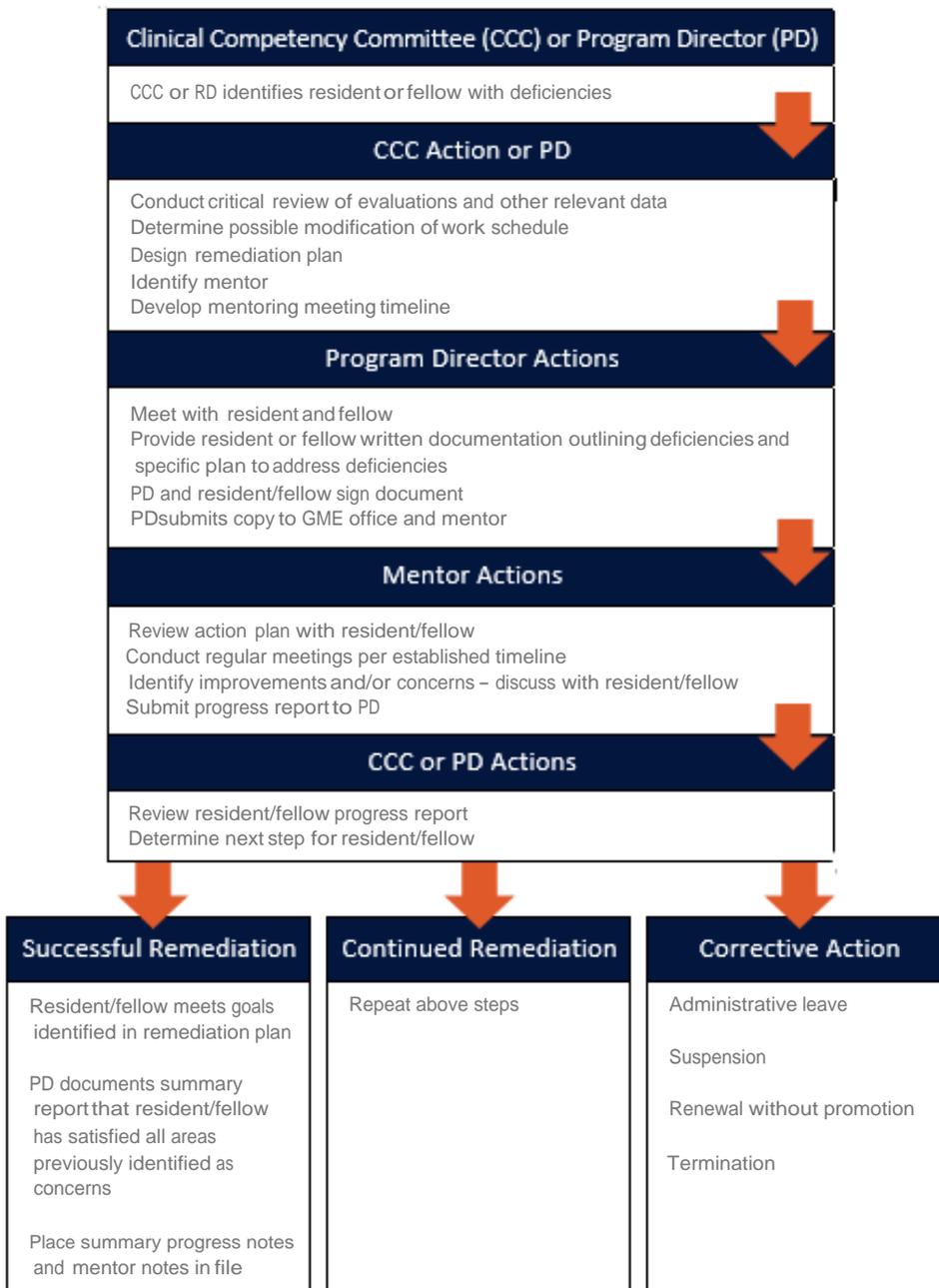
1. Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities;" or
2. General Services Administration's "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"

