Policy Checklist

- Resident/fellow appointments (Institutional Requirements IV.B.1., IV.B.2., IV.B.2.a)-c), and IV.B.2.c).(1)-(3))
    - Appointment, Promotion, Dismissal
- Criteria for promotion and/or renewal of a resident's/fellow's appointment (Institutional Requirement IV.D.1.)
    - Appointment, Promotion, Dismissal
- Due process in instances where actions of suspension, non-renewal, non-promotion, or dismissal are taken against a resident/fellow (Institutional Requirement IV.D.1.b))
    - Academic and Professional Conduct
- Procedures for submitting and processing resident/fellow grievances (Institutional Requirement IV.E.)
    - Grievance
- Vacation and leaves of absence (Institutional Requirement IV.H.1.-2.)
    - Resident Time Away
    - Leave of absence for Medical Resident
- Physician impairment (Institutional Requirement IV.I.2.)
    - Impaired Physician
- Harassment (Institutional Requirement IV.I.3.)
    - Harassment, Discrimination, Retaliation
- Accommodations for disabilities (Institutional Requirement IV.I.4.)
    - Accommodation for disabilities
- Discrimination (Institutional Requirement IV.I.5.)
    - Harassment, Discrimination, Retaliation
- Supervision of residents/fellows (Institutional Requirement IV.J.1.)
    - Supervision of a resident
- Clinical and educational work hours (formerly called duty hours) (Institutional Requirement IV.K.)
    - Clinical Experience and Education
- Moonlighting (Institutional Requirements IV.K.1., and IV.K.1.a)-d))
    - Moonlighting
- Interactions with vendors (Institutional Requirement IV.L.)
    - Vendors
- Non-competition guarantees or restrictive covenants (Institutional Requirement IV.M.)
    - Non- compete
- Substantial Disruptions in patient care or education (Institutional Requirements IV.N. and IV.N.1.)
    - Extraordinary Circumstances
- Closures or reductions in size of ACGME-accredited programs, and closure of the Sponsoring Institution (Institutional Requirements IV.O. and IV.O.1.-2.)
    - Reduction/Closure

Appointment, Promotion, Resignation and Dismissal Policy

Appointment

This policy applies to residents and fellows in all PROVIDENCE SACRED HEART MEDICAL CENTER sponsored Graduate Medical Education programs. Appointments are for twelve (12) months

Each residency/fellowship program provides clinical rotations of sufficient quality and duration so learners who successfully complete the program are qualified to sit for respective board certification (if applicable) and examinations. All program activities are conducted within the guidelines of external agencies that evaluate and accredit training programs and hospitals. The obligation to train physicians in the practice of their specialties includes the provision of inpatient and outpatient settings in which the specialty may be practiced; the provision of equipment and facilities for the care of patients; the provision of supervision, feedback and evaluation of professional work of the residents/fellows by faculty members; and the provision of didactic experiences to supplement practical clinical experiences.

Resident/fellow must be in attendance of all scheduled rotation duties and required trainings made explicit by their appropriate training program. Residents/fellows agree to comply with leave of absence protocols. A resident/fellow who fails to comply with these protocols or who takes an unapproved leave of absence is assumed to have resigned their appointment, unless extenuating circumstances apply. If a learner is considered to have resigned from their residency/fellowship, the Program Director will so notify the resident/fellow in writing.

Residents/fellows are expected to actively participate in the care of patients who present to the hospital or clinic to which the resident/fellow is assigned. Residents/fellows are expected to take an active role in teaching medical students, other learners, and staff.

The appointment of resident/fellow is conditioned upon compliance with the board certification requirements of their residency/fellowship program. Failure to do so will result in the rescission of the resident/fellow appointment and withdrawal of privileges, salaries, and benefits. Residents/fellows must comply with all GMEC and clinical site policies.

Each resident/fellow will have timely access to evaluations of their performance throughout their residency/fellowship. The Program Director (or his/her designee) shall discuss with each resident/fellow their overall progress toward the educational objectives and satisfactory completion of their program.

Such discussions will occur at least semi-annually in compliance with the ACGME Institutional, Common and Specialty-specific Program Requirements.

Program appointment, advancement, and completion are not assured or guaranteed to the resident or fellow but are contingent upon the resident/fellow's satisfactory demonstration of progressive advancement in scholarship and continued professional growth.

Promotion

Each resident's performance will be evaluated at least twice in each academic year by the Clinical Competency Committee (CCC). The program specific milestones will be utilized, along with evaluations from faculty, peers, administrative and clinical staff, to determine resident progress. When a resident achieves satisfactory performance in scholarship, patient care and professional growth, the CCC, in conjunction with the Program Director, will deem the resident ready for promotion and a contract for the next academic year will be issued by January 15th of the given academic year.

Delayed Promotion with Extension of Training Contract

The CCC, in conjunction with the Program Director, may decide to delay promotion for a learner and extend training when the learner is not progressing in a timely manner to meet criteria for advancement by the end of the contract period. The learner must be notified within 7 days of CCC if extension of training is required. The resident must be involved in the Program for Attaining Competency as Expected (PACE) process with written documentation.

Extension of training should not exceed 90 days, however, the extension may be renewed in additional 90 day increments if appropriate progress is being made toward completion of program requirements. Extension of training time will likely result in delayed graduation.

The learner will be issued a contract extension at the current PGY-level to cover the extension period.

Extension of training may be appealed (see Academic & Professional Conduct Policy). The learner must be informed of the right to appeal and given a copy of the due process policy at the time of notification. Delayed Promotion with Extension of Training is not considered a disciplinary action by the GMEC.

Non-Renewal of Contract with or without Non-Promotion

A. Non-Promotion is a disciplinary action which states the learner has not demonstrated sufficient academic performance to be granted additional responsibilities at the next level of training or to graduate. Non-promotion as an academic decision by CCC and the Program Director is not appealable.

B. A Non-Renewal may occur under the following circumstances:

a. The learner has not satisfactorily completed the requirements for completion of the current academic year by the end of the employment contract period. The specialty board and ACGME is notified that the Learner has not completed the year. This is non- renewal with non-promotion.

b. The learner will complete the requirements for the current academic year but the CCC with the approval of the Program Director has decided the learner has not demonstrated the

skills needed to progress to the next academic year. The Learner is given academic credit for the year with the specialty board.

c. Non renewal action is appealable.

C. A Learner will remain employed and in training after given notice of contract non-renewal for the remainder of the current contract. However, declining performance may result in additional disciplinary action. The decisions on academic credit may be delayed up to 30 days prior to the end of the contract period.

D. Notice of non-renewal should be provided to the Learner no later than January 15th of the given academic year unless extenuating circumstances are present. This policy does not prohibit a Program from giving less notice for critical performance deficits.

E. Non-renewal may be appealed. The Learner must be provided a copy to the Academic & Professional Conduct Policy and notified of the right to appeal. The learner will be paid in full for the remainder of their contract.

Resignation

Residents/fellows who desire to voluntarily leave their program prior to completion of the training are expected to discuss this action with the Program Director at the earliest possible time, preferably before January 15th of the given academic year. This may occur for a variety of reasons including personal health, family issues or personal and/or professional career preferences, etc.

If the resignation occurs prior to a recommendation by the CCC for contract non-renewal, dismissal, or non-promotion, it is not considered an adverse or disciplinary action unless the program was considering dismissal for professionalism reasons.

Suspension

Suspension is a status where the learner is relieved from all training duties and does not continue to accrue graduation credit during the suspension but continues to be employed. The terms suspension and involuntary leave of absence are synonymous.

A. This action may be initiated in the following circumstances:

   i. Pending investigation of egregious learner misconduct

   ii. Substantive learner performance issues with patient safety concerns

   iii. The program's CCC evaluates, documents, and determines that it is in the best interests of the safety, health, or welfare of patients, staff, or the program.

B. The length of the suspension will be determined by the program.

C. A suspension may result in an extension of training.

D. A suspension may be appealed. The learner must be informed of this and given a copy of the Academic & Professional Conduct Policy

Dismissal

Dismissal is a disciplinary action resulting in termination from the Training Program and shall include termination of the Learner's employment contract.

A. A Program may take an action of dismissal under the following circumstances:

   i. The Learner has not made satisfactory progress towards promotion or graduation while on Probation with utilization of the PACE process; or

   ii. A Critical Performance Deficit; or

   iii. Contract violation; or

   iv. Any other reason that the program's CCC warrants dismissal, considering the best interests of the safety, health, or welfare of patients, staff, or the Program.

B. Dismissal may be appealed, and the Learner must be informed of the Program's action and given a copy of the Academic & Professional Conduct policy at the time of notification.

C. If a dismissal appeal is requested, the Program may place the learner on a Program requested involuntary Leave of Absence until the dismissal appeal process is completed in the event of substantial patient safety risks, impairment, or misconduct that cannot be mitigated by modification of Learner duties.

ACADEMIC & PROFESSIONAL CONDUCT POLICY & PROCEDURE

Principles of GME Due Process

The Providence Sacred Heart Medical Center is committed to providing high-quality graduate medical education ("GME") through residency and fellowship programs. Residents and fellows (referred to collectively as "residents") are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. The policies and procedures described in this document are designed to ensure that actions which might adversely affect a resident's status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality care, and the orderly conduct of training programs.

Program appointment, advancement, and completion are not assured or guaranteed to the resident, but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory resident evaluation can result in required remedial activities, temporary suspension from duties, non-promotion, non-renewal of appointment, or termination of appointment and residency education.

Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual and the opportunity to respond. The procedure described in this document is the exclusive means of review of academic actions within the Providence Sacred Heart Medical Center.