X. Remediation

- A. Residents/fellows may undergo remediation, which allows for correction of deficiencies that require intervention. A remediation plan will be issued to address and correct the resident/fellow's performance deficiencies that may cause disruption to a resident/fellow's progression or continuation within the program. Key points for a resident/fellow to understand are as follows:
1. Remediation is a method to assist each learner in reaching their fullest potential through addressing areas of deficiency towards graduation requirements.
 2. It is the responsibility of the resident/fellow to understand and comply with the terms of the remediation plan.
 3. A resident/fellow's failure to comply with the remediation plan may cause additional time to be assigned for remediation or could result in termination.
 4. A resident/fellow may undergo remediation for up to 90 days.
- B. It is the preference of the hospital and the program that the resident/fellow and PD or faculty member acknowledge the remediation by signing the remediation plan document.
1. Failure of a resident/fellow to sign the document does not negate that the remediation plan is to be followed and completed by the resident/fellow.
 2. It is the resident or fellow's failure to adhere to the plan in a timely manner and rectify said problems, which could result in termination.
- C. Given that the CCCs meet quarterly or bi-annually, they are not always the only party that identifies residents/fellows with deficiencies. When a resident/fellow is identified as having deficiencies, the CCC is informed and reviews the resident/fellow's education record during an ad hoc or scheduled CCC meeting.

The flow chart below is an example of the process to explain the above policy when the CCC is involved. As described above, there can be times when the PD initiates the remediation plan independent of the CCC.

Note that remediation matters are not eligible for due process review.



HCA GME REMEDIATION – PROCESS AND DOCUMENTATION

I. CLINICAL COMPETENCY COMMITTEE (CCC) or PROGRAM DIRECTOR	DATES AND DOCUMENTATION OF EACH STEP
I.A. CCC or PD identifies resident/fellow with deficiencies	
II. CCC ACTION or PROGRAM DIRECTOR	
II.A. Conduct critical review of evaluations and other relevant data	
II.B. Determine possible modification of work schedule	
II.C. Design remediation plan	
II.D. Identify mentor	
II.E. Develop mentoring meeting timeline	
III. PROGRAM DIRECTOR ACTIONS	
III.A. Meet with resident/fellow	
III.B. Provide resident/fellow written documentation outlining deficiencies and specific plan to address deficiencies	
III.C. PD and resident/fellow sign document	
III.D. PD submits copy to GME office and mentor	
IV. MENTOR ACTIONS	
IV.A. Review action plan with resident/fellow	
IV.B. Conduct regular meetings per established timeline	
IV.C. Identify improvements and/or concerns – discuss with resident/fellow	
IV.D. Submit progress report to PD	
V. CCC or PROGRAM DIRECTOR ACTIONS	
V.A. Review resident/fellow progress reports	
V.B. Determine next step for resident/fellow	

VI. POSSIBLE OUTCOMES	NEXT STEPS	DOCUMENTATION OF NEXT STEPS
VI.A. SUCCESSFUL REMEDIATION	VI.A.1. Resident/fellow meets goals identified in remediation plan	
	VI.A.2. PD documents summary report that resident/fellow has satisfied all areas previously identified as concerns	
	VI.A.3. Place summary progress notes and mentor notes in file	
VI.B. CONTINUED REMEDIATION	VI.B.1. Repeat above steps (I.A. – V.B.)	
VI.C. CORRECTIVE ACTION	VI.C.1. Administrative leave	
	VI.C.2. Suspension	
	VI.C.3. Renewal without promotion	
	VI.C.4. Non-renewal	
	VI.C.5. Termination	

XI. Grievance (IV.E)

ACGME

“IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)”

Purpose: Residents/fellows are encouraged to first raise and resolve issues via the GME chain of command. If the resident/fellow has an issue with his/her PD, the resident/fellow may contact the DIO and/or the chair of the GMEC. The GME philosophy is that residents/fellows are encouraged to discuss their concerns with the next level of management within the GME organization.

Additional mechanisms for communicating and resolving issues include the following:

- A. Grievances regarding academic or other disciplinary actions are processed according to the GME Resident and Fellow Manual Section XII. Due Process policy.
- B. Grievances related to the work environment or issues concerning the program or faculty that are not related to disciplinary or academic adverse actions can be addressed by discussing problems with a chief resident/fellow, PD, DIO, the GMEC or GME administration.