For good cause the Chair of the Graduate Medical Education Committee ("GMEC") may modify these procedures in a particular case so long as it does not prejudice the resident, Providence Sacred Heart Medical Center or the residency programs.

GME Academic Corrective Actions

This section describes corrective actions that may be taken by a GME program in response to academically substandard or academically unacceptable performance or behavior on the part of a resident. Residents and their program directors and faculty are encouraged to resolve disagreements or disputes by discussing their concerns with one another. When appropriate, reasonable efforts should be made to take remedial action(s) that best address the academic deficiencies and needs of the resident and the training program.

***Reviewable Academic Actions*:** The following academic actions are reviewable through the GME Academic Action Review Procedure described below.

1. Non-Reappointment: A decision to not reappointment a resident is made by the faculty of the residency program or by a group of faculty specifically charged with evaluating resident progress in the program. The resident will be notified of non-reappointment by February 15th, or at least four months prior to the normal termination date of the resident's existing appointment. The notification will be by letter to the resident and will contain the reasons for the non-reappointment. The program, in its sole discretion, may reconsider any non-reappointment decision and may rescind the non-reappointment notice and offer re-appointment. The program's decision to rescind or not rescind a non-reappointment decision is not subject to review.

2. Non-Promotion: A program may determine a resident has not performed to a level that allows the resident to progress to the next year of their training program. The program may in that case ask the resident to repeat the year at the same R-level. The resident will be notified of non-promotion by February 15th, or at least four months prior to the normal termination date of the resident's existing appointment. The notification will be in writing and will contain a summary of the resident's performance that resulted in the decision not to promote. In some cases, residents will be required to make up partial-year rotations or assignments due to performance problems or absences from the program. If the program delays the resident's commencement of the next training level but offers a new agreement at the R-level for which the resident would have otherwise been eligible, there is no right to review the non-promotion decision. Likewise, when a resident must make up less than a full year of rotations at the end of their training due to repeating rotations or because of absences from the program there is no right to review. An extension agreement will include stipends and benefits at the current level for the resident until all required assignments are completed.

3. Suspension: A program may suspend a resident from some or all program activities due to the resident's inability to provide safe patient care, or failure to meet other obligations of the educational program or the Residency Appointment Agreement ("RAA"). Reasons for suspension include, but are not limited to:

• Unprofessional behavior, which includes: (i) egregious violation of patient privacy rules, including but not limited to HIPAA regulations, (ii) unexcused absence beyond one day without reporting to the program director, (iii) illegal, unethical, or other conduct in conflict with the program's or training site's compliance program, and (iv) performing resident duties while in an impaired physical or mental state;
• Failure to comply with conditions of probation or other progressive corrective action; and
• Academic deficiencies warranting removal of the resident from patient care.
The duration of the suspension should be appropriate to address the reasons underlying the suspension. In the discretion of the program director suspension may be paid or unpaid.

4. Termination for Cause: A resident's appointment may be terminated for cause if the resident fails to meet standards of performance expected at the resident's level of training, fails to fulfill the

conditions of appointment to the program, or fails to meet the requirements of the hospital or clinic to which the resident is assigned. The overall academic performance and professional behavior of the resident shall be considered in decisions to terminate for cause.

GME Academic Actions Not Subject to Review: The following actions, which relate to academic achievement by residents, are not reviewable through the GME Academic Action Review Procedure described below. Some of these actions include mitigation steps that may be pursued by the resident.

1. Resident Evaluations: The Accreditation Council for Graduate Medical Education ("ACGME") requires programs to conduct formal performance reviews with residents at least once every six months. Evaluation of resident performance includes assessment of clinical competence, professional behavior, and humane qualities. In situations where residents exhibit sub-standard performance, the program director may provide notice to, or request assistance for, a remediation from the faculty, residency training committee, and/or an appropriate mental health specialist. Upon notification of a problem in a resident's cognitive or interpersonal performance, the program director will decide whether the problem can be addressed through the normal evaluation processes or requires a formal intervention and remediation program. Residents may submit written responses to their evaluations within thirty (30) calendar days. These written responses will be retained in the resident's program file.

2. Focus of Concern: A focus of concern is a serious issue of resident performance or behavior that requires remediation. A focus of concern may include recommended actions or remediation the resident should follow to resolve the issue(s) giving rise to the focus of concern. Failure to adequately address the focus of concern as evidenced by repeated behavior may lead to progressive discipline including, but not limited to probation, suspension, non-renewal of appointment, or termination. A letter setting forth the concern and recommended actions or remediation will be given to the resident. Such a letter is not normally part of the resident's program file or reported by program directors as a negative evaluation if the recommended actions or remediation are completed within the required time frame. However, a focus of concern letter may be made part of the resident's program file at the discretion of the program director if complete remediation is not achieved. A resident may request the focus of concern letter be removed from his/her program file, but it is within the discretion of the program director whether to remove it. The program director will advise the resident if it is removed or provide an explanation why it will not be removed.

3. Probation: Probation is a serious academic action taken in response to continued, documented substandard performance or behavioral issues, violations of educational standards or policy, or failure to remediate a focus of concern.

The program director will notify the resident in writing if the resident is placed on probation, including the reasons for probation, what the resident must do to be removed from probation, and the time limit for remediation. The probation notice will be placed in the resident's program file and will be disclosed upon request to other agencies or persons when the individual seeks hospital privileges or licensure, or if the resident continues training in a different program. The program

director will notify the resident in writing when probation terminates. The termination letter will also be retained in the resident's program file. A resident's failure to successfully correct the behavior or deficit giving rise to probation may result in extension of probation, suspension, non-renewal of appointment, or termination.

4. Program Refusal to Certify Board Application: A program may allow a resident to complete training but may refuse to approve the resident's application for board certification. In such a case, the program will provide the resident with a written explanation for its action.

5. Training Site Actions: If a training site such as a hospital or clinic withdraws permission for a resident to train at their site, the resident may be re-assigned to another site or to administrative activities, or may be subject to disciplinary action such as suspension, non-reappointment or termination depending on the circumstances that led to the withdrawal of permission. If a training site withdraws permission to train at that site the resident is not entitled to the any review, hearing or appeal under the medical staff bylaws of the training site.

6. Clinical Supervision Requirements: As part of their training program, residents are given progressively greater responsibility according to their level of education, ability, and experience. Supervision requirements for clinical procedures are based on evaluation of the resident's clinical judgment, medical knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. In all cases, the attending physician is ultimately responsible for the provision of care by residents. Programs, training sites, or attending physicians may require a supervisor's presence during a procedure when one would not normally be required for the resident's level of training.

7. Removal from Patient Care Activities: A resident may be removed from patient care activities for any of the following reasons: (i) lack of an unrestricted physician or physician-in-training license in the State of Washington, if required by the program; (ii) failure to obtain or maintain credentials required for the clinical practice, such as Drug Enforcement Administration license, if required by the program; (iii) failure to complete required orientation and/or annual training requirements; (iv) failure to comply with the Moonlighting Policy; or (v) failure to maintain compliance with the immunization or health policy requirements of the resident's employer. The resident will be notified in writing of the reason for removal. Removal will remain in effect until the deficiency is resolved to the satisfaction of the program. Residents may be assigned to non-clinical duties, vacation, or other status at the discretion of the program director. If assignment to another activity is not practical removal from patient care may be in an unpaid status.

8. Failure to Maintain Immigration Status: Residents who become ineligible for employment due to changes in their immigration status will be removed from the payroll and may not work in any capacity, including as a volunteer, in the residency program, or affiliated hospitals or clinics. The resident will be placed on inactive, unpaid status until their work eligibility status is established.

9. Precautionary Suspension Pending Investigation: In cases of egregious conduct, imminent danger to patients or program or training site employees, or when immediate removal of the resident from direct patient care is reasonable in light of the surrounding facts and circumstances, a resident may be placed on paid precautionary suspension pending investigation. A precautionary suspension is not reviewable. The resident will be notified in writing of the terms of the suspension. A suspension will last as long as needed to complete the investigation. The program may withdraw the suspension or take further corrective action. The resident will be notified in writing of the of the program's decision at the conclusion of the investigation.

10. Violations of the Residency Appointment Agreement (RAA): For alleged violations by the program of any provisions of the RAA that are not related to academic corrective actions described in this policy, residents may request relief through the Providence Sacred Heart Medical Center Resident Grievance Policy and Procedure.

GME Academic Action Review Procedure

The process contained here is the exclusive means of review and appeal of academic corrective actions described in ***Reviewable Academic Actions***, above. The purpose of this procedure is to provide review of the program's actions based on the assessment of the resident's academic and professional performance. The review procedure is not an adversarial legal proceeding but is the exercise of academic and professional judgment by GME faculty and officials on whether the resident has the necessary ability to uphold the academic and professional standards of the program and to perform adequately as a physician or surgeon.

1. Request for Review: The program director[1] shall discuss the matter with the resident in a face-to-face meeting if the program is considering; (i) not renewing, (ii) not promoting, (iii) suspending or (iv) terminating the resident for cause. A written summary of this meeting shall be prepared by the program director and provided to the resident. The matter may be concluded by mutual consent at this point. If termination for cause is under consideration, the resident will be allowed to resign in lieu of termination for cause.

If it appears to the program director that resolution of the concern is not possible under the previous section, and the program director decides that non-renewal of appointment, non-promotion, suspension, or termination for cause is appropriate, the program director shall submit a letter of recommendation to the Chair of GMEC.

The recommendation shall include a statement of the grounds for the recommendation. The program director shall notify the resident in writing of the recommendation via first class mail or by personal service. This notice shall contain: (i) a copy of the recommendation; (ii) a statement informing the resident that in order for the recommendation to be reviewed by an Academic Action Review Committee the resident must submit a written request for review to the Chair of GMEC

[1] References to the program director include the program director's designee if the program director has delegated such duties to another member of the program faculty.

within fourteen (14) calendar days of the date of the mailing of the notice or receipt of the notice if personally delivered; and (iii) a copy of the current RAA, plus a copy of this policy.

If the resident does not submit a written request for review to the Chair of GMEC within the fourteen (14) days the program director's recommendation shall become final and no further review will be available.

If the resident submits a timely request for review, within seven (7) days of receipt of the request the Chair of GMEC shall provide the program director a copy of the resident's request for review. The GMEC Chair shall also acknowledge in writing to the resident the timely receipt of the request for review.

2. Composition of Academic Action Review Committee: If a request for review is timely the Chair of GMEC will convene an ad-hoc panel (the "Academic Action Review Committee" or simply "Review Committee") consisting of four members of the GMEC selected by the GMEC Chair as follows: (i) two GMEC members who hold faculty status and who are not members of the same program as the resident requesting review and (ii) a resident member of the GMEC who is not a resident in the same program as the resident requesting review. The Chair of GMEC, or designee, shall be the fourth member of the Review Committee and shall serve as Chair of the Committee. The Committee Chair is responsible for all rulings as to procedure and conduct of the review, but may not vote on the Review Committee's Recommended Outcome.

If the Chair of GMEC is unable to identify GMEC members able to serve on the Review Committee, the Chair may appoint other faculty and/or residents, provided one Committee member must be a current resident and none may be members of the same program as the resident requesting review.

3. Responsibility of Academic Action Review Committee: The Review Committee is charged with reviewing the decision of the program director and issuing a Recommended Outcome. The question before the Review Committee is whether the program director's recommendation was arbitrary or capricious. The burden of proof is on the resident to show that the program director's recommendation was arbitrary or capricious. A decision is arbitrary and capricious if it is willful and unreasoned without consideration of and in disregard of facts or circumstances. Where there is room for two opinions a decision is not arbitrary or capricious when exercised honestly and upon due consideration even though some may believe an erroneous conclusion was reached. Only members of the Review Committee may participate in the deliberations of the Committee. The Recommended Outcome by the Review Committee requires an affirmative vote of a majority of voting members of the Review Committee.

If no Recommended Outcome receives a majority vote, the Recommended Outcome(s) of the Committee should reflect the views of each voting member of the Committee.

4. Hearings:

Setting Hearing Date: The Chair of the Review Committee will set a date for the hearing no sooner than thirty (30) days following the forwarding of the notice of request for review to the program director. For good cause, the program or the resident may request an extension not to exceed an additional thirty (30) days. The decision to grant an extension is in the discretion of the Chair of the Review Committee.

Submittals by Program Director: The program director shall provide the following to the Review Committee and the resident not less than fourteen (14) days before the hearing date:
• A statement of the matters asserted by the program director;
• A list of witnesses who may be called to testify at the hearing by the program director; and
• A list of documents to be presented by the program director to the Review Committee.

Submittals by Resident: The resident shall provide the following to the Review Committee and the program director not less than seven (7) days before the hearing date:
• A statement of the matters asserted by the resident;
• A list of witnesses who may be called to testify at the hearing by the resident; and
• A list of documents to be presented by the resident to the Review Committee.

Written Presentation in lieu of Hearing: The resident may choose to submit a written statement to the Chair of the Review Committee rather than make a presentation at the hearing. If the resident elects this option it will result in waiver of the right to present at the hearing. The Chair of the Review Committee will submit the resident's statement to the full Committee, and the Review Committee will make its decision based on material furnished by the program director, review of the resident's program file, and the resident's written statement.

Procedures: The Chair of the Committee shall ensure substantial compliance with the following procedures:
• All materials, documentation and exhibits the resident and program director wish to be considered by the Review Committee must also be provided to the other party.
• Legal discovery, such as but not limited to interviewing parties and witnesses, requests for records, interrogatories, and depositions, is not allowed.
• The resident may be accompanied by an advisor or an attorney at the resident's expense. The residency program director may also have legal counsel, as may the Review Committee. However, legal counsel for the resident or the program director will not be allowed to speak at the hearing or actively participate in the proceedings unless permission is granted by the Chair of the Review Committee.

• The resident and program director are entitled to hear all presentations and examine all documents presented to the Review Committee. The resident and program director may ask questions of any witnesses.
• The Chair of the Review Committee shall give all parties full opportunity to submit and respond to statements and positions.
• The hearing will be closed to the public. Only the parties and those permitted by the Chair of the Committee may attend.

• All components of the review and all associated documents created, collected, or maintained for the review are part of Providence Sacred Heart Medical Center's peer review. The confidentiality and privilege associated with quality improvement and peer review activities applies to the review.
• All testimony given at the hearing shall be made under oath or affirmation.
• Neither the resident nor the program director, or their respective representatives, may communicate with the Review Committee members outside the hearing regarding any issue in the proceeding other than as necessary to an orderly process. All communications regarding the review are to be directed to the Chair of the Review Committee.
• Neither the resident nor the program director may be present during the deliberations of the Review Committee.
• All proceedings of the Review Committee will be conducted with reasonable dispatch and be completed as soon as possible, consistent with fairness to all parties. The Chair of the Review Committee has the discretion to continue the review hearing, for good cause.
• An adequate summary of the proceedings will be kept. The summary shall include all documents that were considered by the Review Committee and may include a tape recording of the hearing. A party, at the party's expense, may cause a court reporter approved by the Chair of the Review Committee to attend and prepare a transcript of the hearing.

5. Ruling by the DIO for Providence Sacred Heart Medical Center: The Review Committee shall submit its Recommended Outcome to the DIO for the Providence Sacred Heart Medical Center, the residency program director, and the resident within ten (10) calendar days of the conclusion of the review hearing record. The Committee shall also provide a copy of the record to the DIO for the Providence Sacred Heart Medical Center. The Chair of the Review Committee shall determine when the record is closed. The Recommended Outcome shall include a statement of findings and conclusions regarding the program director's decision. Findings of fact shall be based exclusively on the record before the Review Committee and matters officially noted by the Review Committee in the proceeding.

Within thirty (30) calendar days of receipt of the Recommended Outcome, the DIO for the Providence Sacred Heart Medical Center will decide whether to accept or reject the Recommend Outcome. The Providence Sacred Heart Medical Center DIO's decision will be sent by first class mail to the resident and the program director.

The DIO for the Providence Sacred Heart Medical Center shall include a statement of findings and conclusions with his/her decision. If the decision is to terminate the resident for cause, the termination shall be effective thirty (30) calendar days after the date of the DIO for the Providence Sacred Heart Medical Center's decision.

Within ten (10) calendar days of the resident's receipt of the DIO for the Providence Sacred Heart Medical Center's decision, the resident may file a written request for reconsideration with the DIO for the Providence Sacred Heart Medical Center stating the specific grounds upon which relief is requested.
Requests submitted later than ten (10) calendar days from receipt of the decision will not be considered. The request for reconsideration will be deemed to be denied unless the DIO for the Providence Sacred Heart Medical Center notifies the resident of a different outcome within twenty (20) calendar days of receipt of the request for reconsideration. A denied petition for

reconsideration does not delay the effective date of a termination for cause.

Remedy

The stipend and fringe benefits of the resident shall be continued during the period necessary to assure due process, provided payment of the stipend and provision of benefits ceases at the expiration of the resident's appointment or the effective date of termination, whichever occurs first.

If the DIO for the Providence Sacred Heart Medical Center rules in favor of the resident, the remedy is limited to reinstatement to the program and payment of any stipend and benefits lost during the disciplinary proceeding

GRIEVANCE POLICY

PURPOSE:

To establish fair policies and procedures for the adjudication of resident grievances.

SCOPE:

This policy applies to all residents and fellows participating in ACGME accredited Spokane Teaching Health Center sponsored graduate medical education programs. In this policy "resident" means both residents and fellows.

DEFINITION:

The grievance structure is intended to be informal: to resolve disagreements internally. It is not an adversarial forum. At each stop, residents and Program Directors are encouraged to resolve differences through discussion and negotiation. However, this policy provides a structure for those instances in which outside assistance in resolving conflict is needed.

1. For purposes of this policy, a grievance is defined as an allegation that there has been a violation, a misinterpretation, or an arbitrary or discriminatory application of a rule, procedure or policy of the residency program. This could be related personally to the learner – to the privileges, responsibilities, work environment, or terms and conditions of the residency program.
2. A grievance procedure shall not be used to question a rule, procedure or policy, rather it shall be used as a process to address or resolve a concern by a learner who believes that a rule, procedure or policy has not been followed or has been applied in an improper manner.
3. For concerns related to disciplinary actions, including any concern that the due process policy has not been followed, the appeals process outlined in the Policy titled, "Academic & Professional Conduct Policy & Procedure", rather than this policy, shall apply.
4. For concerns related to perceived harassment, discrimination or retaliation, or any other matter related to employment or human resources, separate Providence Health Care policies apply, rather than this policy. Providence Health Care policies can be found at https://phs-ewpmg.policystat.com/. Additionally, the integrity hotline number is 888-294-8555 or they may report online at https://secure.ethicspoint.com/domain/media/en/gui/39016/index.html

Alternatively, the GME office can provide the appropriate human resources local contact to arrange a face to face meeting.