XII. Due Process (IV.D.1.b)

ACGME

“IV.D.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident/fellow’s agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training or when that resident/fellow will be dismissed. (Core)”

Due process or an appeal process is available to residents/fellows for the following disciplinary or adverse actions:

1. Suspension with pay
2. Suspension without pay
3. Non-renewal of agreement
4. Denial of certificate of completion
5. Dismissal

To initiate the due process, the resident/fellow must:

1. Submit a written appeal to the DIO or his/her designee.
2. The written appeal must be made within five business days of receipt of the decision being appealed.
3. The resident/fellow’s appeal should state:
 - a. the facts on which the appeal is based,
 - b. the reason(s) the resident/fellow believes the decision was in error, and
 - c. the remedy requested.

After gathering information, the DIO or his/her designee will distribute a written response to the resident/fellow within 10 business days. The decision of the DIO or his/her designee is final.

Note: Due process is not applicable for remediation matters.

XIII. Physician Impairment (IV.I.2)

ACGME

“IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)”

1. Each hospital recognizes that alcohol abuse, substance abuse and addiction arise from treatable illnesses. Early intervention and support may improve the success of rehabilitation. To support residents/fellows, each hospital:
 - a. Encourages residents/fellows to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
 - b. Encourages residents/fellows to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug and/or alcohol problems and identify appropriate sources of help.
 - c. Offers all employed residents/fellows and their family assistance with drug and/or alcohol problems through [Optum WellBeing Support](#).
 - d. Allows residents/fellows the ability to request leave, in accordance with applicable leave of absence policies, while seeking treatment for drug and/or alcohol problems.
2. Treatment for alcoholism and/or substance use disorders may be covered by a personal benefit plan. However, the ultimate financial responsibility for treatment belongs to the individual.
3. Please refer to your hospital’s human resources policies to learn more about the Substance Use in the Workplace Policy.

XIV. USMLE Step 3 and COMLEX Level 3 Requirements

- A. Residents/fellows **must take and pass** the United States Medical Licensing Examination Step 3 or the Comprehensive Osteopathic Medical Licensing Examination Level 3 six months prior to the scheduled start of the PGY-3 year to be eligible for promotion to the PGY-3 level in GME programs. While residents/fellows must adhere to this requirement, each program has the ability to set a more stringent timeline and requirement regarding the successful completion of this exam.
- B. Residents/fellows transferring from another program must document a passing score on USMLE Step 3 or COMLEX-USA Level 3 within six months of the starting date of their resident/fellow contract or the start of their PGY-3 year, whichever is later.
- C. Procedure
 1. Residents/fellows shall submit documentation of a passing score on the USMLE Step 3 or COMLEX-USA Level 3 or provide a copy of their full medical license to the GME office **prior** to the start date of their PGY-3 contract.
 2. Residents/fellows are strongly encouraged to read and become familiar with the eligibility requirements, policies and procedures of the USMLE or the COMLEX-USA.
 3. Residents/fellows are strongly encouraged to take and pass the Step 3/Level 3 license examination well in advance of the start of their PGY-3. The recommended timing of the exam is at the end of the PGY-1.
 4. Residents/fellows who have not passed the required licensing examinations prior to the start of their PGY-3 will remain at the PGY-2 level for both compensation and academic/clinical responsibilities.
 5. The maximum number of retakes for USMLE Step 3 or COMLEX-USA Level 3 shall be defined by USMLE and COMLEX-USA requirements. Candidates failing the maximum number of retakes of either examination are no longer eligible to complete the examination and are therefore not eligible to obtain a medical license in the United States. Candidates who fail the USMLE Step 3 or COMLEX-USA Level 3 after the maximum number of retakes will be terminated from the residency/fellowship program in accordance with the terms of the resident/fellow agreement.

For Podiatry Residents only: Podiatry residents must pass the American Podiatric Medical Licensing Examination (AMPLE) Part III prior to graduation. The maximum number of retakes for AMPLE Part III shall be determined by AMPLE requirements. Candidates failing the maximum number of examination retakes are no longer eligible to complete the examination and are therefore not eligible to obtain a medical license in the United States. Candidates who fail the AMPLE Part III after the maximum number of retakes will be terminated from the residency program in accordance with the terms of the resident/fellow agreement.