PROCEDURE

1. A learner who has a grievance shall initiate action by filing a signed, written account of the grievance with the Program Director within 30 calendar days of the event out of which the grievance has arisen.
2. The Program Director has the discretion to discuss the grievance with the resident and other involved parties in an effort to resolve the grievance. If the grievance is resolved, the resolution will be put in writing and signed by the Program Director and learner.
3. If the grievance is not resolved in the above manner, the Program Director shall (1) notify the Designate Institutional Officer (DIO) of the grievance, and (2) respond to the grievance on behalf of the program in writing to the learner within 14 calendar days of receipt of the written grievance.
4. If the learner is dissatisfied with the response of the Program Director, he/she may, within 10 calendar days of receipt of such a response, submit the grievance to the DIO with a statement of non-concurrence.
5. If, at any time, the learner is uncomfortable in approaching his/her Program Director, the learner is encouraged to discuss the issue with the DIO. A learner may also directly approach human resources for any reason. However, if human resources elects to address the learner's concern, the same issue may not be re-presented for adjudication under this policy.
6. The DIO will review the learner's written grievance and make an initial determination whether the grievance policy applies or whether to refer the grievance to human resources. This is typically done if the concern is more appropriately handled through human resources channels. If the DIO refers the matter to human resources, the matter will not also be adjudicated pursuant to this policy.
7. If an alternate review process is not selected, the DIO will form an ad hoc Grievance Panel to consider the grievance. The grievance panel, termed the Regional GME Grievance Panel ("RGGP"), is an ad hoc panel consisting of the DIO, two (2) voting faculty members and two (2) voting resident members of GMEC. Faculty and residents appointed to the RGGP may not be a part of the program involved in the grievance. The DIO will moderate the grievance process. Further, the DIO will ensure that RGGP members do not have conflicts of interest with the learner or Program Director. If the DIO has a potential conflict of interest, the RGGP Chair reverts to the GMEC Chair.
8. The RGGP may gather evidence, interview individuals and request further information from the involved parties. No formal hearing will be held. Within 30 calendar days of the receipt of the appeal, the RGGP will provide a written copy of its decision to the learner and the program. Each of the RGGP members has one vote on the Committee's decision, however, the Chair of the Committee may vote only to break a tie. This time period may be extended by the DIO for good reason. The panel's decision is final and non-appealable.
9. The grievance appeals process is an internal process to resolve disputes. Attorneys may not attend any panel interviews or actively participate in the deliberations of the panel.

Resident Time Away Guidelines and Protocols

	Vacation	Sick	Leave/CME
1	15 plus 5 days of mandatory at end of PGY 1 year	12	Leave for board exam
2	20	12	By permission of the PD and only to fulfill scholarly activity requirements
3	20	12	By permission of the PD and only to fulfill scholarly activity requirements
4	20	12	By permission of the PD and only to fulfill scholarly activity requirements. Also, if Chief Resident, may attend a Chief Resident Conference at the end of the PGY 3 year before taking on Chief duties.
5	20	12	By permission of the PD and only to fulfill scholarly activity requirements
FMLA			Details after collaboration with Pro gram Director/Coordinator and Providence HR Department.
Call obligations			No one accrues call obligations during their time off, as some of it is vacation an d/ or sick leave and some is covered by FM LA.
Wellness ½ days			Each residents receives up to 3 wellness ½ days off per year.
Per individual program time away policies, if a resident misses more than allowed by the individual program policy, the Program Director will need to determine outcome for excessive days missed.			

KB0088073

Leaves of Absence for Medical Residents Policy

Providence Medical Group Inland NW WA ("ministry")

Department: Human Resources
Approved by: Chief Human Resources Officer
Date Last Reviewed: 7/2/2023
Date Last Revised: 7/2/2023
Date Adopted: 7/2/2023

Policy Name: Leaves of Absence for Medical Residents

Scope: All medical residents

Purpose: In keeping with our mission and values, the purpose of this policy is to describe the various paid leaves available to medical residents in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

Terms:

Actively at work: Attending to normal duties at the medical resident's assigned place of employment. Being "actively at work" includes working on any regularly scheduled days, holidays and time away days as long as the medical resident is capable of active work on those days.

Elimination period: The waiting period during which the medical resident is not eligible for short-term disability pay.

Family member: A child (biological, adopted, foster, stepchild, legal ward, or a child for whom the caregiver stands in loco parentis), parent(s) (biological, adoptive, foster, stepparent, legal guardian of the caregiver or the caregiver's spouse or registered domestic partner, or a person who stood in loco parentis when the caregiver was a minor child), spouse, registered domestic partner, grandparent, grandchild, and sibling.

Objective medical evidence: Clinical information such as diagnosis, physical findings, chart notes, telephone contact with the physician offices, treatment plans, lab reports, x-rays, medical testing, a description of functional limitations, and documentation of functional limitations such as impaired concentration, poor social-emotional regulation, impaired judgment, and diminished ability to start, maintain, and complete tasks that are due to a mental health diagnosis.

Planned absences: Any time the medical resident knows that they will need to be absent from work for a leave-qualifying event (e.g., scheduled procedure, appointment, surgery or an anticipated pregnancy delivery).

Regular and appropriate care: The medical resident is receiving regular and appropriate care if they are:

- Receiving care as often as medically required from the physician whose specialty or experience is the most appropriate for the diagnosed disability.
- Receiving treatment that conforms to generally accepted medical standards for treating the diagnosed illness or injury.
- Participating in treatment at the intensity and frequency that is consistent with the diagnosed illness or injury.
- Engaging in face-to-face office visits with a physician or medical resident.

- Attending all scheduled appointments and treatments.
- Complying with the treatment recommended by the physician or medical resident.
- Receiving appropriate physical and psychological rehabilitative services.
- For mental illness related disabilities, engaging in active treatment with a behavioral health medical resident or other physician.

Treating physician: The medical provider responsible for directing care of the eligible medical resident's disabling condition.

Policy: In keeping with our mission and values, we provide benefit eligible (.5 FTE or greater) medical residents with an employer-paid short-term disability program designed to financially protect them during periods of non-work-related illness or injury, including maternity.

Leaves Provided Under Federal and State Law. Applicable federal and state law leaves will run concurrently with other leaves whenever possible and in accordance with applicable law. Medical residents should refer to the Leaves of Absence - Family and Medical Leaves and Other Leaves Policy for additional information.

1. **Short-Term Disability**
    A. **Short-Term Disability Requirements.** The 26-week short-term disability program is designed to provide financial protection to medical residents unable to work due to a non-work-related illness or injury, including maternity. This program is available to all benefit-eligible medical residents.
    B. **Short-Term Disability Eligibility.** Eligible medical residents will be covered by short-term disability beginning on their date of hire or the date moved into an eligible FTE status (.5 FTE or greater).
    C. **Elimination Period Before Benefits Can Begin.** Short-term disability pay applies for disabilities lasting longer than 7 consecutive calendar days. If available, time away hours can be applied for regular workdays missed during the elimination period. For example, a full-time medical resident (1.0 FTE) can use 40 hours of time away to replace pay for absences during the first 7 calendar days of disability. Recurrences 14 days or more following a return from a short-term disability warrant application for a new claim requiring another 7-calendar day elimination period.
    D. **Short-Term Disability Pay**
        1. The employer-paid benefit pays 100% of pay, subject to all applicable taxes, for up to 8 weeks following a 7-day elimination period. Short-term disability pay reduces to 66⅔ percent for disabilities longer than 9 weeks up to a combined 26 weeks. Long-term disability may apply for disabilities lasting longer than 26 weeks.
        2. Short-term disability pay is taxable as ordinary income in the year received. Applicable state and federal taxes will be withheld from payments along with other regular deductions.
        3. The short-term disability program does not pay for intermittent absences of short duration. Accordingly, benefits are not payable for disabilities lasting fewer than 7 consecutive calendar days.
        4. If available, time away hours can be used to replace pay during the elimination period and to supplement the reduced short-term disability benefit. (Please note that some shift-based medical residents may have different time-off benefits that can be applied.)
        5. The following applies to caregivers who live in a state with a state disability insurance (SDI) program:
            a. Caregivers are required to apply for benefits with both SDI as well as short-term disability.
            b. The short-term disability benefit will be reduced by the SDI benefit amount for a combined total benefit as noted above.
            c. If a caregiver is denied benefits by the state, the offset will remain in place until the caregiver exhausts their appeal opportunities with the state and the claim remains in denied status.
    E. **Short-Term Disability Procedures**

1. **Reporting a claim.** Leaves of absence lasting 3 days or longer should be reported to the third-party administrator as soon as practicable or in advance for known or planned absences (e.g., scheduled surgery, estimated delivery date). At intake, it will be determined if the reason for the leave would qualify for short-term disability pay. The deadline for filing a short-term disability claim is no later than 10 days from the medical resident's first day of absence due to their disability. If this deadline is not met, short-term disability pay may be denied.
2. **Conditions to Receive Benefits.** Medical residents are eligible to receive short-term disability pay if all the following conditions are met. A non-work-related injury or illness is sustained (see "Special Rules for Maternity") and the medical resident:
    a. Is an active caregiver at the time of disability
    b. Is under regular and appropriate care of a physician. The physician is required to provide objective medical evidence to support the disability. This evidence must indicate:
        1. That the illness or injury prevents the medical resident from performing their work.
        2. That the medical resident is undergoing appropriate treatment.
        3. The start date of the illness or injury.
        4. The expected duration of medical resident's disability.
    c. Is compliant with courses of treatment established by the treating physician.
    d. Ensures that heath care and treatment documentation that is acceptable is provided upon request in a timely manner.

F. **Special Rules for Maternity.** Pregnancy claims will be approved for, and limited to, 2 weeks pre-partum (including the 7-calendar day elimination period) based on estimated date of delivery and 6 (regular) or 8 (Cesarean) weeks starting with the child's date of birth unless objective medical evidence supports the extension of this already approved period. Following the disability period, additional time off may be available for baby bonding. Time Away hours can be used for income during the baby bonding period.

G. **Authority to Approve and Continue Benefits.** Final determination of benefit eligibility will be made by our third-party administrator, based on objective medical evidence. Medical residents are required to ensure that supporting medical evidence is provided to our third-party administrator no later than 20 days from the date the claim is filed or first date of absence, whichever is later. Periodic updates from the treating physician will be required to justify continued payment of benefits. Supporting medical information for extensions must be submitted within 7 days of the certified disability end date. The medical resident may also be required to undergo an independent medical evaluation with a physician chosen by our third-party administrator to validate or clarify medical evidence presented as support of the claim. If the treating physician has copying charges or other costs related to gathering information to substantiate a claim, the medical resident will be responsible for the costs incurred.

H. **When Benefits End or Are Not Paid.** Below are some examples of situations when short-term disability benefits may end or not be paid. The medical resident is not eligible for coverage under the program for any of the following reasons:
    1. Returns to work at their regularly scheduled number of hours.
    2. Receives the maximum short-term disability benefit for a qualifying disability.
    3. Fails to provide the appropriate notice of the need for a leave.
    4. Refuses medical care or fails to cooperate with a course of treatment.
    5. Stops receiving regular and appropriate care from a health care medical resident.
    6. Unreasonable refusal to comply with a "return to work" plan.
    7. Has an illness or injury that is caused by, or contributed to, being engaged in an illegal situation or occupation.
    8. Becomes incarcerated for a criminal conviction.
    9. Indicates that a condition is work-related.
    10. Is no longer employed at the ministry.

I. **Appeals.** The caregiver has 60 days from the receipt of notice of a denial for short-term disability benefits to file an appeal. Requests for appeals should be sent to the address specified in the claim

denial.

2. **Paid Parental Leave.** The ministry provides eligible medical residents (0.5 FTE or greater) the opportunity to take time off with pay to spend time bonding with their families following a birth, adoption, or foster child placement. Paid parental leaves for absences from work are subject to the limits and conditions described below.
    A. **Eligibility.** Medical residents with a full-time equivalent (FTE) of 0.5 or higher and scheduled to work 20 hours or more per week will be eligible for paid parental leave coverage as of the date of hire.
    B. **Benefits.** Medical residents may begin their leave immediately following the birth, adoption, or foster child placement. The parent who gives birth should first apply for short-term disability before requesting additional paid parental leave under this section of the policy.
        1. Medical residents on an approved leave will be paid 100 percent of their base pay in effect at the time the medical resident begins their leave. Paid parental leave benefits are taxable as ordinary income in the year received. Applicable state and federal taxes will be withheld from benefit payments along with other regular deductions.
        2. Medical residents in states and/or cities that have paid parental leave programs must also apply for benefits with the applicable state/city to be eligible for this supplemental ministry-paid benefit. The ministry-paid parental leave will be offset by any state/city paid parental leave benefit amounts for a combined total benefit of 100 percent of base pay at the time the leave commenced.
        3. If a medical resident is denied benefits by the state/city, the ministry will pay the medical resident the difference between base pay and the anticipated state/city paid benefits as an offset until the medical resident exhausts their appeal opportunities with the state/city and the claim remains in denied status.
        4. Medical residents are eligible for up to 6 weeks of ministry-paid parental leave in a rolling 12-month period (regardless of the number of qualifying events – e.g., multiple births, adoptions or foster placements or combination thereof during a 12-month period). Medical residents may choose to take this time off in increments of up to 3 occurrences, each a minimum of 1 week (7 calendar days). All available time must be used within 12 months following the birth or placement.
3. **Leave to Care for a Family Member.** The ministry provides eligible medical residents paid time off to provide care to a family member, subject to the limits and conditions described below.
    A. **Eligibility.** Medical residents will be eligible for paid leave coverage as of the date of hire.
    B. **Benefits.**
        1. Medical residents on an approved leave to care for a family member will be paid 100 percent of their base pay in effect at the time the medical resident begins their leave. Leave to Care for a Family Member benefits are taxable as ordinary income in the year received. Applicable state and federal taxes will be withheld from benefit payments along with other regular deductions.
        2. Medical residents in states and/or cities that have paid leave benefits must also apply for those benefits with the applicable state/city to be eligible for this supplemental benefit. The ministry-leave benefit will be offset by any state/city paid leave benefit amounts for a combined total benefit of 100 percent of base pay at the time the leave commenced.
        3. If a medical resident is denied benefits by the state and/or city, the ministry will pay the medical resident the difference between base pay and the anticipated state/city paid benefit as an offset until the medical resident exhausts their appeal opportunities with the state/city and the claim remains in denied status.
        4. Medical residents are eligible for up to 6 weeks of this type of ministry leave. Medical residents may choose to take this time off in increments of up to 3 occurrences, each a minimum of 1 week (7 calendar days). Leave to Care for a Family Member will only be available once during the residency program.
4. **Special Leave:** In addition to the above, medical residents may be eligible for 1 week of Special Leave paid at 100% of their base pay in order to allow for time off if the medical resident has exhausted all other leave options. Special Leave is available only once during the duration of the residency program.

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the ministry.

IMPAIRED PHYSICIAN POLICY

INTRODUCTION

Impairment of performance by resident physicians can put patients at risk. Impairment will be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency. Untreated or relapsing impairment is not compatible with safe clinical performance. The goals of this policy are:

1. To prevent or minimize the occurrence of impairment, including substance abuse, among residents.
2. To protect patients from risks associated with care given by an impaired resident physician.
3. To compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

In achieving these goals, several principles are involved:

1. The safety of both the impaired individual and of patients is of prime importance.
2. The privacy and dignity of the affected individual should be maintained to the extent possible.
3. To the extent that its resources allow, the Washington Physicians Health Program will help facilitate education, intervention, preliminary assessment, diagnostic evaluation, treatment, and post treatment monitoring.

DIAGNOSIS OF IMPAIRMENT

The following are signs and symptoms of impairment. Isolated instances of any of these signs and symptoms may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed in an individual action may be indicated (See III E.). Warning signs and symptoms, although certainly not specific to problems of substance abuse, may include:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.

2. Disturbances in family stability.

3. Social changes such as withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior at professional and social gatherings/events, adverse interactions with police, driving while intoxicated, undependability and unpredictability, aggressive behavior, and argumentativeness. Professional behavior patterns such as unexplained absences, spending excessive

time at the hospital, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff, and inadequate professional performance.

4. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.

5. Drug use indicators such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, binge drinking, and changes in attire (e.g. wearing of long sleeve garments by parenteral drug users).

POLICY IMPLEMENTATION

Education: To try to minimize the incidence of impairment, a program will be developed to educate residents about physician impairment, including problems of substance abuse, its incidence and nature and risks both to the involved individuals and patients. Education will include knowledge concerning signs and symptoms of impairment, emphasizing detection of abnormal behavior associated with use of psychoactive drugs and alcohol abuse.

Counseling: To the extent that its resources allow, the Washington Physicians Health Program will provide individual counseling both to supervisors and to individuals in need. In the latter case confidentiality will be preserved to the extent possible.

Assessment: *Evaluation of impairment status:* For both residents with a history of impairment and current residents who experience impairment and/or for whom evidence of substance abuse exists, evaluation will be performed by the Program Director or his or her designee and the Washington Physicians Health Program. Consultation and assistance will also be available from the appropriate personnel in the affiliated hospitals and the Graduate Medical Education Committee.

Management:

1. Each residency Program Director, after consultation with appropriate resources, will be responsible for certifying the functional status of all residents and for judging whether functional impairment exists in an individual. When an individual with impairment is identified, the residency Program Director will report this information to the institutional official responsible for the administrative oversight of the residency program.
2. Each resident, as a condition of appointment, agrees to accept the residency Program Director's decision regarding the resident's status and practice/training privileges. Should the residency Program Director conclude, after consultation with the Washington Physicians Health Program or other resources, that a resident is suffering from impairment, including substance abuse, the director may immediately take appropriate action. The action may include placing that resident on a medical leave of absence with or without suspension from the residency program. The residency program may consider a resident's suspension it believes impairment may adversely affect patient care. The Residency Program should assist the resident in maximizing the basic insurance benefits for treatment of impairments.
3. Return from leave for impairment shall be based upon written re-entry policies that include understandings with the residency program. Any return from leave shall be based on a complete review of the individual's medical history from all sources, including, but not limited to records of any

impairment treatment program and may include an evaluation performed by a person selected by the Residency Program.
4. A decision regarding the return of an impaired resident will be based on paramount concerns for patient safety, potential for relapse, nature of the specialty and any other factors as determined by the Residency Program.

Reporting Process:

All medical personnel possess a duty, in part by ethical concern for the well being of patients and one's fellow professionals and in part as mandated by state law, to report in confidence to an appropriate supervisor, concerns about possible impairment both in themselves and in others. If a resident physician is observed to be impaired/disabled while engaged in the performance of his or her duties, the course of action shall be as follows:

1. The observer shall report his/her concern immediately to a responsible supervisor, ultimately the residency Program Director.
2. When substance abuse is suspected, the residency Program Director shall notify and seek help from the Washington Physicians Health Program. The Program Director can ascertain the need for help, facilitate an intervention leading to further professional evaluation and possible inpatient or outpatient treatment.
3. In consultation, a decision will be made regarding any leave of absence and suspension from the training program. If a leave of absence is indicated, the resident will be informed of the effects of that leave of absence upon training. The need for reporting the impairment status of the resident to the State of Washington Medical Disciplinary Board will be evaluated.
4. Should a resident about whom concern has been expressed, be determined not to be impaired, mention of the concern shall be removed from his/her records and the individual may be allowed to return to their residency program without prejudice.
5. Appropriate and complete documentation of the events shall be performed.

POLICY REGARDING THE USE OF PSYCHOACTIVE DRUGS BY PHYSICIANS

1. Use of controlled substances must be by prescription of a physician. Non-medicinal use of controlled substances is illegal. Non-medicinal use of other mind-altering drugs is inappropriate. Discovery of such use will result in evaluation for possible treatment and may be grounds for immediate suspension and ultimate termination.
2. For the purposes of this policy, use of alcohol during routine working hours, and particularly when one is engaged in patient care, is regarded as inappropriate. When one is “on call,” any use of alcohol that either produces or appears to produce (e.g. odor of alcohol on breath) evidence of behavioral impairment is also regarded as inappropriate.

KB0063657

Harassment Discrimination Retaliation Policy

Providence Medical Group Inland NW WA (“ministry”)

Department: Human Resources
Approved by: Chief Human Resources Officer
Date Last Reviewed: 11/1/2024
Date Last Revised: 1/22/2020
Date Adopted: 2/10/2010

Policy Name: Harassment Discrimination Retaliation

Scope: All workforce members

Purpose: In keeping with our mission and values, this policy establishes expectations for the work environment and standards for behaviors of all workforce members.

Terms:

Workforce Member means employees, caregivers, volunteers, trainees, interns, medical staff, students, independent contractors, vendors and all other individuals working at the ministry whether or not they are paid by or under the direct control of the ministry.

Harassment may involve but is not limited to inappropriate behavior including comments, slurs, jokes, gestures, innuendoes, physical contact, graphics, writings and pranks based on a legally protected characteristic such as those listed below. Harassment may involve a co-worker, a core leader, a customer or a vendor. Inappropriate behavior that is related to one of those protected characteristics rises to the level of harassment when any of the following occurs:

- Submission to the harassment is made either explicitly or implicitly a term or condition of employment
- Submission to or rejection of the harassment is used as the basis for employment decisions affecting the individual
- The harassment has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment

Sexual Harassment is a form of harassment that may include but is not limited to unwelcome sexual advances, requests for sexual favors and other visual, verbal or physical conduct of a sexual nature.

Discrimination is when a workforce member is subjected to an employment decision based on a protected characteristic, as defined by local, state, or federal law, including but not limited to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, genetic information, and military and veteran status.

Retaliation is when a workforce member is subjected to an employment decision as a result of engaging in a protected activity, such as a good-faith report of discrimination harassment or illegal activity.

Policy: The ministry strives to provide a positive work atmosphere that reflects our core values. Workforce members are expected to demonstrate behaviors that create a supportive and inclusive work environment, and share responsibility for maintaining a positive workplace. The ministry strictly prohibits unlawful harassment or discrimination, and expects everyone in our workplaces to conduct themselves in a manner consistent with this philosophy. As such, core leaders, co-workers, third parties and other individuals with whom workforce members come into contact must not engage in harassing or discriminatory conduct. These standards of conduct apply in any situation where a workforce member is engaged in activities on behalf of the ministry, including off-site activities such as attendance at seminars, business travel and any business-related entertainment or social function. Allegations of unacceptable behavior will be taken seriously and investigated.

Procedures:

1. Workforce members should immediately report any concerns regarding sexual or other harassment or discrimination promptly to their core leader. If the core leader is unavailable or the workforce member believes it would be inappropriate to contact that person, the workforce member should immediately contact another core leader or the human resources leader or designee.
2. Core leaders must take appropriate action in response to all incidents or reported concerns. A co-worker or core leader who becomes aware of possible sexual or other harassment or discrimination or retaliation must promptly inform human resources so that the ministry may try to resolve the claim.
3. Reported concerns regarding potential harassment will be investigated to eliminate inappropriate conduct. Appropriate corrective action will be taken, as necessary, based on the outcome of the investigation. Confidentiality of the person reporting harassment will be maintained to the extent possible. Individuals who report a concern in good faith or who cooperate in an investigation will not be subject to retaliation.
4. Any workforce member who violates the expectations of this policy will be subject to corrective action, which may include termination of employment. Violations of the standards in this policy by any vendor, supplier or other non-employee will be handled appropriately.

Help: For questions about this policy, please contact Caregiver Relations.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the ministry.

SUPERVISION OF A RESIDENT

The residency/fellowship programs that are sponsored by Providence Sacred Heart Medical Center are:

1. Physical Medicine &Rehabilitation
2. Psychiatry
3. Radiology
4. Child & Adolescent Fellowship

In general, and depending on the composition of the physician care team, the lines of supervision for that physician care team are in the following ascending order:

1. Medical Student
2. Junior Resident or Intern (R1)
3. Senior Resident (R2 – R5)
4. Attending Staff Physician

The attending staff physician assumes the ultimate patient care responsibilities. Accordingly, when the attending staff physician accepts a resident on the service, the attending staff physician becomes responsible for the supervision of the resident's patient care. Any deviation of professional standards must be reported to the resident's program director. The program director, in cooperation with the attending, will then determine a course of action to correct the problem.

The attending physician is responsible to review the clinical records of all patients on his or her service, checking the work up and progress notes of the resident. The program director has the ultimate responsibility to certify that the resident meets the standards set by the ACGME with regards to these basics.

The attending physician is also responsible to monitor the ability to structure a differential diagnosis and diagnostic plan. The attending staff physician will review therapeutic options with the resident and approve all medications and therapies prescribed by the resident. Do not resuscitate orders or their equivalents require the attending physician's signature to be complete. The individual program director will provide the resident with any remedial help in regard to any problems in these areas.

The attending physician agrees to provide each resident with a comprehensive, written evaluation at the end of each rotation. This may include a terminal interview, but this is at the discretion of the attending. The program director is required to meet with the resident at least

twice yearly, to discuss these evaluations. The program director is responsible to address any perceived deficit.

The individual program directors take responsibility to supervise the scheduling of the residents and providing each of them a satisfactory educational program. They also must schedule the resident in a manner that provides adequate educational benefits, but recognizes the need for personal time for study and relaxation away from the hospital.

The attending physicians are responsible for notifying the individual program directors of any behavioral issues that deviate from professional standards. The program directors then have the responsibility to counsel the resident and seek outside help if deemed necessary.

Not all patients in the participating hospitals are covered by the preceptor type of teaching. If the resident staff is called to see a patient on an emergency basis, their care comes under the direct supervision of the staff physician who is responsible for the patient. Staff physicians should approve the resident's involvement and assume total patient care responsibilities as soon as possible after the patient is stabilized. These occurrences should be brought to the attention of the senior or chief resident staff immediately or as discussed, as soon as possible during the resident's report.

Senior resident staff on Medicine, Obstetrics and Pediatrics rotations are responsible for monitoring and instructing first year residents while on their service. They will be requested to evaluate the residents to the staff physician. Any concerns on their part should be voiced directly to the resident's program director.

The attending staff physician also has the responsibility to sign off the chart at discharge, approving the discharge and follow-up plan for the patient as written by the resident. The resident should follow the recommended format for this summary and modify it at the request of the attending. Each program has the responsibility to orient the residents to the recommended principles of an effective Discharge Summary.

The attending physician is responsible to report the resident when the resident is delinquent from the service. Any tardiness or absenteeism without appropriate explanation should be referred to the individual program director. If there is any question about the resident's absence, the attending should contact the program office. It is also the attending's responsibility to report a resident's non-availability to the individual's program. It is then the program's responsibility to correct this problem.

The attending physician is responsible to assist the resident in developing an approach to ordering tests that incorporates the concern for cost containment. Program directors will provide cost data yearly to the residents. The attending should correct any inappropriate ordering of tests and approve all scans, special procedures, or out-of-town lab tests.

Attending staff physicians agree to participate in those program situations requiring staff input, such as certain counseling situations, grievance proceedings, on-site surveys, and yearly program review activities.

Attending staff physicians agree to supervise the resident during procedures on their patients. All procedures are to be staffed by a physician holding participating hospital staff privileges for the procedure. This responsibility may be delegated to senior residents, fellows or other attending staff **MDs.** Concern for sterile technique, lack of experience, poor anatomical knowledge, or poor dexterity, etc. should be voiced to the individual program director for correction.

KB0066117

Reasonable Accommodation Process

Core Leader Resources

The Americans with Disabilities Act (ADA), the Pregnant Workers Fairness Act (PWFA), and other federal and state laws require employers to provide reasonable accommodations for qualified individuals protected by these laws.

The ADA is a federal law that prohibits employment-related discrimination against employees and job applicants with a disability. Under the ADA, employers must provide reasonable accommodations to a caregiver who cannot perform the essential functions of their job due to a "disability", unless the accommodation causes undue hardship. Disability is defined under the ADA as: a physical or mental impairment that substantially limits one or more major life activities; a person who has a history or record of such an impairment; or a person who is perceived by others as having such an impairment.

The PWFA is a federal law that requires employers to provide a reasonable accommodation for job applicants and caregivers with "known limitations" related to or arising out of pregnancy, childbirth or related medical conditions, unless the accommodation causes undue hardship. The PWFA specifically requires that employers provide reasonable accommodations for workers who are temporarily unable to perform the essential functions of their role due to pregnancy and/or childbirth-related reasons. In addition, many states have their own laws requiring that employers provide workplace accommodations for pregnant workers.

To satisfy ADA, PWFA and other reasonable accommodation requirements, employers must engage in a back-and-forth dialogue with caregivers or applicants, which is commonly referred to as the "interactive process." If a caregiver needs assistance to perform their job, we need to work with them, using the interactive process, to try and identify a reasonable solution or accommodation to support them.

Reasonable accommodation process

- **Request guidance from our ADM team:** Caregivers and/or core leaders can request accommodation support and guidance from our Absence and Disability Management team (ADM) by going to MyChooseWell and selecting "accommodation" from the directory. The core leader can submit a request on behalf of the caregiver and should do so if the caregiver voices a need for help to do their job. Please consult with ADM for any questions about the potential need to accommodate a caregiver who may need support to perform their job.
- **Non-leave-related accommodations**: Your assigned ADM case manager will support the process including making sure there is a good understanding of the restrictions or limitations and will assist the core leader in the interactive process. ***Core leaders must connect with the ADM team before placing a caregiver on leave or taking the caregiver off work.*** Once a claim with ADM is initiated:
  - Respond to ADM's requests and participate in the interactive process with the caregiver.
  - Work with your ADM case manager to identify potential accommodation options.
  - Determine which accommodation may be reasonable to implement. You have the discretion to try alternative solutions to ensure success, but make sure to obtain feedback from the caregiver on his/her/their preferred accommodation.
  - Monitor the effectiveness of the accommodations as there may be changes in the caregiver's condition or with the workplace equipment.
- **Leave-related accommodations**: Accommodations that require a leave must be initiated through the ADM claim process, ***before the caregiver is placed on leave.*** Throughout this process, it is essential for you to work with your Shared Services ADM support team.

As a core leader, there may be legal liability for you and the organization for not reasonably accommodating caregivers with disabilities or pregnancy-related limitations. It is critical to work with your Shared Services ADM support team during this process or if you have any questions.

Resources

- Leave of absence overview
- American with Disabilities Act (ADA)
- Pregnant Workers Fairness Act (PWFA)
- Reasonable Accommodation Policy
- Visit MyChooseWell and select Accommodation from the Directory.
- **HR Service Center:** 888-687-3753
  Contact HR
- Caregiver Relations – For policy interpretation or caregiver performance issues
- Absence & Disability Management team (ADM) - For return-to-work planning and help with restrictions/accommodations (contact an ADM Case Manager at MyChooseWell and select the Leaves & Work-related Incidents icon).

Clinical Experience and Education Policy (formerly duty hours)

Graduate medical education must be carefully planned and balanced with concerns for patient safety and resident/fellow well-being. The clinical environment must be conducive to resident learning and support acquisition of knowledge, skills, and professionalism. Residents, Programs, Sponsoring Institutions and GMEC have responsibilities to ensure provision of the appropriate environment.

Program Responsibilities

- Each Program will schedule resident assignments in compliance with all applicable ACGME requirements. The rotation and call schedules will provide reasonable opportunities for rest and personal well-being. Faculty members know, honor, and assist in implementing the applicable clinical experience and education expectations. Each Program must employ procedures that allow for regular resident monitoring of hours worked as well as a mechanism to review the logged hours to identify clinical scenarios where hours spent in clinical duties are excessive. Programs will collaborate with residents to devise appropriate corrective action. The clinical experience and education report will be submitted to the GMEC for review.

Resident Responsibilities

- Residents comply with the clinical expectations, accurately report work hours, and cooperate with monitoring procedures. Report work hours or other learning environment concerns promptly. Collaborate with program (and others) to devise appropriate corrective action. Report to work appropriately rested and fit to provide services required by patients.

GMEC Responsibilities (delegated from the Sponsoring Institution)

- Review data and provide platform for discussion about any clinical experience concerns. Data should include internal data such as APEs, programs' clinical hours reporting and resident reports as well as external data from the ACGME. GMEC can assist with developing policies to enhance Clinical experience and Education or provide monitoring for programs' policies. GMEC develops policies for call coverage to facilitate fatigue mitigation for residents if/when needed.

Maximum Hours of Clinical and Educational Work per Week

- Clinical & Educational work hours must be limited to no more than 80 hours per week, averaged over a 4-week period, inclusive of all in-house clinical and education activities, clinical work done from home, and all moonlighting.

At-Home Call

- Time spent on patient care activities by resident on at-home call must count toward the 80-hour maximum weekly limit. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80-hours.

- 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 & education, averaged over 4 weeks. (At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.)
- Residents may return to the hospital to provide direct patient care for new or established patients. These inpatient hours must be included in the 80-hour maximum weekly limit.
- Residents are to track the time they spend on clinical work from home and report that time to the program.

Residents should have eight hours off between scheduled clinical work & education periods.

Residents must have at least 14 hours free of clinical work & education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over 4 weeks). At-home call cannot be assigned on these free days.

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
- Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hour Exceptions

- In rare circumstances, after handing off all other responsibilities, a resident, on their initiative, may elect to remain or return to the clinical site in the following circumstances.

    - to continue to provide care to a single severely ill or unstable patient;
    - humanistic attention to the needs of a patient or family; or
    - to attend unique educational events.

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

Moonlighting (refer to Moonlighting Policy)

In-House Night Float

- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Maximum In-House On-Call Frequency

- Residents must be scheduled for in-house call no more frequently than every-third night, averaged over a 4-week period.

MOONLIGHTING POLICY

This policy applies to residents and fellows in all accredited (ACGME) training programs.

Purpose: This policy will address specific guidelines and procedures for residents/fellows seeking to participate in moonlighting activities.

ACGME Definitions:

- Voluntary, compensated, medically-related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.
    - External Moonlighting: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and any of its related participating sites.
    - Internal Moonlighting: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

Sponsoring Institution Requirements:

- Providence Sacred Heart Medical Center GMEC and the sponsored residency/fellowship programs take seriously the responsibility of providing a high-quality learning environment for residents/fellows, notably by ensuring an adequate balance between education and patient care activities within the duty hour limitations prescribed by the ACGME.
- Moonlighting activities may not fulfill any part of the required clinical experiences of the resident/fellow's training program and may not interfere with the resident/fellow's training.
- Residents/fellows are never required to engage in moonlighting. PGY-1 residents are not permitted to moonlight under any circumstance.
- Each residency/fellowship program may have its own supplemental policy on moonlighting activities, which may be more restrictive than this policy.

Malpractice Coverage: Professional liability coverage is not provided by Providence Sacred Heart Medical Center or Providence Medical Group as the employer for resident/fellow

moonlighting activities, as these are outside the requirements of their training program. The resident/fellow must either purchase sufficient malpractice insurance to cover their moonlighting activities or obtain written assurance from the outside employer that they will be provided with adequate professional liability insurance.

Procedure: Prior to the acceptance and commencement of any moonlighting activity, any resident/fellow wishing to moonlight must submit a completed and signed Moonlighting Attestation Form (program specific) to their Program Director for approval. The Program Director must provide written approval in advance of the moonlighting experience. A copy of the completed form will be placed in the resident/fellow's file.

Resident/Fellow Responsibilities: Upon approval of any moonlighting activity, it is the responsibility of the resident/fellow to:

1. Adhere to Clinical and Environmental Work Hours limitation set forth under the ACGME and the Providence Graduate Medical Education Committee (GMEC). Time spent moonlighting must be included in the calculation of Clinical and Environmental Work Hours done as part of the Program's Clinical and Environmental Work Hours monitoring.
2. Notify their Program Director if the facility, activities and/or hours of the moonlighting change and complete a Moonlighting Attestation Form.
3. Maintain the unrestricted medical licensure (if needed) required by their state (or the state in which the moonlighting is done) to participate in moonlighting activities.
4. Understand that participating in moonlighting activities without prior approval of his/her Program Director may be grounds for disciplinary action including dismissal from the training program.
5. Understands that moonlighting is not allowed to overlap resident duties or during times of leaves of absences from residency training.

Program Director Responsibilities: Once a resident/fellow has begun an approved moonlighting activity the Program Director must monitor the following:

1. The resident/fellow's performance to ensure that moonlighting activities do not interfere with the ability of the resident to meet the goals, objectives, assigned duties, and responsibilities of the educational program. Residents/fellows are cautioned not to return from moonlighting activities fatigued to the point it interferes with their educational responsibilities.
2. The resident/fellow's Clinical and Environmental Work Hours.

The Program Director may withdraw approval of the moonlighting activity at any time he/she determines that the resident/fellow is not in compliance with the conditions of approval or that it appears that the moonlighting activities are interfering with the resident/fellow's approved training program.

Residents/Fellows Utilizing Visas: Residents/fellows employed under a J-1 visa are strictly prohibited by law from participating in moonlighting activities. Resident/fellows employed under an H1-B and O-1 visas may be able to moonlight under specific, very limited circumstances and should contact the Providence Office of Graduate Medical Education for further information.

POLICY FOR INTERACTIONS BETWEEN GME AND HEALTH-CARE INDUSTRY (VENDORS)

Principles

1. Attending faculty and house staff are committed to intellectual rigor and objectivity in providing medical information and medical care.
2. Industry detailing should not bias physician practice.
3. A primary focus for Providence Sacred Heart Medical Center (PSHMC) clinical training programs is to prepare physicians in training and student physicians to render patient - focused, competent, evidence-based, responsible and cost-effective clinical care. The ability to critically evaluate information, from academic and commercial sources, and the ability to identify various commonly employed marketing strategies intended to influence physician practice, are components of this process.
4. Potential physician conflicts of interest generated by industry marketing activities should always be resolved in favor of sound patient care and unbiased medical education.
5. The PSHMC GMEC vests its residency program directors with the latitude to interpret the following guidelines according to the specific requirements of their own programs while still adhering to the PSHMC principles.
6. GMEC also believes that its program directors have the right to extend these guidelines to their own programs if deemed necessary.

GUIDELINES FOR GME PROGRAMS, RESIDENTS, FACULTY AND INDUSTRY REPRESENTATIVES

Physicians

1. Physicians should model behavior consistent with ethical guidelines developed by professional organizations regarding relationships between physicians and industry.
2. Whether presenting recommendations to patients or to an audience in teaching sessions, physicians should present information that is objective and balanced.

Industry Representatives

1. In addition to adhering to policies specifically dealing with graduate medical education programs, industry representatives must also adhere to existing relevant hospital-based policies written to deal with industry representatives' presence in those hospitals.
2. It is inappropriate for industry representatives to interrupt a resident's work time. During the workday, if an industry representative wishes to contact a resident, the contact must be via a message through the residency program administrative office. It is at the resident's discretion to decide if he or she wishes to respond.
3. Unless part of an already scheduled presence in the hospital or clinic (such as for demonstrating a medical device), if an industry representative wishes to meet with a full-time faculty member, the representative should do so via an appointment.

4. Unless needed to demonstrate use of medical devices, it is inappropriate for industry representatives to be in areas where confidential patient information is being elicited, discussed or reviewed

Gifts, Honoraria and Payments

1. Any gift from an industry, be it either for marketing purposes or for educational purposes, may exert influence on the accepting physician. PSHMC requires that its member training programs decide the value and validity of allowing its employees to accept any class of gift (including but not limited to marketing paraphernalia, free meals and educational textbooks)

2. Payments from industry to a PSHMC physician for giving a drug-sponsored lecture may make it seem that the lecturer is endorsing the industry product. (This "speakers' bureau" type of lecture is different than a lecture given during a CME-accredited conference where unrestricted grants from multiple sources are used to offset the costs of the conferences) PSHMC requires that each of its member training programs decide the value and validity of allowing residents and faculty to be paid to give such lectures

3. Physicians being paid in cash or products to listen to promotional lectures (live or virtual) is inappropriate.

4. Accepting industry payment to offset travel or lodging expenses merely to attend an industry sponsored, non-CME accredited conference is, or could be perceived as, inappropriate.

Free Drug Samples

1. Free drug samples are not allowed

Education

1. As a part of its curriculum, each member training program shall educate its residents in understanding conflict of interest issue generated by physician-industry interactions.

Residents are expected to actively participate in the care of all types of patients who are present to the hospital or clinic to which the resident is assigned, including patients of designated individual physicians whom the resident is expected to assist. In addition, residents are expected to take an active role in the instruction of medical and other healthcare profession students and hospital personnel.

The appointment of a resident is conditioned upon his/her compliance with the licensing requirements of the Residency Program. Failure to comply with the licensure requirements of the Program may result in the rescission of the resident's appointment by PSHMC and withdrawal of resident privileges, stipends, and benefits.

Residents must comply with PSHMC and GMEC policies and procedures, as well as the policies and procedures of their Program, the teaching sites, participating institutions and clinics, which include but are not limited to the Duty Hours Policy, the Moonlighting and Outside Professional Activities Policy, the Physician Impairment and Substance Abuse Policy, the GME and Industry Interactions Policy, the Reduction/Closure Policy, and the Natural Disaster Policy (all referenced on the PSHMC Residency websites (http:/ /spokane.wsu.edu /PSHMC/).

Each resident shall be provided with:

- Access to evaluations of their performance on each rotation in the resident's Program. In addition, the Program Director shall, from time to time, discuss with each resident his/her overall progress toward the educational objectives set by the resident's Program. Such discussions shall occur on at least an annual basis and shall be in compliance with the applicable ACGME Review Committee requirements.

- The current accreditation status of the individual's Program.

Each resident applicant and each resident who is a candidate for reappointment will be informed of any anticipated substantive change in their Program (e.g., probationary status of accreditation, anticipated extensions of training time).

Residents who desire to voluntarily leave their Program prior to completion of the training necessary for certification of the specialty are expected to discuss this action with the Program Director at the earliest possible time, preferably before January 1 of the training year. If the resident's agreement will not be renewed or the resident will not be promoted to the next level of training, the Program will notify the resident in writing no later than four months prior to the end of the resident's current agreement (unless the reason for non-renewal/non-promotion occurs in the final four months of the agreement in which case, the resident will be notified when circumstances are identified).

The major objective of the Program is education, and the Program will be administered by the Program Director with the educational needs of residents foremost in mind. Residents will not be required to sign a non-competition guarantee as a condition of appointment.

EXTRAORDINARY CIRCUMSTANCES POLICY

This policy applies to residents and fellows in all accredited (ACGME) and non- accredited training programs.

Purpose: This policy will address specific actions and timelines for response, given the occurrence of an extraordinary circumstance, as outlined in the Accreditation Council for Graduate Medical Education (ACGME) Policy and Procedures Manual

Definitions: Per the ACGME, an extraordinary circumstance is defined as a situation that significantly alters the ability of the sponsor and its programs to support resident/fellow education. Examples include, but are not limited to, abrupt hospital closures, natural disasters or a catastrophic loss of funding.

Policy: To establish expectations that the Providence Sacred Heart Medical Center will abide by the ACGME Policy and Procedures Manual for extraordinary circumstances. The extraordinary circumstances policy may be invoked by the Chief Executive Officer of the ACGME, in consultation with the Chair of the ACGME Board, the Providence Sacred Heart Medical Center (PSHMC) Designated Institutional Official (DIO), and the Executive Director of the PSHMC as directed by the PSHMC Board of Directors if it is determined that the PSHMC ability to support resident/fellow education has been significantly altered.

Requirements: If an extraordinary circumstance is identified by a Providence Sacred Heart Medical Center' sponsored residency/fellowship program, that residency/fellowship program and the PSHMC will follow the process(es) defined in the ACGME Policy and Procedures Manual.
Priority will be given to resident/fellow placement within training programs sponsored by the PSHMC or Providence/St Joseph Health System. These opportunities will be provided to the residents/fellows prior to the ACGME deadlines to allow residents/fellows to select among available options.

Disaster Response Policy: As quickly as possible, and in order to maximize the likelihood that residents/fellows will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and PSHMC GMEC will make the determination as to whether or not the transfer of some or all residents to another training program is necessary.

If the DIO and Providence Sacred Heart Medical Center GMEC determine that PSHMC can no longer provide an adequate educational experience for its residents/fellows on a temporary basis, the DIO and Program Directors will, to the best of their ability, arrange for the temporary transfer of the residents/fellows to programs at other sponsoring institutions until such time PSHMC is able to resume providing the experience. Residents/fellows who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, residents/fellows will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents Providence Sacred Heart Medical Center from ever re-establishing an adequate educational experience within a reasonable amount of time following the disaster, permanent transfers will be arranged. An electronic back of the resident/fellow's credentials and training documents and verification of all credentials will be maintained on a secure, outside server. Continued data entry will be maintained in the secure server of resident training experiences during disaster recovery efforts.

ACGME Requirements: Reporting Timeline
When an Extraordinary Circumstance is identified, the DIO will be the primary contact with the ACGME to provide information to be posted on the ACGME website. Upon invocation the Extraordinary Circumstances policy, the ACGME may determine that one or more site visits are required.

Providence Sacred Heart Medical Center, as the sponsoring institution, will:

1. Revise its educational programs within thirty (30) days to comply with the applicable common and specialty specific Program Requirements, as well as the Institutional Requirements.
2. Arrange temporary transfers for each of its residents/fellows to other programs or institutions until such time as the program(s) can provide an adequate educational experience; or
3. Assist the resident/fellows in permanent transfers to other ACGME accredited programs in which they can continue their education. If more than one program or institution is available for temporary or permanent transfer of a particular resident/fellow, the preferences of the resident/fellow will be considered by the transferring program. Programs will expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents/fellows so as to maximize the likelihood that each resident/fellow will complete the academic year with the least disruption to her or his education.

Within 10 days of the invocation of the Extraordinary Circumstances policy, the DIO or designee will contact the ACGME's Institutional Review Committee and Program Directors will contact by phone, electronic means, or written documentation the respective Review Committee Executive Director. Residents/fellows will be provided the contact information for the Review Committee Executive Director or the Office of Resident Services. If within the 10 days of the invocation of the Extraordinary Circumstances policy the ACGME has not received communication from the DIO, the ACGME will attempt to establish contact with Providence Sacred Heart Medical Center to communicate its expectations.

Providence Sacred Heart Medical Center, as the sponsoring institution, will:

1. Submit program reconfigurations to the ACGME and inform the program's residents/fellows of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.
2. If the program is transferring residents/fellows, each transferred resident/fellow will be informed of the estimated duration of his or her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, each transferred resident/fellow will be notified.

Plans will be submitted no later than thirty (30) days after the invocation of the Extraordinary Circumstances policy unless other due dates are approved by the ACGME. The DIO will coordinate temporary or permanent transfers through the ACGME.

The DIO will work the receiving programs in submitting the request for processing through the Accreditation Data System (ADS).

Providence

REDUCTION/CLOSURE POLICY FOR RESIDENCY PROGRAMS

If the ACGME withdraws accreditation of a residency program, or if a decision is made voluntarily to close a residency program, the Providence Sacred Heart Medical Center (PSHMC) will work with the residency to establish a phase-out plan that allows currently enrolled residents to complete their training. If that is not possible, the PSHMC, in conjunction with the residency program, will assist the displaced residents in obtaining positions in another accredited training program.

In the event a program is identified for reduction in the number of positions in any residency training program or close a residency training program, the Sponsoring Institution shall work with the DIO, the GMEC, the DIO, and the residents in that program as soon as possible. Every effort will be made to accomplish the reduction without adverse effect on residents currently in training. If that is not possible, the DIO, in conjunction with the residency Program Director, will assist the displaced residents in obtaining a position in another accredited training program.