XV. Closures and Reductions (IV.O)

ACGME

“IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: (Core)”

In the event of a reduction in program size or program closure, the hospital will make reasonable efforts to ensure residents/fellows currently enrolled in the residency/fellowship program have the opportunity to complete their training, either in their current program or through assistance in finding opportunities to enroll in another accredited GME program.

A. Procedure

1. The chief executive officer (CEO), on behalf of the board, which serves as the institutional sponsor governing authority, will inform the DIO and the GMEC as soon as possible of any anticipated changes in the residency/fellowship program, including closure of the Sponsoring Institution or the residency/fellowship program, or decreasing the size of the residency/fellowship program.
2. The DIO and the GMEC together have oversight of program accreditation changes and will inform each residency/fellowship PD of changes in program size or closure of a program. Each residency/fellowship program is responsible for notifying all affected residents/fellows as soon as possible in the event of any anticipated closures or reductions.
3. In the event that any residency/fellowship program must close, the Sponsoring Institution will allow residents/fellows already in the residency/fellowship program to complete their education or will assist the residents/fellows in enrolling in another ACGME-accredited program in which they can continue their education and training. Affected residents/fellows will have preferential placement in another HCA Healthcare GME program whenever possible.
4. In the event that alterations are made to residency/fellowship program size, only the number of future positions to be offered should be affected.

XVI. Harassment Policy (IV.I.3)

ACGME

“IV.I.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. (Core)”

- A. The hospital is committed to providing residents/fellows the opportunity to pursue excellence in their academic and professional endeavors. This can occur only when each member of our community is assured an atmosphere of mutual respect, in which they are judged solely on criteria related to academic or job performance. The hospital and the GMEC are committed to providing such an environment, free from all forms of unlawful harassment, including harassment based on race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information, protected veteran status or status in any group protected by federal, state and local law.
- B. The hospital Harassment Policy can be found on the hospital HR policy page.

XVII. Non-Compete Policy (IV.M)

ACGME

“IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)”

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

XVIII. Substantial Disruption in Patient Care or Educational Requirements (IV.N)

ACGME

“IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. (Core)”

This policy explains assistance for continuation of resident/fellow assignments in the event that a disaster occurs.

1. The ACGME defines a disaster as an event or set of events causing significant alteration to the residency/fellowship learning experience.
2. An extreme emergent situation is a local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined above.
3. A disaster would include any and all of the following:
 - a. Natural disaster such as an earthquake, forest fire, blizzard, etc.
 - b. Act of terrorism either physical or biological
4. Provisions for resident safety and necessary evacuation follow.
5. The DIO along with the PDs are responsible for ensuring that all procedures are followed.

PROCEDURE

1. Communication is paramount in a disaster.
 - a. DIO and PD information must be maintained in duplicative manner (cell phones, home phones, email and pagers) to ensure appropriate communication. Programs must have their own communication systems.
 - b. The DIO and PDs will establish a central point of operations from which to manage the disaster response.
2. PDs must be able to account for all members of their programs to the DIO and ADME.
 - a. All residents/fellows will complete a form both at orientation and annually that will list contact numbers and potential places for evacuation.
 - b. All faculty and staff must maintain up-to-date personal contact information at all times.
 - c. When possible, residents/fellows will notify their PDs or the ADME as to where they will be evacuating (if necessary) if time allows.
3. Assessment of gaps in training must be made immediately by the DIO and other GME leadership.
 - a. Should training be interrupted for more than one month, arrangements with other programs will be made.
 - b. Support from the ACGME and the Association of American Medical Colleges (AAMC) will be sought to help in making arrangements for resident deployment into other programs.
 - c. Arrangements with state medical boards will also be addressed.

- d. Maintenance of communication will be addressed to help residents maintain connection with their program and peers.
 - e. The DIO will ensure that financial and administrative support of all programs and residents will continue for the duration of the emergency. The majority of residents are paid by electronic direct deposit; it is not anticipated that any interruption will occur.
 - f. The DIO will notify the ACGME within 30 days of all structural changes that have been instituted as a result of the disaster. The report will also include anticipated durations for any changes as well as anticipated effects on residents, fellows and their training.
4. Patients must be provided for in the event of a disaster.
- a. Each department will have a protocol outlining resident responsibilities should a disaster occur. Program faculty, staff and residents/fellows are expected to attend to personal and family safety and then render humanitarian assistance where needed.
 - b. Additional resident teams may be needed to stay at the hospital to ensure patient care is maintained. Work hours and fatigue will be monitored in such situations.
 - c. Residents will follow departmental protocols to ensure that adequate provisions are made for patients before evacuating. Emergency teams will be required to stay and care for patients.
5. In the event of an extreme emergent situation, the following should be followed:
- a. At the Local (Institutional) Level:
 - o The PD's first point of contact for answers to questions regarding a local extreme emergent situation must be their DIO.
 - o The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common and specialty-specific program requirements. The DIO will provide information to the ED-IRC regarding extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
 - o Given the complexity of some events, the ED-IRC may request that the DIO submit a written description of the disruptions at the facility and details regarding activities the hospital has undertaken in response. Additional updates to this information may be requested based on the duration of the event.
 - o The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs).
 - o Upon receipt of this confirmation by the DIO, PDs may contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment.
 - o PDs are expected to follow their hospital's disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RRCs regarding any specialty-specific issues.
 - o DIOs are expected to notify the ED-IRC when the institutional extreme emergent situation has been resolved.
 - b. Within the ACGME Office:

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

XIX. Accommodations for Disability Policy (IV.I.4)

ACGME

“IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)”

Please refer to [HCA Healthcare policies pertaining to ADA Accessible Facilities and ADA Model Policies.](#)

XX. Discrimination Policy (IV.I.5)

ACGME

“IV.I.5. Discrimination: The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)”

Please refer to [HCA Healthcare policies pertaining to discrimination.](#)

XXI. Vendor Policy (IV.L)

ACGME

“IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents and each of its ACGME-accredited programs. (Core)”

Scope:

In keeping with the requirements of the ACGME, this Vendor Policy covers all residents and fellows participating in ACGME and CPME accredited postgraduate medical education programs sponsored by the hospital. References in this policy to “residents” also apply to “fellows” unless specifically stated otherwise.

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

- [Business Courtesies to Potential Referral Sources Policy \(EC.005\)](#),
- [Entertainment Policy \(EC.006\)](#)
- [Business Associate-Sponsored Meetings, Training and Honoraria Policy \(EC.007\)](#)
- [Gifts Policy \(EC.023\)](#)
- [Vendor Relations \(EC.028\)](#)
- [Professional Educational Funding from Vendors Policy \(EC.029\)](#), and
- [Research Grant Funding from Vendors Policy \(MM.005\)](#), and
- The below GME Vendor Policy.

Policy:

This policy addresses resident behavior and relationships with vendors in educational contexts, which may include clinical training sites. The purpose of the policy is to ensure that graduate medical education activities at the Hospital and affiliated training sites are not compromised through vendor influence, either collectively or through interactions with individual residents.

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

A. Vendor Training of Residents and Fellows

1. Vendors may appropriately orient, train and advise residents and fellows on the proper use or calibration of a product that has already been acquired by the Hospital or other clinical training site.
2. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products.

3. Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent.
4. Vendors must be identified as such so that they are not mistaken for clinicians.

B. Program Monitoring of Resident-Vendor Representative Interactions

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

C. Guidelines

1. Residents may not accept gifts of any kind from a vendor.
2. Residents may not accept free samples from a vendor.
3. The acceptance by a resident of pharmaceutical samples for delivery to patients is not allowed. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents.
4. Promotional and marketing materials may not be directly distributed to residents by vendor.
5. Vendors may not provide food and beverages.
6. GME personnel are not permitted to directly accept gifts or incentives which can include books, instruments, equipment or teaching aids from vendors.
7. The Hospital does not permit funds from the industry to be provided in any manner and specifically does not allow lunches or meals to be provided by vendors.
8. Company employees may not contribute in-kind services for a vendor's event.

D. Vendor Approval

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

E. Definitions

1. Educational Events

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

2. Vendor

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

3. Vendor Gifts

- a. "Gifts" refer to items of value given without explicit expectation of something in return.
- b. Gifts include cash or cash equivalents, outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, entertainment or recreational opportunities, promotional items, business courtesies such as food and beverages and "ghost-writing" of scholarly works on behalf of the resident. Hospital residents may not accept gifts, regardless of value, for themselves or on behalf of the Hospital, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer.