

I N T E G R I S

Most Trusted Name in Health Care

Mission Statement:

To improve the health of the people and the communities we serve through
the provision of quality educational programs for physicians in training

INTEGRIS Health
Graduate Medical Education
Handbook
2020-2021

Table of Contents

Introduction	1
Graduate Medical Education Structure	2
Information for Applicants	3
Resident Orientation	
General	4
Program	5
Appointments to Residency Positions	7
Licensure for Residents	10
Employment Requirements	12
Resident Contracts	12
Record Retention	12
Curriculum	13
Evaluation of Residents	14
Promotion of Residents	18
Coaching and Counseling Procedure	19
Disciplinary Procedure	20
Grievance Procedure	23
Process to Discuss Issues Confidentially	26
Resident Forum	28
Salaries	29
Resident Benefits	30
Employment Policies	33
Educational Travel	36
Educational and Related Allowances	37
Vendor Relationships	38
Clinical Learning Environment Review (CLER)	38

Table of Contents (continued)

Medical Records	39
Evaluation Forms	39
Evaluation of Faculty and Program	39
Self-Study	41
Clinical Experience and Education	41
The Learning and Working Environment	44
Patient Safety/Quality Improvement	44
Transitions of Care	45
Supervision and Accountability	45
Residents in Surgery	47
Residents in Labor and Delivery	47
Clinical Experience and Education	48
Professionalism	48
Well-Being	49
Teamwork	50
Program Closing/Program Size Reduction	50
Disaster Management	50
Restrictive Covenant	51
Policy on Professional Activities	52
Moonlighting	53
Counseling and Mental Health Services	54
Physician Impairment	55
Graduate Medical Education Committee	57
Clinical Learning Environment Review (CLER) Subcommittee	59
INTEGRIS Health Special Review Committee	60
Graduate Medical Education Department	62

Table of Contents (continued)

Glossary of Abbreviations	64
Appendix	
Policies	65
GMEC Organization Chart	67
GME Personnel Organization Chart	69
Benefits	71
Behavioral and Performance Assessment Document with Corrective Action Plan	73
CLER Action Plan	76
Medicare Requirements	80

Graduate Medical Education Resident Handbook Introduction

INTEGRIS Health Graduate Medical Education Department publishes this official Graduate Medical Education Resident Handbook* that is revised periodically and distributed to all residents. The Graduate Medical Education Committee, in compliance with institutional policies and procedures and with input from the administration and the Administrative Medical Director, is responsible for the content of the Handbook.

The Handbook is the official policy manual for residency programs sponsored by INTEGRIS Health. For any policy issue not specifically defined in this Handbook, INTEGRIS Health policies applicable to all other employees will apply. The manual includes the policies that govern the residency programs, salary and benefit information and additional information, e.g. medical and osteopathic licensure information for the State of Oklahoma. Residents are required to read the Handbook and abide by the policies, procedures and regulations in the Handbook. These policies must be attached, in summary or in complete form, to the information sent to serious applicants for residency programs and are available on the INTEGRIS Health Graduate Medical Education website <https://integrisok.com/careers/career-development/graduate-medical-education>.

The Handbook provides an introduction to the Sponsoring Institution, INTEGRIS Health, and the primary clinical sites INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center, and the major policies and organizational structure within the institutions related to graduate medical education, and the residency programs. The Handbook is not an exclusive reference and is revised and updated as determined by the Graduate Medical Education Committee (GMEC). It is the responsibility of the resident to determine that he or she is relying on the most current version of any particular policy. Individual residency programs will have program specific handbooks, which include program specific policies and procedures, curricular material, details concerning program specific resident responsibilities and duties, and other information, which supplements the institutional policies included herein. If there are any inconsistencies between program specific handbooks and the Graduate Medical Education Handbook, the Graduate Medical Education Handbook will be the overriding document.

The INTEGRIS Graduate Medical Education Committee approved the INTEGRIS Health Graduate Medical Education Resident Handbook 2020-2021 on June 11, 2020.

*The Graduate Medical Education Handbook is identified variously as the “Handbook”, the “Resident Handbook”, and the “Graduate Medical Education Handbook”, all of which refer to this document. Any reference to “Resident” in the Handbook applies to residents, interns, and fellows unless otherwise indicated.

Graduate Medical Education Structure

INTEGRIS Health is committed to the provision of quality resident education in an environment, which supports safe and effective patient care, and optimum development of the resident as a future medical professional. The INTEGRIS Health Board of Directors defines institutional commitment to Graduate Medical Education through a Letter of Commitment. The Letter of Commitment is updated a minimum of every five years and/or with any change of Institutional Board President or Chief Executive Officer (CEO). The Board provides final oversight for Graduate Medical Education activities through an established reporting structure.

The attached organizational charts demonstrate the structure of graduate medical education at INTEGRIS Health (See Appendices B & C). Diagnostic Radiology, Emergency Medicine, Hand Surgery, and Great Plains Family Medicine Programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

All Residency Program Directors report to the Administrative Medical Director who is the Designated Institutional Official (DIO). The Administrative Medical Director provides an annual report, which includes an Executive Summary of the Annual Institutional Review, to the Clinical Leadership and Transformation Council (a committee composed of INTEGRIS Medical Staff Leadership and chaired by the Executive VP, Chief Physician Executive) and to the INTEGRIS Health Board of Directors and to the Medical Executive Committees and the Boards of Directors of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center. The DIO reports to the Executive VP, Chief Physician Executive and is a member of the Medical Executive Committees of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center. The Physician Operations Council reports to the Executive VP, Chief Physician Executive. The Executive VP, Chief Physician Executive through the CEO reports to the INTEGRIS Health Board. The Clinical Leadership and Transformation Council, Medical Executive Committees and the Boards of Directors provide feedback to the GMEC and the residency programs through the Administrative Medical Director/Designated Institutional Official.

The Board of Directors of INTEGRIS Health has final authority over the Clinical Leadership and Transformation Council, the Boards of Directors and Medical Executive Committees of all INTEGRIS facilities and has final authority and responsibility for the residency programs of INTEGRIS Health.

Information for Applicants

In accordance with ACGME requirements, each Program Director or designee will provide the following information concerning the terms, conditions, and benefits of employment and board eligibility in writing or electronically to all applicants who are invited for an interview:

Financial support

Vacations

Leave: Professional, Parental and Sick

Insurance: Professional liability, Health, Hospitalization, Disability and Other, including fellow, resident and dependent eligibility requirements

Services: Meals, On call quarters, Laundry, Parking and Other

Eligibility information for the relevant specialty board examination(s)

The same information is available to all applicants on the INTEGRIS Health Graduate Medical Education website.

In accordance with requirements of the National Residency Matching Program (NRMP), a sample contract and the institution's policies on visa status and eligibility for appointment to a residency or fellowship position, as applicable will be available to applicants prior to the rank order list certification deadline. The policies and eligibility criteria are included within this Handbook. The sample contract will be available on the INTEGRIS Health Graduate Medical Education website.

Resident Orientation

The Graduate Medical Education office will conduct a general orientation for residents at the beginning of each academic year in late June or July. The orientation will include employee orientation information required by INTEGRIS Health. The Program Directors will provide program specific orientation as appropriate. The Graduate Medical Education Office will notify residents of the date, time, and place of the orientation. Attendance is mandatory.

General Orientation (Graduate Medical Education Office)

The general orientation will provide residents with an overview of INTEGRIS Health and the primary clinical sites INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center and the policies of the institutions, which apply to all residents. The Graduate Medical Education Staff will make a current copy of the Resident Handbook available and will review Handbook contents including but not limited to the evaluation process, disciplinary and grievance procedures, counseling services available and services available to address physician impairment. Speakers will discuss the following topics and may provide handouts at their discretion:

- Introduction to INTEGRIS Health mission, vision, values, patient rights, and ethical standards
- Introduction to various hospital departments which provide support services to residents and other personnel (examples: Pharmacy, Information Technology, etc.)
- Hospital policies that affect residents (medical records, confidentiality, and compliance including HIPAA, Code of Conduct, on call quarters, meals, conferences, etc.)
- Parking and Security
- Infection prevention and methods to address exposures
- Environment of care (safety hazards in the hospital setting), and emergency codes
- Patient care responsibilities, graded supervision, relationships with attending physicians, other residents, and allied health care personnel
- Information systems
- Medical record documentation requirements
- The Learning and Work Environment requirements and methods to monitor and address resident fatigue, and the effects of sleep deprivation
- Resident, faculty, and program evaluations
- Moonlighting
- Graduate Medical Education and other committees
- Resident Forum
- Resident participation in Quality and Performance Improvement activities
- Stress management, counseling resources available, and services available to address physician impairment
- Disciplinary and Grievance Procedures and methods available to address issues confidentially
- Introduction to accreditation agencies and their requirements with particular focus on the six ACGME competencies

Resident Orientation (continued)

- ACGME Next Accreditation System including but not limited to:
 - Milestones
 - Resident Survey
 - Faculty Survey
 - Case Logs
 - Scholarly Activity
 - ADS Data Submission
- Clinical Learning Environment Review (CLER) site visits including but not limited to:
 - Resident integration into institutional quality improvement processes including demonstration of impact.
 - Resident integration into institutional patient safety processes including demonstration of impact.
 - Methods to reduce disparities in health care delivery
 - Supervision
 - Teaming
 - Well-Being
 - Professionalism
- ACGME Single Accreditation status

Employee Benefits will be reviewed, and arrangements made for residents to sign up for benefits.

Program Specific Orientation (Program Directors)

Each Program Director will provide a program specific orientation; the orientation will include an overview of the topics listed below as each topic relates to the specific program. Resident attendance is mandatory.

- Organization and conduct of the training program, including any changes made in the last year
- Introduction to the key persons in the program
- Rotation and call schedules
- Vacation requests and scheduling
- Distribution of program policies and/or a program handbook
- Distribution of program educational goals and objectives and training program requirements
- Patient care responsibilities, graded supervision, relationships with attending physicians, other residents, and allied health care personnel
- Documentation requirements, including electronic and/or paper procedure logs requirements
- Medical record documentation requirements
- Call coverage responsibilities
- Expectations for residents' participation in lectures, conferences, journal clubs, and other educational sessions, including attendance requirements
- Expectations concerning participation in scholarly activity including any requirements for research and/or publication
- Resident evaluations including specific assessment tools or procedures used to evaluate the six ACGME competencies
- Introduction to the ACGME Milestones tracking process
- Faculty and program evaluations

Resident Orientation (continued)

The Graduate Medical Education Office in coordination with the Resident Forum will establish and administer an annual evaluation of the Residency Orientation including both the General Orientation and the Program Specific Orientation.

The Graduate Medical Education Committee will monitor the following program specific educational sessions which will be required for each Residency Program annually. Resident attendance is mandatory.

- Harassment in the Workplace/Confidentiality
- HIPAA/Advance Directives/EMTALA/Fraud and Abuse
- Sleep Deprivation and Fatigue
- Emergency Codes – Orientation
- Pain Management
- Risk Management and Interpersonal and Communication Skills
- Introduction to the IRB and for programs which perform scholarly activities that require IRB review and/or approval – CITI
- Hand-offs/Care Transitions
- Patient Safety/Quality Improvement Processes – IHI Open School
- Physician Impairment/Substance Abuse
- Teamwork
- Supervision/Learning and Working Environment – Orientation – General and Program Specific
- Information Technology Security – Orientation
- AIDET

The Graduate Medical Education Office will arrange, as part of orientation, for training for the electronic medical record (Epic) and the residency tracking system (New Innovations).

Appointments to Residency Positions

General eligibility and selection criteria for all residency programs are defined below and are consistent with guidelines issued by the Accreditation Council for Graduate Medical Education. Programs may have additional criteria; the criteria should be explicit and communicated in writing or by electronic means to all applicants and individuals in the program who evaluate resident applications and/or are involved in the resident selection process.

Eligibility Criteria

Applicants for graduate medical education programs sponsored by INTEGRIS Health are eligible for appointment if they meet one of the following qualifications:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME) who have passed the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge and Clinical Skills Examinations (CK and CS) and who hold a Special License for Training or regular medical license in the State of Oklahoma.
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association who have passed both the USMLE Step 1 and Step 2 (CK and CS) or the COMLEX-USA Level 1 and Level 2-CE and clinical skills examination.
- Graduates of medical schools outside the United States and Canada who meet the following qualifications:
 - Hold a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program and
 - Are citizens of the United States OR hold either a J-1 visa or a permanent immigrant visa (“green card”), the requirements for which include passing Step 1 and Step 2 (CK and CS) of the USMLE, or

All applicants for positions at the level of PGY-2 or above must meet the following additional qualifications:

- Allopathic (MD) applicants must have passed Steps 1, 2, and 3 of the USMLE or Steps 1 and 2 and obtain specific approval from the Oklahoma State Board of Medical Licensure and Supervision.
- Osteopathic (DO) applicants must have passed either USMLE Steps 1-3 or the osteopathic examination, COMLEX-USA Levels 1-3.
- Hold a regular medical license, an extension to a Special License for Training, or an osteopathic medical license in the State of Oklahoma.
- Completion of all prerequisite training requirements to enter any program that begins at the PGY2 year or above.
 - Examples: 1) Radiology – Applicants must successfully complete PGY1 training in an ACGME, AOA, RCPSC*, or CPFC* accredited residency or transitional year program which meets requirements defined by the Radiology ACGME RRC to be eligible for the first year of the Radiology Program.
 - 2) Hand Surgery - Applicants must successfully complete a residency in an ACGME, AOA, or RCPSC* accredited Orthopedics, Plastic Surgery, or General Surgery program to be eligible for the Hand Surgery fellowship.
- Program Directors must obtain verification of each residency applicant’s or entering fellow’s (as applicable) level of competency in the required field using ACGME/CanMEDS Milestones assessments from the prior (resident)/core (fellow) training program.

Appointments to Residency Positions (continued)

Selection of Residents

Residents for graduate medical education programs are selected according to the following criteria:

- Residents are selected from among eligible, qualified applicants on the basis of their academic credentials, abilities, aptitude, preparedness, communication skills, and personal qualities, including motivation and integrity.
- ACGME accredited programs: Positions will be selected through The Main Match of the National Resident Matching Program (NRMP), for programs to which the Main Match applies, and may be selected through the Specialty Matching Program for programs to which the Specialty Match applies.
- It is the policy of INTEGRIS to pledge its full support to equal employment opportunity for all persons, regardless of race, color, ethnicity, religion, sex, national origin, marital status, genetic information, sexual orientation, transgender status, gender identity, physical or mental disability, age, service in the uniformed services, status as a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, or membership in any other protected class as defined by applicable state or federal law.
- INTEGRIS Health is an Affirmative Action Employer and complies with all federal regulations related thereto.
- Programs may elect at the discretion of the Program Director to participate or not in the Supplemental Offer and Acceptance Program (SOAP).

*RCPSC – Royal College of Physicians and Surgeons of Canada

* CFPC – College of Family Physicians of Canada

Appointments to Residency Positions (continued)

Resident Transfer

Applicants requesting transfer into a residency program beyond the first program year are eligible for consideration if:

1. There is an open position at the appropriate training level which the Program Director in consultation with the Administrative Medical Director, Graduate Medical Education agrees to fill.
2. The resident meets the following criteria:
 - a. All criteria as noted above for PGY2 training.
 - b. Satisfactory completion of all requirements of residency prior to the year of transfer documented in a letter from the previous program director. The letter must
 - i. Verify previous education experiences including specific rotations completed
 - ii. Document adequacy and evaluation of performance in each rotation
 - iii. Document procedural/operative experience
 - iv. Assess resident's overall competency-based performance in each of the following using ACGME or CanMEDS Milestones (summative evaluation):
 1. Patient Care and Procedural Skills
 2. Medical Knowledge
 3. Practical Based Learning and Improvement
 4. Interpersonal and Communications Skills
 5. Professionalism
 6. Systems Based Practice
 - c. For residents defined in 2) below require a letter from the PGY1 year Program Director one to two months prior to completion of the year describing the resident's current standing. All documents must be included in the resident file.

The ACGME defines a "transfer resident" for whom the above requirements apply as:

- 1) A resident who moves from one program to another within the same or a different sponsoring institution
- 2) A resident who enters a PGY2 program requiring a preliminary year even if the resident was accepted into both the PGY1 and PGY2 year programs simultaneously (through the Match)

Licensure for Residents

Licensure for Residents

Each Program Director must be aware of the medical and osteopathic licensure requirements. The Oklahoma Board of Medical Licensure and Supervision and the Oklahoma State Board of Osteopathic Examiners have strict guidelines and no tolerance for missed deadlines or incomplete applications. Residents may not participate in direct patient care unless they are properly licensed in the State of Oklahoma. First-year allopathic residents must obtain a Special License for Training before they begin residency. First-year osteopathic residents must obtain a Resident Training License before they begin residency.

The Graduate Medical Education Office and the Program Directors will include licensure information in their communications with residents.

It is the responsibility of each resident to submit all licensure applications and documents in compliance with established deadlines. Failure to comply with the medical licensure laws of the State of Oklahoma or the institutional requirements regarding licensure is sufficient grounds for suspension and/or termination of residency training.

Failure to comply with the medical licensure laws of the State of Oklahoma or the institutional requirements regarding licensure is sufficient grounds for suspension and/or termination of residency training...

Allopathic Physicians (MD Degree)

Allopathic medical graduates must obtain a medical license from the Oklahoma Board of Medical Licensure and Supervision (Oklahoma Medical Board). PGY-1 residents must obtain a Special License for Training. Residents in the PGY-2 year or beyond generally obtain a full license. (In certain situations determined by the licensure board, PGY-2 residents may renew a Special License for Training).

Residents should contact the licensure board directly for license applications and requirements. The process required to obtain a medical license is time consuming. Residency applicants should begin the process as soon as possible.

A resident may not begin the PGY-1 year and will not be placed on the payroll without an unrestricted medical license.

Osteopathic Physicians (DO Degree)

Osteopathic graduates must obtain a medical license from the Oklahoma State Board of Osteopathic Examiners. PGY-1 residents must obtain a Resident Training License. Residents in the PGY-2 year and beyond must obtain a regular license. Residents should contact the licensure board directly for license applications and requirements. The process required to obtain a medical license is time consuming. Residency applicants should begin the process as soon as possible.

A resident may not begin the PGY-1 year without a Resident Training License and may not begin the PGY-2 year without a full unrestricted license. A resident will not be placed on the payroll without the appropriate unrestricted license.

Licensure for Residents (continued)

Licensure Board Address

At the time of publication of this Handbook the mailing addresses for the Oklahoma State Board of Medical Licensure and Supervision and the Oklahoma State Board of Osteopathic Examiners are as listed below. Users are cautioned to check the current mailing address.

Oklahoma Board of Medical
Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

Or

101 NE 51st Street
Oklahoma City, OK 73105
Telephone: (405) 962-1400
Fax: (405) 962-1440

Oklahoma Board of Osteopathic Examiners
State of Oklahoma
4848 N. Lincoln Blvd., Suite 100
Oklahoma City, OK 73105
Telephone: (405) 528-8625
Fax: (405) 557-0653

USMLE Step 3

USMLE Step 3 is a joint program of the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners and must be scheduled through the Prometric website. To be eligible to sit for USMLE Step 3, see <https://www.usmle.org/> and applicable Oklahoma Medical Board regulations. Residents should take the examination to obtain scores within time to obtain a full medical license by the beginning of the PGY-2 year.

COMLEX USA 3

The National Board of Osteopathic Medical Examiners administers Step 3 of the COMLEX USA examination. See <https://www.nbome.org/exams-assessments/comlex-usa/>. Osteopathic residents usually take the COMLEX examination in December of the PGY 1 year and must pass the examination to be eligible for full Osteopathic licensure at the end of the PGY 1 year. Residents should take the examination to obtain scores within time to obtain an osteopathic license by the beginning of the PGY-2 year.

Employment Requirements

1. Residents must obtain and maintain medical licensure as defined in the Graduate Medical Education Handbook.
2. Residents must be eligible for participation in federally qualified health programs including but not limited to Medicare and Medicaid. A list of individuals with sanctions that would disqualify their participation can be found on the following website- www.oig.hhs.gov.
3. Residents must satisfy background check requirements of INTEGRIS Health.
4. Each Resident must declare that he/she is not currently required to register under the provisions of the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act. In the event a Resident should be required to register under the provisions of the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act, he/she must notify the Graduate Medical Education Office immediately and shall not be allowed to participate in any clinical activities at INTEGRIS Health, Inc.
5. Any request for H1B Visa status must be reviewed and approved in advance by the Administrative Medical Director and the INTEGRIS Legal Department. Any resident hired under an H1B Visa status or who anticipates transition into an H1B status during the residency program, will be responsible to communicate any visa notifications immediately with the Graduate Medical Education Office and will be responsible for all costs related to initiation and/or maintenance of the visa that are not required by law as the responsibility of the institution.
6. Residents must maintain appropriate Social Security cards and provide copies to the institution when requested.

Resident Contracts

INTEGRIS Health will provide each resident with an employment agreement outlining the terms and conditions of appointment including but not limited to Resident responsibilities and salary and benefit information; requirements for contract renewal; or contract termination and any additional contract terms/conditions as defined by the ACGME. This Handbook and the policies herein are incorporated into each Resident Employment Agreement by reference. A copy of the signed Employment Agreement will be maintained in each Resident's file.

Record Retention

INTEGRIS Health, the Graduate Medical Education Office, and each residency program will retain records of resident training and employment as required by the ACGME applicable laws and regulations, and INTEGRIS Health policy.

The following documents will be retained:

Evaluations (See Evaluation of Residents)

Corrective Action Plans (see Coaching and Counseling/Remediation)

Documents generated as defined in the Disciplinary Procedure and Grievance Procedure policies below.

Leave of Absence Documents (See Leave of Absence below)

Certificate of Completion of Training (copy only: see Certificate of Completion)

Documents of Approval and Disapproval of Moonlighting and any other Professional Activities performed outside the training program (See Moonlighting and Professional Activities policies below)

Curriculum

The Program Director is responsible for oversight of all educational activities of the residency program and must provide residents with competency-based goals and objectives for each assignment at each educational level. Each program must comply with specific requirements of the applicable Residency Review Committee of the ACGME. Each program must include educational experiences and evaluation of the following competencies as defined or modified by the specific Residency Review Committee.

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

Results of the evaluations must be used to evaluate the overall educational program and to determine needed modifications to the program. The inclusions of and evaluation of the above educational experiences will be reviewed during ACGME site visits included in the ACGME Annual Institutional Review, and in any Special Review Committee reviews as applicable. Resident performance in each of the competencies will be reported to the ACGME through the Milestones.

The Program Director is responsible to ensure:

1. Faculty guide residents in the development of a program of ongoing professional growth and development.
2. Residents participate fully in scholarly and educational activities of the program.
3. Residents complete all documents provided directly by the accreditation agencies including but not limited to procedure logs and resident surveys.
4. Senior residents assume increasing responsibility for patient care and oversight/teaching of other residents and students.

Resident and Faculty requirements for participation in scholarly activity and off-site educational programs are specialty specific and are defined by the respective ACGME-RRC. The curriculum must include an introduction to the basic principles of research, how research is conducted, evaluated, explained to patients, and applied to patient care.

The Program Director is responsible to ensure appropriate resident participation in the required scholarly activity and off-site educational program requirements and to notify the GME office and/or Administrative Medical Director sufficiently in advance to prepare appropriate legal documents for and to budget for the training.

Any request for an international training experience must be submitted in sufficient time to review all documents and any questionable issue. The Administrative Medical Director must personally approve each request. The training experience must include appropriate supervision, educational goals and objectives, an appropriate evaluation of resident performance, and oversight of the experience by a reputable organization as determined by INTEGRIS Health. The resident is responsible for costs of the experience e.g. travel, lodging, any professional liability coverage beyond that provided by INTEGRIS Health coverage and the costs and management of documents, immunizations, etc. required for international travel.

Evaluation of Residents

Purpose of Evaluations

The purpose of resident evaluations is to provide information on resident performance:

1. To assess resident competence, and the acquisition of the knowledge, skills, and attitudes required to become a competent physician.
2. To determine whether the resident's acquisition of knowledge, skills, and attitudes progresses on a trajectory adequate to demonstrate competency at the time of anticipated program completion.
3. To establish by the completion of the training program that the resident is competent to practice medicine independently and without direct supervision.
4. To identify resident deficiencies and initiate corrective measures to enhance professional development.
5. To make decisions on promotion.
6. To provide data to specific boards for certification.
7. To write letters of recommendation.
8. To identify strengths and weaknesses in the program that may require modification.

ACGME Requirements

The Accreditation Council for Graduate Medical Education has general requirements for resident evaluation by accredited residency programs. These requirements include:

1. Written or electronic evaluations designed to assess resident competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism and system-based practice as defined in the Program requirements. Written/electronic evaluations must be performed and documented at the completion of assignments. Appropriate and timely feedback to the resident is required. Evaluations must be maintained in the resident's file and must be available only to the resident and other authorized personnel.

The evaluation tools must provide an accurate assessment of the resident's competence in each of the areas listed above and should relate to specific educational objectives for individual rotations or other educational experiences as often as possible. Results of resident assessments should be used to develop learning plans for each individual resident and to develop improvements in the overall training process. The program must use multiple evaluators (e.g., faculty members, peers, patients, and other professional staff members).

2. Semi-annual evaluations based on the Competencies and specialty-specific Milestones are performed by the Clinical Competency Committee and Program Director and submitted electronically to the ACGME. Evaluations are communicated to the resident by the Committee and/or Program Director. The evaluations and any associated counseling must be documented, maintained permanently in the resident's file and be available only to the resident and other authorized personnel.
3. At least annually, each resident must receive a summative evaluation that includes their readiness to progress to the next year of the program, if applicable.

Evaluation of Residents (continued)

4. The Program Director must provide a final evaluation for each resident upon completion of the program, which must include a review of the resident's performance in the final period of the residency and must verify the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. Specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. Recommendations from the Clinical Competency Committee should also be considered. The final evaluation must be shared with the resident upon completion of the program and maintained in the resident's permanent record.

Each specialty's Residency Review Committee (RRC) establishes specific guidelines for evaluation of residents. These guidelines are found in the Program Requirements for each residency-training program available on the ACGME web site. The ACGME requires the Graduate Medical Education Committee provide oversight of the evaluation process to ensure the process meets general ACGME and specific Program requirements. Examples of program specific requirements include but are not limited to:

- 1) Family Medicine – direct observation of resident-patient encounters and a multisource evaluation including at least patients, peers, and non-physician team members
- 2) Diagnostic Radiology – global faculty evaluations and an extensive learning portfolio
- 3) Emergency Medicine – assessment of resident competency in procedures and resuscitations at least annually
- 4) Hand Surgery – performance evaluation that must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members)

The ACGME in coordination with each individual RRC, the applicable certification board, specialty society, and Program Director organization has developed specific training expectations, which residents must accomplish to be considered competent to practice independently. These expectations are delineated in the specialty specific Milestones.

Each Program Director will be responsible to establish a Clinical Competency Committee (CCC) to review all aspects of resident performance semi-annually, determine resident's progress on achievement of specialty-specific Milestones and submit reports to the ACGME electronically, and meet prior to the resident's semi-annual evaluations and advise the Program Director concerning resident progress including promotion, remediation, and dismissal. Each Program Director will be responsible to ensure the Clinical Competency Committee includes at a minimum three faculty members, at least one of whom is a core faculty member, and may include others as defined by the ACGME. The Program Director is also responsible to ensure there is a written description of the responsibilities of the CCC. The GMEC will provide oversight of the process through the Annual Institutional Review in accordance with ACGME requirements.

Institution Requirements

INTEGRIS Health and the Graduate Medical Education Committee have established basic institutional requirements for evaluation of residents.

Evaluation of residents by attending physicians on a standardized program-specific form should be completed and submitted to the Program Director within two weeks of the end of the designated rotation (or evaluation period). Each faculty member has as part of his/her basic responsibility appropriate and timely completion of resident evaluations. INTEGRIS Health uses New Innovations software to document and track monthly resident evaluations. Faculty members should submit evaluations using the online software as determined by the GME office. The Program Director should discuss any failure of faculty members to cooperate with this requirement with the Administrative Medical Director.

Evaluation of Residents (continued)

At designated intervals determined by the ACGME Residency Review Committee, each resident must be given a summary of his/her performance evaluations and advised regarding his/her progress in residency training. Program Directors should discuss with the resident, carefully and in detail, any deficiencies that could place the resident on probation or in any way delay the resident's progression through the training program and must provide an opportunity to improve. The content of such discussions must be documented and included in the resident file. Coaching, counseling, and follow-up of remediation plans must comply with ACGME Residency Review Committee requirements and timelines and with INTEGRIS Health GME policies.

Numerous methods may be utilized to evaluate residents. Examples are listed below. The ACGME Residency Review Committee may require specific evaluation tools/methods as part of the resident training program.

- Monthly or other periodic evaluations by attending physicians using standard program forms
- In-service training examinations provided through specialty organizations; some specialties specifically prohibit in-service examinations as part of formal resident evaluation
- Individual day/activity assessments following direct observation
- Observed patient clinical evaluation exercises
- Objective simulated training experiences, simulation laboratory performance, and simulated patient evaluations
- Operative Performance Rating Scales
- Chart audits
- Case/Procedure Logs (which should include the minimum number/type of patient identifiers required for needed tracking and to meet accreditation/certifying board requirements)
- Oral examinations simulating board certifying examinations
- Evaluation by more senior supervising resident(s)
- Evaluation by students
- Multisource evaluations by peers, self, hospital personnel (e.g. nurses, appropriate technicians), or patients and families
- Assessment of ability in critical analysis of scientific literature
- Performance in seminars, journal clubs, or other conferences
- Preparation of a scholarly project or participation in a research project
- Portfolio review
- Clinical work place evaluations
- Participation and performance in institutional and/or program specific patient safety and quality improvement activities, including documentation of impact.

Evaluation of Residents (continued)

Various organizations have assessed evaluation procedures to determine the reliability, specific utility, and feasibility of the techniques. Program Directors with the Clinical Competency Committee should review the available techniques and utilize techniques appropriate to the educational content or skill under review. The following methods may be particularly useful to assess residents in the noted competencies:

Cognitive Tests

- Medical Knowledge
- Patient Care and Procedural Skills

Focused Assessment of Performance – Direct observation

- Patient Care and Procedural Skills

Portfolios of Clinical Experiences

- Practice-based Learning and Improvement
- Systems-based Practice

Multisource Feedback Evaluations

- Interpersonal Skills and Communication
- Professionalism

Program Directors must document educational and assessment techniques used for each of the competencies on the ACGME ADS system. The ADS information will be used during accreditation site visits.

See New Innovations for examples of evaluation forms.

Certificate of Completion

INTEGRIS Health will provide a certificate of completion at the end of the training program to each resident who successfully completes all program requirements, for whom the Program Director can verify the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. A copy of the certificate will be maintained permanently in the resident file.

Promotion of Residents

Promotion from one Graduate Medical Education level to the next is contingent upon the resident satisfactorily meeting the program's and accreditation agency's performance standards for all six ACGME defined competencies and satisfactorily completing the requirements stipulated by the residency program and/or specialty certifying board. The program should establish criteria or standards the resident must achieve to earn promotion to the next level of training. Such standards should include knowledge, skills, and abilities defined in a graded, progressive fashion. ACGME programs should base requirements on specialty-specific Milestones but should make final decisions on information that includes but is not limited to the Milestones. The specialty certifying board, or the major professional society in the specialty may also have guidelines or specific requirements for resident promotion. Requirements for promotion must be incorporated into the general educational goals and objectives provided in writing to residents beginning the program.

A resident's continuation in the program is dependent, not only on academic progress but also, upon demonstration of appropriate communication skills and professional and ethical standards, in the care of patients and in interactions with others on the health care team. The resident's evaluations will include an assessment of interpersonal and communication skills, professionalism and ethical standards, as demonstrated by the resident's behavior.

The Program Director and Clinical Competency Committee utilize a variety of methods to determine whether a resident will be promoted. A decision *not* to promote a resident to the next level of training is a serious issue. It is the responsibility of the Program Director to inform the resident orally (at a meeting) and in writing of the reasons for the decision to deny promotion and to include in the resident file both the documentation of reasons for the decision and the process of communication with the resident. The resident must be given the opportunity to request review of the decision through the grievance process.

A decision *not* to renew the appointment of a resident for the next year should be made as early as possible during the training year. Communication with the resident should be verbal (a meeting) and must also be in writing. Any and all meetings and discussions with the resident and reasons for decisions made should be documented in the resident's file. The resident must be given the opportunity to request review of the decision through the grievance process.

Coaching & Counseling/Remediation Procedure

The purpose of this Coaching and Counseling/Remediation Procedure is to improve Resident and Fellow performance and behavior; to promote the quality and safety of care for patients and a professional and appropriate working environment. This procedure sets forth the general processes for INTEGRIS Health regarding resident coaching, counseling, and remediation.

These procedures are designed to assist Program Directors in establishing consistent processes for the provision of coaching, counseling and remediation. The procedures that follow include a step approach to encourage positive change in resident behavior and clinical and academic performance. The initial step (coaching) should be an ongoing part of the training program. Each step thereafter should be documented using the attached documentation form and should be included in the resident file. Any resident who fails to demonstrate appropriate improvement as defined in this Coaching and Counseling/Remediation Procedure may, at the discretion of the Program Director and/or Administrative Medical Director, be advanced for further management according to the Disciplinary Procedure. The Graduate Medical Education Office and the Administrative Medical Director should be notified of any resident entering the formal disciplinary process. The process may proceed in the order defined below; however, depending on the severity of the circumstances, the Institution reserves the right to combine, shorten, or eliminate any steps in the process.

- 1) Coaching – Coaching is an ongoing part of resident training. There should be continual feedback to residents concerning their performance with documentation accordingly in the resident’s file. (See section “Evaluation of Residents”).
- 2) Counseling/Remediation – Counseling/Remediation is appropriate when coaching sessions do not result in acceptable performance and behavior. The Program Director should review all information available including but not limited to semi-annual assessments by the Clinical Competency Committee and progress documented through the Milestones, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior. The Program Director should then meet with the resident, discuss the issues and, with the resident, develop an action plan to accomplish the necessary improvements. The issues, the needed improvements, and the action plan should be documented. The action plan should include expected time frames to accomplish the needed changes and a planned formal reassessment date which should occur at a minimum within the subsequent two months. The Program Director and the resident should both sign and date the document, the original of which will be maintained in the resident file. The Program Director and the resident should both receive a copy of the document. If the Program Director elects to have another faculty member or another Institutional representative present during the discussion, that person should also sign and date the document.
- 3) Progressive Counseling/Remediation – If the Counseling/Remediation provided above does not result in the needed improvement in behavior and performance the Program Director at his or her discretion may elect to repeat the Counseling/Remediation process with an advanced action plan that requires more specific or frequently measured performance standards, closer monitoring by faculty and/or Institutional officials, or other forms of more intense management. Evaluations of the issues, development of an action plan, meetings with the resident, and documentation requirements should follow the same guidelines as those listed under Counseling/Remediation above.

Disciplinary Procedure

The purpose of this Disciplinary Procedure is to encourage consistent and equitable treatment of Residents and Fellows; to promote the quality and safety of care for patients and a professional and appropriate working environment; and to ensure resident adherence to acceptable and reasonable standards of performance and conduct. This procedure sets forth the general practices, policies, and procedures of INTEGRIS Health regarding resident discipline.

These procedures are designed to assist Program Directors in determining when and how to impose discipline and to inform residents of the Institution's policies and practices concerning discipline. The procedures that follow include a step approach to encourage positive change in resident behavior and clinical and academic performance. This Discipline Procedure should be implemented if/when residents fail to show appropriate improvement as defined in the Coaching and Counseling/Remediation Procedure. The initial step (coaching) should be an ongoing part of the training program. Each step hereafter is considered part of the formal disciplinary process, should be documented using the attached documentation form, and should be included in the resident file. The Graduate Medical Education Office and the Administrative Medical Director should be notified of any resident entering the formal disciplinary process. The process may proceed in the order defined below; however, depending on the severity of the circumstances, the Institution reserves the right to combine, shorten, or eliminate any steps in the process, and if appropriate to initiate the process without prior coaching, counseling, or remediation.

- 1) Probation – If a resident fails to meet the necessary improvements defined in the Coaching and Counseling/Remediation Policy by the Program Director following the Counseling/Remediation sessions and action plans; if the resident repeats the same unacceptable behavior in spite of Counseling/Remediation sessions provided recently or in the past; or if the initial behavior or performance issue is egregious, the Program Director may at his/her discretion place a resident on Probation. As above, the Program Director should review all information available, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior required for the resident to be removed from Probation. The issues, the needed improvements, and the action plans should be documented on the attached form (Appendix E). The Program Director should notify the Administrative Medical Director prior to placing any resident on Probation, and should discuss the issue(s), the investigation, and the plan of action prior to discussion with the resident. A witness should be present during the Program Director discussion with the resident. The reasons for the Probation, the requirements for the resident to be removed from Probation, and time frame for the next assessment of resident performance and behavior which must occur at a minimum within the subsequent two months should be specifically stated and included on the attached documentation form (Appendix E). The Program Director, the resident, and the witness should each sign and date the document. The original will be maintained in the resident file. The Program Director and the resident should both receive a copy. At the discretion of the Program Director, the witness may also keep a copy.

The resident may appeal the Probation using the Grievance Procedure. The Probation will remain in force pending completion of the Grievance Procedure proceedings.

- 2) Suspension – The Program Director may at his/her discretion, suspend a resident from patient care activities at any time if needed to ensure the safety and quality of care for patients. The resident may be suspended from the Program for any of the following:
 - a. Failure to meet the requirements of the Probation corrective action plan
 - b. Resident actions that present a danger to patients, in the opinion of the Program Director or the Administrative Medical Director following consultation with the Program Director
 - c. Legal or regulatory, professional or ethical charges brought against the resident deemed to be of a serious nature by the Program Director or the Administrative Medical Director in consultation with the Program Director

Disciplinary Procedure (continued)

- d. Failure to comply with any specific Institutional Policy or practice for which the Institution includes specific disciplinary action that may include suspension.

The Program Director should notify the Administrative Medical Director prior to suspending any resident from the Program. The Administrative Medical Director will notify Human Resources and/or the Legal Department, as appropriate. The Program Director and the Administrative Medical Director in consultation with Human Resources and/or the Legal Department will review all information available, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior required for the resident to be removed from Suspension. The Program Director will document the issue(s), the investigation, and the plan of action on the attached forms (Appendix E), then discuss the document with the resident. A witness should be present during the Program Director discussion with the resident. The reasons for the Suspension, the requirements for the resident to be removed from suspension, and time frames should be specifically stated and included on the attached documentation form (Appendix E). The Program Director, the resident, and the witness should each sign and date the document. The original will be maintained in the resident file. The Program Director and the resident should both receive a copy. At the discretion of the Program Director, the witness may also keep a copy. The resident may appeal the Suspension using the Grievance Procedure. The Suspension will remain in force pending completion of the Grievance Procedure proceedings. During Suspension, the resident will be placed on “administrative leave” and may not participate in regular duties, rounds, or educational conferences. Subsequent to a Suspension, a resident may be:

- a. Reinstated with no qualifications
 - b. Reinstated on Probation
 - c. Continued on Suspension pending further review
 - d. Terminated from the program
- 3) Termination – Any termination of a resident will occur only following Program Director consultation with the Administrative Medical Director, with Human Resources, and with the Legal Department. If the resident performance and/or behavior do not improve following, or the performance and/or behavior recurs in spite of, corrective action steps as defined above; if the investigation of the Suspension reveals conduct or performance of such severity that termination is deemed appropriate by the Program Director; or if the original behavior and/or performance that precipitated the disciplinary procedure is of such severity that termination is appropriate whether or not prior corrective action has been implemented, the Program Director in consultation with the Administrative Medical Director, Human Resources, and the Legal Department may terminate a resident from the Residency Program and from employment by INTEGRIS Health. The Program Director with a witness should meet with the resident and provide to the resident in writing the reasons for the termination. A copy of the Grievance Procedure should be provided with the termination notice. The resident may appeal the termination using the Grievance Procedure.
 - 4) Reasons to invoke the Disciplinary Procedure may include but will not be limited to any of the following list. The degree of discipline will be determined by the individual circumstances of each case and may include any of the steps defined above up to and including termination.
 1. Failure to meet the performance standards of an individual rotation.
 2. Failure to meet the performance standards of the Program.
 3. Failure to successfully complete a rotation.
 4. Failure to perform assigned duties so as to meet stated or implied standards of performance.

Disciplinary Procedure (continued)

5. Failure to seek help when needed.
6. Failure to carry out rotation or call responsibilities.
7. Failure to be present and on time for required educational activities, including conferences, clinics and rotations.
8. Documented and recurrent failure to complete records in a timely fashion.
9. Misrepresentation in any fashion of clinical work documentation,
10. Misrepresentation on attendance forms, procedure or other activity logs, or any other performance or behavior-related residency documents.
11. A breach of Program or Institution rules or regulations.
12. Misconduct that infringes on the principles and guidelines set forth by the Program.
13. Failure to pass licensure or board examinations.
14. Moonlighting without prior written approval of the Program Director.
15. Failure to inform the Program Director of any professional employment outside the residency program or to comply with limitations established by the Program.
16. Conduct which the resident should know to be unacceptable behavior without specific notice from the Program or Institution, including, but not limited to, dishonesty, illegal or unethical conduct, or any conduct that bears on the resident's fitness to participate in the Program or places the Institution or other facility to which the Program Director may assign the resident in violation of any state or federal law or court order.
17. Breach of confidentiality or misuse of confidential information, including patient identifiable health information.
18. Any use of electronic communication including but not limited to the electronic medical record, INTEGRIS email, the internet or intranet, and/or social media sites that is considered unprofessional, illegal, or not in compliance with INTEGRIS Health policies.
19. Unprofessional conduct as defined by the applicable licensure board.
20. Failure to obtain or maintain appropriate unrestricted medical/osteopathic licensure.
21. Failure to obtain or maintain appropriate Drug Enforcement Administration and/or Oklahoma Bureau Narcotic and Dangerous Drug registrations.

Non-renewal. In the event that the Program Director decides not to renew a resident's appointment, the resident will be provided notice that will include a statement specifying the reason(s) for non-renewal. The resident may appeal the non-renewal using procedures as defined in the Grievance Policy. All efforts should be made to provide any non-renewal notice as soon as possible. The Program Director and the Administrative Medical Director will determine, depending on the reason for non-renewal, the resident's status pending completion of a requested Grievance review.

Confidentiality

Actions taken and recommendations made pursuant to the Disciplinary Procedure shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Institution and to the extent permitted by applicable laws and regulations, including any peer review law.

Grievance Procedure

I. Purpose

INTEGRIS Health encourages early, equitable resolution of disputes that may arise in the residency program(s). Residents are encouraged to resolve disputes through open discussion and dialogue with each other and the faculty. Residents are further encouraged to exercise their right to use this procedure freely, as needed, without fear of retaliation, retribution or other adverse consequences.

The Institution, through designated officials, retains the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and competency to enter autonomous practice as required to complete the residency program of resident physicians participating in the Institution's graduate medical education programs. This section defines the policies and procedures for resident grievances if a dispute arises.

Prior to invoking the grievance procedures described herein, the resident is strongly encouraged to discuss his/her grievance with the person(s) alleged to have caused the grievance. If the resident decides against discussing the grievance with such person(s), he/she may access this Grievance Procedure.

II. Grievances

A. Grievance Defined. A grievance is defined as any circumstance in which a resident believes that any decision, act or condition affecting his/her program of study is arbitrary, illegal, unjust, or creates unnecessary hardship. Such grievance may concern, but is not limited to:

1. Academic progress
2. Promotion
3. Non-renewal of contract
4. Dismissal
5. Clinical work concerns
6. Inadequate supervision by faculty
7. Discrimination
8. Mistreatment by any Institutional employee, other resident or faculty, or program staff
9. Discontinuation of services by the institution which may significantly impact the training experience
10. Program termination
11. Any other actions that could significantly threaten a resident's intended career or professional development

All complaints of hostile work environment and harassment of a sexual, racial, or other nature shall not be subject to review pursuant to this Grievance Procedure. Such complaints shall be addressed through the INTEGRIS Health, Inc. System Policy on Harassment, SYS-HR-213.

- B. The following are not subject to Grievance Procedure consideration or review:
1. Loss of/or failure to obtain medical or osteopathic licensure, as applicable.
 2. Loss of eligibility to participate in federally-qualified health programs, including but not limited to Medicare and Medicaid.
 3. Inability to maintain professional liability insurance.
 4. Failure to comply with registration requirements under the provisions of the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.

Grievance Procedure (continued)

III. Grievance Process

A. Residents who exercise their right to use this procedure agree to accept its conditions as outlined.

B. A resident may submit a grievance only on the matters stated in Section II A.1 through A.11 above.

C. The resident shall first discuss his/her grievance with the training Program Director and attempt to resolve the issue within the program. In order to pursue the right to file a grievance, the resident must discuss the issue with the Program Director within seven (7) working days of the date on which the resident either (i) was notified by the Program Director of the action in question, or (ii) became aware of the issues that gave rise to the grievance.

D. If the resident is unable to resolve the matter with the Program Director and intends to file a formal grievance hearing, the resident must request a meeting with the Administrative Medical Director for Graduate Medical Education for the purpose of discussing his/her grievance. In order to pursue the right to file a grievance, this request must be in writing and must contain the specific grounds for filing the grievance. The request must be submitted within seven (7) working days of the failed attempt to resolve the issue with the Program Director.

E. The Administrative Medical Director for Graduate Medical Education shall meet with the resident to discuss his/her grievance.

F. The Administrative Medical Director for Graduate Medical Education shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the Administrative Medical Director for Graduate Medical Education of the resolution, or if he/she determines that the matter cannot be resolved.

G. Within seven (7) working days of notification of the resident by the Administrative Medical Director for Graduate Medical Education that the matter cannot be resolved, the resident may request a grievance hearing by a Resident Appeals Committee. The request for a hearing shall be written and submitted to the EVP, Chief Physician Executive. If no appeal is filed within the seven (7) working day period, the case is considered closed.

H. Upon receipt of a properly submitted request for a hearing, the EVP, Chief Physician Executive shall appoint an ad hoc Resident Appeals Committee for the purpose of considering the specific grievance(s) of the resident physician.

I. The Resident Appeals Committee shall be composed of six (6) members: three (3) selected from the faculty of the Institution's residency programs, other than the program in which the complainant is a resident and three (3) selected from residents within residency programs in the Institution, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the EVP, Chief Physician Executive from the faculty members appointed and is a voting member. The parties shall be notified of the membership of the Committee. Committee members with a conflict of interest will be replaced by the EVP, Chief Physician Executive.

Grievance Procedure (continued)

J. The Chair of the Appeals Committee or the Administrative Medical Director for Graduate Medical Education shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (i) giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (ii) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate.

K. The resident may be advised by legal counsel at his/her own expense. If the resident intends to have legal counsel present at the hearing, the resident must notify the Administrative Medical Director for Graduate Medical Education in writing at least fifteen (15) working days prior to the Appeals Committee hearing. Legal counsel for the complainant and the respondent may advise their clients at the hearing but may not directly address the Appeals Committee or witnesses. Legal Counsel for the Institution may advise the Appeals Committee at the request of the Chair or the Administrative Medical Director for Graduate Medical Education.

L. If the resident is accompanied by legal counsel at the hearing or, if permitted by the Administrative Medical Director for Graduate Medical Education at any prior steps where the resident and Institution official(s) meet, the Institution's legal counsel shall also be present.

M. The parties shall each submit a list of the witnesses to be called and the actual exhibits to be presented at the hearing to the Administrative Medical Director for Graduate Medical Education at least seven (7) working days in advance of the hearing. The parties are responsible for acquiring evidence and requesting witnesses' attendance. The list of witnesses and copies of exhibits from each party will be provided to the other party and to the Appeals Committee Chair. In the event either party objects to the listed witnesses or exhibits, it shall make such objection to the Appeals Committee Chair in writing at least three (3) working days prior to the hearing. The Chair shall make a determination regarding any objections and shall notify the parties prior to the hearing.

N. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement shall indicate the agreement that has been reached by the parties and shall be signed and dated by each party and by the Chair of the Appeals Committee. This agreement shall be filed with the EVP, Chief Physician Executive. A copy of the final decision shall also be forwarded to the Administrative Medical Director for Graduate Medical Education for the administrative file maintained in the Graduate Medical Education Office.

O. The Resident Appeals Committee shall hear the grievance. The Committee shall determine the procedure and conduct of the hearing. The hearing shall be closed unless all principals in the case agree to an open hearing. The Administrative Medical Director for Graduate Medical Education shall arrange audio tape recording of the hearing and copies will be provided to the parties upon request.

1. Witnesses will be asked to affirm that their testimony will be truthful.
2. Witnesses other than the complainant and the respondent shall be excluded from the hearing during the testimony of other witnesses. All parties and witnesses shall be excluded during the deliberations of the Appeals Committee.
3. Burden of proof is upon the complainant and must be by a preponderance of the evidence.
4. Formal rules of evidence shall not apply.

Grievance Procedure (continued)

5. The parties will have reasonable opportunity to question witnesses and present information and argument deemed relevant by the Appeals Committee Chair. Committee members may also question parties and witnesses.

6. Final decisions by the Appeals Committee shall be by majority vote of the members present and voting. In the event of a tie, the EVP, Chief Physician Executive shall have the tie-breaking vote.

P. The Appeals Committee shall render to the EVP, Chief Physician Executive a signed, written report of its findings and recommendations regarding the dispute in question. The Committee's report shall be prepared by a member of the Committee and properly transmitted within seven (7) working days after conclusion of its deliberations.

Q. The EVP, Chief Physician Executive shall review the findings and recommendations of the Appeals Committee and render a final decision regarding the grievance and appropriate action. Within fifteen (15) working days of receipt of the Appeals Committee's findings and recommendations, the EVP, Chief Physician Executive shall inform the resident and the Program Director of the findings of the Appeals Committee and of the EVP, Chief Physician Executive's decision. A copy of the EVP, Chief Physician Executive's decision shall be transmitted to the Chair of the Appeals Committee and to the Administrative Medical Director for Graduate Medical Education to be placed in the resident's file maintained in the Graduate Medical Education Office.

IV. Confidentiality

Actions taken and recommendations made pursuant to the Grievance Procedure shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Institution and to the extent permitted by applicable laws and regulations, including any peer review law.

Processes to Discuss Issues Confidentially

Purpose:

The Graduate Medical Education Committee desires to establish processes, which will allow residents to present issues of concern confidentially, and in a manner which will allow resolution of issues without resident fear of intimidation and/or retaliation. The Committee therefore established the following processes, which are available for residents to use, as the resident deems appropriate.

Process:

Any resident may voice a concern related to

- a) The educational process or content,
- b) The work environment,
- c) The conditions of employment,
- d) The quality of patient care or service, or
- e) Any other issue related to the residency experience

CONFIDENTIALLY to whichever person or group listed below he/ she feels would most appropriately address the issue. The resident may address the issues initially and directly with any one of the persons/groups listed.

Processes to Discuss Issues Confidentially (continued)

- a) The Chief Resident (for programs with a chief resident)
- b) A faculty member of the resident's choice of the Residency Program
- c) The Program Director
- d) The Administrative Medical Director (DIO)
- e) An ad hoc Subcommittee of the Graduate Medical Education Committee, which would specifically include at least one resident from a different program unless the resident presenting the issue specifically requested all residents, be excluded from the ad hoc Subcommittee.

The person/group will hear the resident issue, address the issue informally if possible and appropriate, or if indicated address the issue formally in accordance with other INTEGRIS Health policies and procedures previously established to address the particular issue identified. The person or group chosen by the resident will maintain at all times confidentiality concerning the issues addressed; such confidentiality will be maintained in accordance with Institutional policy and to the extent permitted by applicable laws and regulations, including any peer review laws.

The express purpose of the policy is to provide a variety of forums at various levels in the institution(s) among which residents may choose to present issues. It will be the responsibility of the resident to choose the person or group with whom he or she feels most comfortable and to raise the issue to that person or group. Issues to be discussed by a Subcommittee of the Graduate Medical Education Committee may be presented to the Chair of the Graduate Medical Education Committee, the EVP, Chief Physician Executive, or the President of the appropriate hospital (or designee).

Accreditation Agency Services:

The accreditation agencies maintain processes for residents to address major issues, including issues related to clinical work, that the residents feel programs and/or institutions have not adequately addressed.

ACGME

Procedures for Addressing Complaints Against Residency Programs and Sponsoring Institutions (see www.acgme.org)

The Joint Commission

Any employee who has concerns about the safety or quality of care provided in the institution may report the concern to The Joint Commission at www.jointcommission.org/. Comments may remain anonymous if requested.

Institutional Services:

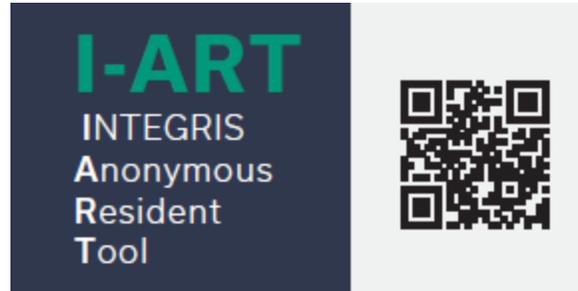
INTEGRIS Health maintains confidential reporting processes for all employees. Specifically

- INTEGRITY Line (1-888-243-9597) to report legal, regulatory, compliance, or Code of Conduct concerns. The Corporate Compliance Department reviews reports and investigates as appropriate.
- Event Reports –~~The Source~~ --> [Patient/Visitor Event Report \(at bottom of page\)](#) or through the link available in Epic to report clinical or other events of concern. The Risk Management Department reviews reports and investigates as appropriate. The GME Department reviews all events involving residents.
- Employee Assistance Program (EAP): See “Counseling and Mental Health Services for Residents” below

Processes to Discuss Issues Confidentially (continued)

Graduate Medical Education Services:

- I-ART: Ask question, voice anonymous concerns/comments or provide colleague/caregiver recognition. Scan QR code below and select program field (General GME if not program-specific). Your submission will be sent to the GME Director who will route to appropriate respondent. Responses will be provided via multiple avenues (meetings, conferences, email, etc.).



Resident Forum

All residents and fellows within and across the Sponsoring Institution's ACGME-accredited programs will be allowed to participate in the Resident Forum, a Forum designed to provide resident specific input into activities of the institutions, which affect the residency programs and/or residents. Residents will be encouraged to address educational, work environment, programmatic or other issues which affect their training or professional development. Residents and fellows will have the opportunity to directly raise a concern to the forum. The format of the forum will vary over time depending on identified needs of the residents, programs, and institutions. The Resident Forum will provide a report of each meeting to the Graduate Medical Education Committee.

Salaries

Resident salary schedule for: 2020-2021

PGY-1	\$54,794
PGY-2	\$56,531
PGY-3	\$58,281
PGY-4	\$60,809
PGY-5	\$63,288
PGY-6	\$65,595
PGY-7	\$68,677
PGY-8	\$70,242

Residents must complete all training requirements of the 2019-2020 academic year to transition to the 2020-2021 salary schedule.

This page will be revised annually.

Resident Benefits

Insurance Benefits

Residents who are employees of INTEGRIS Health are provided group health, dental, disability, professional liability and life insurance on the same terms as any other full-time employees of INTEGRIS Health, with exceptions as noted below. (See Appendix D for links to online Benefits Handbook). If there are any differences between this document and the Benefit Plan Documents, the Benefit Plan Documents including any updates thereto will override.

Health: INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Dental: INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Benefit Reimbursement

Accounts: INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Group Term Life And Accident:

INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Group Short-Term Disability:

INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Group Long-Term Disability:

INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Professional Liability:

For INTEGRIS Health employed residents, minimum coverage shall be consistent with and meet the requirements of INTEGRIS Health and the Medical Staff Bylaws of the Primary Clinical Site.

Workers' Compensation:

Provided pursuant to state statutory requirements.

Retirement Benefits

Retirement Savings Plans:

INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Resident Benefits (continued)

Paid Personal Leave (PPL)

and Extended Illness Accrual Bank (EIAB): See INTEGRIS Health Policy SYS-HR-250 for definitions of and acceptable uses for PPL and EIAB.

- a. Physician is credited with 176 hours (22 days) PPL into physician's PPL bank on his or her date of hire and on physician's annual PPL service date (typically July 1).
- b. Physician can carry forward a maximum of 300 hours PPL at the end of physician's PPL calendar year (typically June 30).
- c. Physician is eligible to receive payment of PPL balance prorated in accordance with INTEGRIS Health policy HR-SYS-250 at the time of physician's termination or change to ineligible status.
- d. Physician accrues EIAB hours each pay period up to a maximum of 40 hours per year.*
- e. Physician can carry forward a maximum of 1040 EIAB hours on physician's annual service date.
- f. Physician is not eligible to receive payment of EIAB balance at time of physician's termination or change to ineligible status.

*based on 80 hours paid per pay period.

Family Leave - Federal Guidelines:

Federal law mandates that after one (1) year of employment with INTEGRIS Health residents may take up to twelve (12) weeks (combined paid and unpaid) leave during a twelve (12) month period for the birth or adoption of a child, or placement of a foster child, in order to care for the child. This time must end not later than twelve (12) months after the day of birth or placement of the child. Similarly, such leave can be used for medical reasons or to care for a seriously ill spouse, child or parent consecutively or on an intermittent or reduced time basis with acceptable documentation from a physician.

Educational Leave:

Days used for travel to and from meetings and attendance at the meeting must be defined in advance of the meeting as professional leave or other type of leave. As defined by Program and Institutional policy, expenses may be reimbursed or subject to limited reimbursement. Travel and lodging arrangements must be made in advance and are subject to the approval of the Administrative Medical Director or his/her designee, if reimbursement is to be allowed.

Resident Benefits (continued)

Other Leave:

Other leave may be granted as available per INTEGRIS Health Policies.

Counseling Services:

Residents that are INTEGRIS Health employees are provided counseling services through the Employee Assistance Program.

Other Benefits:

Call Quarters:

Call quarters and amenities are available as needed.

Library/Internet Access and

Education Materials:

Access to library facilities, including books, journals, online databases, computer programs, online educational programs, and medical librarian assistance is available for clinical decision-making and research as required by the individual program. Professional expenses for additional education items are available per the individual program's budget.

Parking:

Free parking is available in the Primary Clinical Site parking areas and at designated locations for certain external rotations, or as designated by the Administrative Medical Director, Program Director, or his/her designee. The Administrative Medical Director, Program Director, or his/her designee will make parking assignments depending on the location of a specific rotation. Residents must abide by all rules of INTEGRIS Health, Inc. and other rotation sites regarding parking registration, parking cards, parking stickers, etc.

Meals:

Meals are furnished at no charge, if a resident is on call.

Scrubs:

Scrubs, lab coats and laundry are available per individual program.

Employment Policies

Unless this Graduate Medical Education Handbook defines otherwise, INTEGRIS Health Institutional policies that apply to all other employees also apply to residents.

The following policies, which apply to employees of INTEGRIS Health including residents are available on the INTEGRIS Policies webpage which is referenced in Appendix A. These policies are referenced because of their particular relevance to residents and/or the residency programs.

• Emergency Response Team for Non-Nursing and Public Areas	MET-RM-140
• Parking	MET-ADM-250
• Non-Retaliation	SYS-CMP-108
• Non-Monetary Compensation and Incidental Benefits to Referring Physicians	SYS-CMP-109
• Employee Gifts, Awards and Bonuses	SYS-CMP-111
• Emergency Operations Plan	SYS-ESOP-4000
• CODE BLACK Severe Weather Response	SYS-ESOP-4002
• Overnight Travel	SYS-FIN-103
• Business Expense Reimbursement	SYS-FIN-110
• Dress Code	SYS-HR-131
• Funeral Leave	SYS-HR-151
• Equal Employment Opportunity	SYS-HR-204
• Accommodating Qualified Individuals with Disabilities	SYS-HR-206
• Affirmative Action	SYS-HR-207
• Leaves of Absence (Family, Medical, Personal and Military)	SYS-HR-210
• Harassment	SYS-HR-213
• Paid Personal Leave (PPL)/EIAB Plan	SYS-HR-250
• PPL Leave Sharing	SYS-HR-252
• Workplace Violence Prevention Program	SYS-HR-320
• Continuation of Operations During Inclement Weather	SYS-HR-412
• Solicitation and Distribution	SYS-HR-606
• Substance Abuse	SYS-HR-609
• Social Media	SYS-HR-704
• Staff Immunizations	SYS-IP-0202
• Mandatory Seasonal Influenza Vaccination Program	SYS-IP-0203
• Tuberculin Screening	SYS-IP-0205
• Information Security	SYS-IM-100
• Email Security	SYS-IM-106
• Record Retention and Destruction	SYS-LGL-109
• Vendor Relationships	SYS-MAT-105

The Human Resources Department will provide each resident with a copy of “Code of Conduct” prior to Orientation. The resident is expected to sign confirming receipt of the document and to read the document.

Employment Policies (continued)

Employee Health Policies

Employee Health telephone numbers: On Call Nurse.....570-0112 IBMC.....951-2903 ISMC.....636-7336
--

Residents are expected to comply with all applicable INTEGRIS Health employee health and infection control policies and procedures. The following immunizations (or documentation of same) are required:

- Measles – 2 doses
- Mumps – 2 doses
- Rubella – 1 dose
- Varicella – 2 doses
- Hepatitis B vaccine strongly encouraged

Tuberculosis screening by PPD or symptom survey is required annually and is facility/unit/job specific as determined by the Annual Facility TB Risk Assessment. Influenza Vaccine is provided annually and is required unless the resident provides documentation of a waiver for medical/religious reasons.

Compliance with universal precautions and institution-provided OSHA training is required. Blood or body fluid exposures should be reported immediately to the Program Director, Administrative Supervisor on duty and/or INTEGRIS Employee Health.

Residents are expected to comply with all institutional Infection Control Policies including hand washing policies. Personal Protective Equipment will be provided; the Environmental Health and Safety Department will fit test applicable residents for appropriate respirator masks

Employment Policies (continued)

Leave of Absence

The ACGME, and/or certification boards define maximum allowed leave during resident training and may define minimum leave which must be provided. Program Directors are required to monitor resident leave to ensure all leave meets requirements of the ACGME and the applicable certification board. In addition, any leave taken must be in compliance with federal and state laws and regulations, INTEGRIS Health Policies, Employment Agreements, and policies defined by individual programs, to ensure residents meet all educational requirements for program completion, and all requirements for eligibility to sit for specialty board examinations. The Program Director must provide the resident with a written statement of the effect of the leave of absence on completion of the training program and a similar statement or documents issued by the applicable certifying board of the effect of the leave on the resident's eligibility to sit for the specialty certification examination. A copy of the written statements/certifying board documents must be included in the resident file. Programs must establish leave policies, which are in compliance with the requirements of the appropriate Residency Review Committee of the ACGME.

Any request for leave outside the program specific policy limits must be approved in advance and in writing by the Program Director. Arrangements must be made to complete all educational requirements of the program. Maternity leave, military leave, or other unanticipated extended leave may require program adjustment or extension and must be developed and approved in advance (when possible) by the Program Director. The Administrative Medical Director, Graduate Medical Education, must approve in advance extensions beyond the standard program time limits.

The Program Director is required to notify and/or obtain approval from the ACGME for any extension of resident training and for any overlap which will increase resident numbers above the approved program limit. A copy of any educational plan outside the standard program must be included in the resident's file.

Computer Policy

Each resident will be assigned an INTEGRIS email address. The resident is expected to check his/her email daily. All computer use must comply with Information Security Policy. All e-mail use must comply with the Email Security Policy.

See Information Security (SYS-IM-100) and Email Security Policies (SYS-IM-106): Appendix A

Educational Travel

INTEGRIS Health Graduate Medical Education provides financial support for required away rotations, program-specific educational conferences, and approved scholarly activity presentations. Residents must adhere to the guidelines and processes outlined below in addition to those included in the system Overnight Travel Policy (SYS-FIN-103).

Travel Reimbursement Guidelines

Travel funds can cover:

- Registration (if necessary)
- Flight (or mileage depending on conference location)
- Hotel for approved nights only
- Transportation
 - o To and from the airport; to and from the hotel and conference center
- Meals up to \$55/day on approved days only (\$25/day if conference provides lunch)
 - o Itemized receipts must be provided without alcohol and include your meals only
 - Receipts provided with alcohol or meals for others will only receive reimbursement for subtotal of your food and non-alcoholic drinks (no tip or tax)
- Airport parking
- Baggage fees (one checked bag each way)

Travel funds do not cover:

- Flight upgrades or early boarding fees
- Alcoholic beverages
- Valet
- Snacks
- Personal items

If you have dietary restrictions (allergies or intolerances), please contact your program coordinator prior to travel.

If you are uncertain of reimbursement eligibility, please contact your program coordinator.

Travel receipts must be submitted to the program coordinator within 30 days of return from travel or by the fiscal year reimbursement deadline, whichever comes first.

Scholarly Activity Presentations at National Conferences

If you plan to request travel funds for a conference presentation, you must receive approval for travel funds prior to submitting your research to the conference. If you apply and have not received approval beforehand, funding may not be granted.

This funding is intended to cover expenses related to your presentation, not conference attendance. Travel funds will only be approved to cover the days you are required to be at the conference for the purpose of presenting your scholarly activity. Conference registration is not covered unless conference attendance is required for your scholarly activity presentation.

Information on scholarships or special funding received from the conference must be shared with your program coordinator along with requirements of the funding (ex: attendance at certain sessions)

Educational and Related Allowances

Educational and related allowances must be used in compliance with INTEGRIS policies. The lists below itemize acceptable and unacceptable purchases. The resident should discuss any item not listed in advance with the Graduate Medical Education Office. Purchases must be approved by the Graduate Medical Education Office and comply with Internal Revenue Service regulations and INTEGRIS financial policies.

Acceptable

Texts
Journals
Meetings/Conferences
Educational CD's/DVD's
Exams
Subscriptions to electronic "journals/texts" e.g. Up-To-Date
Approved educational e-books
Surgical Scrubs/Lab Coats
Stethoscopes
Oto-ophthalmoscopes
Medical/Osteopathic License/DEA/OBNDD renewal
Formal standardized educational programs e.g. ACLS

Unacceptable

Computers including PC's and laptops
Cell phones/Smart phones
Flash Drives
iPOD's, iPAD's
Pagers
Printers
Other "devices"
Hardware upgrades
Interactive software

A good question to ask: Is the item required as part of the educational or training program or similar to another acceptable/deductible expense?

All reimbursement forms must be submitted to the GME office in time to complete financial processing before June 10 each year (or earlier if necessary to meet institutional year end fiscal requirements. The Graduate Medical Education Office and/or applicable Residency Office will notify residents of any earlier date). Reimbursements will not be processed for a prior academic or institutional fiscal year.

Vendor Relationships

It shall be the responsibility of the Program Director to establish policies and/or guidelines for resident interactions with vendors. Such policies/guidelines should provide a model for ethical development for residents. The policies/guidelines must at a minimum comply with INTEGRIS Health policy “Vendor Relationships” (SYS-MAT-105) (See Appendix A) and any subsequent or related policies and must be consistent with the principles and standards of conduct defined in the INTEGRIS Employees “Code of Conduct”.

Program Directors are responsible to ensure residents and fellows are provided education concerning the “Sunshine Act”, and to remain cognizant of the fact that faculty physicians, fellows in training, INTEGRIS Health and each INTEGRIS facility including the two primary clinical sites IBMC and ISMC are subject to manufacturer reporting requirements under the “Act”.

Clinical Learning Environment Review (CLER)

The ACGME established the CLER Program to provide GME leaders and executive leaders of hospitals, medical centers, and other clinical settings with formative feedback aimed at improving patient care while optimizing the Clinical Learning Environment (CLE) in six important cross-cutting areas such as patient safety and health care quality.

The CLER Program conducts a site visit every 24 (\pm 6) months to each ACGME-accredited institution that hosts residency and fellowship programs. The Focus Areas of the site visits and the 5 Key Questions for each site visit follow.

Focus Areas

- Patient Safety
- Health Care Quality
- Teaming
- Supervision
- Well-being
- Professionalism

5 Key Questions

- Who and what form the hospital/medical center’s infrastructure designed to address the six focus areas?
- How integrated is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
- How engaged are the residents and fellows?
- How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?
- What are the areas the hospital/medical center has identified for improvement?

The Administrative Medical Director and the Chief Executive Officer have oversight responsibility for the development of processes to address the Focus Areas and Key Questions above. Institutional and Graduate Medical Education staff will use the “CLER Pathways to Excellence” as a guide and reference for institutional and program specific development. Program Directors, faculty, and residents will participate as appropriate. The institutional responsibilities and oversight related to all issues above are in addition to and do not replace Program Director, faculty, and resident responsibilities determined by the ACGME, the ACGME RRC and the GMEC, or as defined elsewhere in this Graduate Medical Education Handbook. For details concerning CLER program implementation, see the CLER Action Plan in Appendix F.

Medical Records

Residents are expected to comply with all institutional policies related to electronic and/or paper medical record documentation and completion. Details are documented in the Medical Staff Rules and Regulations of the applicable hospital which are available electronically to all residents. Training for software programs: Epic and PACS (radiology) is provided during resident orientation. Additional training can be provided if requested.

Evaluation Forms

The following evaluations can be located in New Innovations:

- Evaluation of the Resident
- Evaluation of the Faculty
- Evaluation of the Program
- Program-Specific Evaluations
- Summative Evaluation of Resident
- Final Evaluation of Resident

<https://www.new-innov.com/login/>

Evaluation of the Faculty and Program by the Residents

Faculty Evaluation

Evaluation of the faculty is required for accreditation; it is the Program Director's responsibility to ensure residents evaluate faculty annually, at a minimum, and that evaluations remain confidential. Faculty evaluations must be performed consistently, effectively, and confidentially.

The faculty should review the evaluation form annually. The form may include resident assessment of

- 1) Availability including frequency of rounds and responsiveness on call
- 2) Clinical knowledge, procedural skills, and ability to teach to others
- 3) Participation in organized clinical discussions e.g., rounds, journal clubs, and conferences
- 4) Knowledge of current medical literature
- 5) Effectiveness in establishing an environment of inquiry and leading and/or mentoring scholarly activities as defined by the applicable ACGME RRC
- 6) Participation in and effectiveness in teaching/mentoring/modeling participation in institutional and/or program specific patient safety and quality improvement activities

The program must establish a process to review and must review the results of all evaluations annually. The form and evaluation process will be reviewed during the Annual Institutional Review when indicated, and by the ACGME during accreditation site visits.

The Program Director must ensure that each faculty member receives an annual evaluation. The evaluation should include an assessment of clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. Results from anonymous and confidential resident evaluations must be included.

Evaluation of the Faculty and Program by the Residents (continued)

Program Evaluation

The Program Director must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident.

The Program Evaluation Committee responsibilities must include:

- 1) acting as an advisor to the Program Director, through program oversight;
- 2) review of the program's self-determined goals and progress toward meeting them;
- 3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- 4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims

The Program Evaluation Committee should consider the following elements in its assessment of the program:

- 1) curriculum
- 2) outcomes from prior Annual Program Evaluation(s)
- 3) ACGME letters of notification, including citations, areas for improvement, and comments
- 4) quality and safety of patient care
- 5) aggregate resident and faculty:
 - a. well-being
 - b. recruitment and retention
 - c. workforce diversity
 - d. engagement in quality improvement and patient safety
 - e. scholarly activity
 - f. ACGME Resident and Faculty Surveys
 - g. written evaluations of the program
- 6) aggregate resident:
 - a. achievement of the Milestones
 - b. in-training examinations (where applicable)
 - c. board pass and certification rates
 - d. graduate performance
- 7) aggregate faculty:
 - a. evaluation
 - b. professional development

The annual review, including the action plan, must be distributed to and discussed with members of the teaching faculty and the residents and be submitted to the DIO.

The GMEC will determine the timeline for submission of the Annual Program Evaluations. Annual Program Evaluations must be available for:

- 1) Special Reviews (as applicable)
- 2) ACGME Self-Study and Site Visit (as determined by the ACGME)

Action plans and progress to address actions identified should be tracked in an ongoing document (e.g., a spreadsheet). Action plans, progress to address the plans, and results accomplished will provide a base for each 10-year Self-Study.

Self-Study

The ACGME established a 10-year Self Study process designed to assess program performance and ongoing improvement efforts, is based on the Annual Program Evaluations, surveys and other data submitted annually to the ACGME and ACGME responses thereto, other information relevant to the program, and input from program stakeholders. The Self-Study is designed to identify program strengths and weaknesses, opportunities for improvement, program aims (goals), threats and opportunities both internal and external that may affect and/or potentially could be used to address the goals of the training program.

Once strengths, opportunities for improvement, aims, and internal/external threats and opportunities have been identified and defined, the program Self-Study group should develop an action plan and track improvements. The ACGME, during a 10-year site visit scheduled 12-18 months following the initiation of the Self-Study, will review the Self-Study process, program aims, strengths, threats, and opportunities, and improvements accomplished to address program action plans.

The Program Director is responsible to lead the Self-Study process, to include all relevant stakeholders including but not limited to faculty and residents, to complete and submit to the ACGME all required documents (according to timelines determined by the ACGME), and to implement action plans to address program aims (goals).

Clinical Experience and Education

INTEGRIS Health, through the Graduate Medical Education Committee provides ongoing oversight of the work environment of residents and specifically of the compliance of the residency programs with the accreditation requirements of the ACGME.

The Graduate Medical Education Committee will oversee the program specific implementation of the Clinical Experience and Education Requirements of the Common Program Requirements of the ACGME and the implementation of any additional program specific requirements of any applicable Residency Review Committee of the ACGME.

It shall be the responsibility of the Program Director to establish program specific policies, rotations, and call schedules consistent with the requirements of the ACGME and the applicable Residency Review Committee. The clinical experience and education requirements must apply to all institutions through which residents rotate. Appropriate back-up support must be available when patient care responsibilities are especially difficult and prolonged. Clinical assignments must be designed to minimize transitions in care.

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

The ACGME Common Program Requirements include the following Clinical Experience and Education requirements:

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

Clinical Experience and Education (continued)

- 2) The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being
- 3) Residents should have eight hours off between scheduled clinical work and education periods.
 - a. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
- 4) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- 5) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- 6) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - a. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
 - i. Additional patient care responsibilities must not be assigned to a resident during this time.
- 7) In rare circumstances, after handing off all other responsibilities, a resident, on their own 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-hour weekly limit.
- 8) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
- 9) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
- 10) PGY-1 residents are not permitted to moonlight.
- 11) Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
 - a. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.
- 12) Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- 13) Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
 - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- 14) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Clinical Experience and Education (continued)

The Graduate Medical Education Committee will oversee the implementation of Clinical Experience and Education requirements noted above and will perform additional activities as noted below to promote patient safety and an appropriate educational and work environment for residents.

- 1) Monitor, through a structured process, program specific clinical experience and education compliance. Review program adjustments needed/made to remain in compliance with clinical and educational work hour requirements.
- 2) Provide an annual report to the Medical Staff Leader Consortium; the Medical Executive Committees of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center; the Boards of Directors of these facilities and the Board of Directors of INTEGRIS Health. The report will include program specific compliance with clinical experience and education requirements and any recommendations concerning actions needed to bring specific programs into compliance with the requirements.
- 3) Establish and oversee the implementation of a moonlighting policy. (See the Moonlighting Policy).
- 4) Oversee program specific monitoring of the effect of moonlighting on resident performance. (It shall be the responsibility of the Program Director to establish and maintain the program specific monitoring of moonlighting and to withdraw approval for moonlighting if resident performance is negatively affected).
- 5) Evaluate home call requirements as needed to avoid unnecessary service demands and resident fatigue.
- 6) Establish a system to educate faculty and residents concerning the effects of sleep deprivation, the signs of fatigue, and process changes possible to prevent and /or manage fatigue. It shall be the responsibility of the Program Director to adopt fatigue mitigation processes appropriate for the specific residency program.
- 7) Review the availability of faculty to provide supervision / consultation for residents as needed specifically to avoid undue fatigue and to provide safe patient care.
- 8) Establish any needed additional institutional policies and procedures required to monitor and support the physical and emotional well-being of residents, to promote an educational environment and associated patient safety.

It shall be the responsibility of the Program Director to monitor residents for the effects of sleep loss and fatigue, and to respond when fatigue may be detrimental to resident performance and well-being or may affect patient care. Back-up support and/or schedule changes must be implemented to address undue resident fatigue. The supervising faculty member, in consultation with the Program Director, as indicated, may adjust downward an individual work schedule of a resident who appears excessively fatigued. Taxi or rideshare reimbursement is available through the Residency Manager/Coordinator of the applicable residency program upon request. Call Rooms are available at all times and may be used for “strategic napping” as defined by the ACGME during call when appropriate and following clinical work periods when a resident is too tired to drive.

All resident clinical and educational work hours, including all moonlighting hours and all variances and Program Director variance reviews, will be tracked using New Innovations software. The Program Directors and Graduate Medical Education Office staff will provide program specific details. Residents must comply with all clinical and educational work hour documentation requirements. Failure to comply with the requirements will be addressed through the Disciplinary Procedure

Clinical Experience and Education (continued)

Exceptions to Clinical Work Requirements:

The Graduate Medical Education Committee adopted a policy to make **NO** exceptions to the 80-hour limit.

For clarification of and details concerning clinical and educational work hours including for example journal club time spent, research, or at away conferences, the Program Director should review the most current version of the Common Program Requirement FAQ's.

The Learning and Working Environment

The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate.

The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following:

Patient Safety and Quality Improvement

All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate Medical Education must prepare residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care. Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures. It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities. Residents and faculty members receive training on their responsibilities in reporting patient safety events and near misses. Graduate Medical Education provides instruction on how to access and complete the INTEGRIS online event reporting form. Graduate Medical Education investigates each resident or faculty submitted event report and provides feedback.

Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. All residents will participate in program specific and institutional quality improvement and patient safety activities. Activities should be interdisciplinary. Resident participation must be active. The institutional activities will include participation in formal Medical Staff Committees, including the Graduate Medical Education Committee. Resident participation must be documented. The program specific activities will include among others a review of complications and deaths. Both institutional and program activities may be incorporated into educational plans related to practice-based learning and improvement and system-based practice. The CLER program (see above) expands and further defines institutional, residency program, Program Director, faculty and resident responsibilities related to patient safety and quality improvement activities.

The Learning and Working Environment (continued)

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. The Resident Quality Committee provides opportunities for residents to become directly involved in quality and safety improvement efforts through collaboration with the institution. The Committee is comprised of resident representatives and Graduate Medical Education sponsors. The Committee reports to the GMEC and when requested to the IBMC and ISMC Medical Quality Committees.

Transitions of Care

Program Directors and faculty should establish schedules which minimize transitions of care. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. Each program must ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care responsibilities due to excessive fatigue or illness, or family emergency.

Program Directors must establish processes for safe hand-over of patient care, establish and implement methods to teach the hand-over process to residents, ensure affected faculty understands the hand-over process, and establish and implement a method to monitor the hand-over process. Deficiencies identified must be corrected.

Supervision and Accountability

It is the responsibility of the Program Director to ensure that faculty members provide appropriate oversight and supervision of resident activities in compliance with program specific, institutional, and accreditation agency requirements.

Levels of Supervision are defined as follows:

Direct Supervision

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

Indirection Supervision

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

Oversight

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

The Learning and Working Environment (continued)

The Program Director and the faculty are responsible to determine the appropriate level of supervision for an individual resident based on the resident's prior experience and demonstrated competence; the details and complexity of the specific patient and/or procedure; the availability of support services and the need to maintain safe quality patient care. The level of supervision and the degree of independence should be determined based on demonstrated competence using objective criteria and national guidelines when available. Upper level residents who have demonstrated competency for the specific patient care activity/procedure and have demonstrated appropriate supervisory skills may supervise junior residents.

PGY1 Residents: Initially, PGY1 residents must be supervised directly with the supervising physician physically present with the resident during key portions of the patient interaction.

The appropriate level of supervision must be available during regular work hours and during nights, weekends, and holidays.

The Program Director and faculty are responsible to define conditions when residents must contact the supervising attending physician.

Residents and fellows can report inadequate supervision and accountability to their Program Director or DIO in a protected manner that is free from reprisal.

The resident is responsible to:

1. Comply with established levels of supervision and independence as determined by the Program Director and faculty.
2. Ask for assistance when an issue arises with which he/she lacks knowledge or experience.
3. Contact the supervising attending according to criteria established by the individual residency program.
4. Contact the supervising physician concerning any other significant patient care issues that occur, including but not limited to clinical, legal, ethical, and administrative issues and any transitions in care.

The Program Director and/or applicable supervising faculty member is responsible to review and evaluate care provided by residents during regular work hours and during nights, weekends, and holidays.

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. It is the responsibility of the attending and supervising physicians and the resident to inform the patient of their respective roles in patient care and to obtain a required formal consent according to institutional policy. Residents may not admit, discharge, or transfer any patient. It is the responsibility of the attending physician to determine the need for admission, discharge, or transfer.

See Appendix G for

1. Medicare requirements concerning faculty supervision of residents and related documentation requirements for billing.
2. Medical record attestation statements compliant with Medicare requirements will be included with the electronic health record, Epic.

The Learning and Working Environment (continued)

Supervision and Accountability – Residents in Surgery

The following shall be the policy of INTEGRIS Health concerning residents and/or fellows in the operating room.

- 1) Residents may not act as primary surgeons.
- 2) Fellows may not act as primary surgeons unless specifically individually credentialed and privileged to function independently and to perform the procedure in question at the specific facility.
- 3) Residents may not start a procedure unless the supervising/responsible physician is in the operating room area.
- 4) Fellows may start independently only those procedures for which they have specific staff privileges; fellows may not start other procedures unless the supervising/responsible physician is in the operating room area.
- 5) The intensity of the supervision provided to residents and/or fellows will be determined by the level of training of the particular resident/fellow, the proficiency of the particular resident/fellow, and the complexity of the particular procedure to be performed. The level of supervision provided must be consistent with levels determined by the Program Director and faculty as defined in “Supervision and Accountability” above. Direct must be provided to PGY1 Residents.
- 6) For any resident rotating from an outside institution, it will be the responsibility of the supervising/responsible physician to obtain competency information from the respective Program Director and to determine the needed supervision. Supervision must comply with terms of the applicable affiliation agreement.
- 7) The attending physician remains at all times the responsible physician.
- 8) Any questions related to resident/fellow supervision should be directed to the Program Director and/or the Administrative Medical Director.

Supervision and Accountability – Residents in Labor and Delivery

The following shall be the policy of INTEGRIS Health concerning residents in labor and delivery.

- 1) Residents may not act as primary obstetricians.
- 2) An attending physician will be present for every delivery; exceptions will be made only for true emergencies.
- 3) An attending physician will be available by telephone during every labor and will supervise the management of any complication. The attending physician and contract terms will determine the level of supervision required as in (6) and (7) below.
- 4) Residents will assess and manage non-laboring pregnant and post-partum patients under the supervision of an attending physician. Residents may not admit, discharge, or transfer any patient. It is the responsibility of the attending physician to determine the need for admission, discharge, or transfer.
- 5) Residents may start a surgical procedure only if the supervising/responsible physician is in the labor and delivery area.
- 6) The intensity of the supervision provided to residents will be determined by the level of training of the particular resident, the proficiency of the particular resident, and the complexity of the particular procedure to be performed. The level of supervision provided must be consistent with levels determined by the Program Director and faculty as defined in “Supervision and Accountability” above. Direct Supervision must be provided to PGY1 Residents.

The Learning and Working Environment (continued)

- 7) For any resident rotating from an outside institution, it will be the responsibility of the supervising/responsible physician to obtain competency information from the respective Program Director and to determine the needed supervision. Supervision must comply with terms of the applicable affiliation agreement.
- 8) The attending physician remains at all times the responsible physician.
- 9) Any questions related to resident supervision should be directed to the Program Director and/or the Administrative Medical Director, Graduate Medical Education.

Clinical Experience and Education

The Sponsoring Institution must oversee resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner (see Clinical Experience and Education on page 41).

Professionalism

Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

The learning objectives of the program must:

- 1) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events;
- 2) be accomplished without excessive reliance on residents to fulfill non-physician obligations; and,
- 3) ensure manageable patient care responsibilities

The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding of their personal role in the:

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

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Programs must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

The Learning and Working Environment (continued)

Well-Being

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. This responsibility must include:

1. efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
2. attention to scheduling, work intensity, and work compression that impacts resident well-being;
3. evaluating workplace safety data and addressing the safety of residents and faculty members;
4. policies and programs that encourage optimal resident and faculty member well-being; and,
 - a. residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
5. attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must:
 - a. encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
 - b. provide access to appropriate tools for self-screening; and,
 - c. provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

The Sponsoring Institution must oversee its ACGME-accredited programs' fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner.

The Sponsoring Institution, in partnership with its ACGME-accredited programs, must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care.

Teamwork

The Program Director and faculty must establish educational and clinical care experiences whereby residents learn to work effectively in interdisciplinary teams applicable to the specialty and the specific location of care. Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. The Program Director and faculty should include formal didactics concerning methods to work effectively in clinical care teams and must serve as role models for residents by functioning as effective team members. Effectiveness of team functions should be assessed at a minimum during Annual Program Evaluations and deficiencies identified and addressed.

Program Closing / Program Size Reduction

- 1) INTEGRIS Health will inform affected residents as soon as possible following any decision to close or reduce the size or number of positions of a residency program, or of any decision to close the sponsoring institution.
- 2) INTEGRIS Health will:
 - a. Notify the Administrative Medical Director, (the DIO), the Graduate Medical Education Committee, and in accordance with the ACGME requirements, the ACGME and
 - b. Arrange that any resident in a program/institution that is closing or in a program to be reduced in size can complete his/her training prior to the program closing or
 - c. Through the Graduate Medical Education Office and/or the applicable Program Director assist any such resident in finding a position at another ACGME accredited institution where the resident can continue his/her residency training.
- 3) Provide a severance package consistent with applicable accreditation agency requirements and institutional policy for any resident who cannot complete the program and/or be placed in a geographically proximate alternative program.

Disaster Management

In the event of a Disaster or other Extraordinary Circumstance that significantly alters the ability of INTEGRIS Health, the primary participating facilities, and/or any of the Residency Programs to provide continuous patient care and education consistent with ACGME and applicable RRC requirements, the Administrative Medical Director, another individual designated by the EVP, Chief Physician Executive and/or the CEO will notify the ACGME.

The Administrative Medical Director will work with Institutional officials responsible for Disaster Management and will determine from the Incident Command Center the extent and anticipated duration of the disaster. Within ten days the Administrative Medical Director will:

- 1) Determine the immediate and anticipated long term effect of the disaster on individual training programs
- 2) In conjunction with Program Directors, reconfigure programs within the capacity and capability of facility (ies) effected by the disaster
- 3) Determine needs for temporary and/or permanent resident transfer to alternative training programs.
- 4) Communicate with residents immediately that plans will be made to address their educational needs and as soon as possible inform residents of the educational plans, including any related requirements for transfer and document completion as that information becomes available.

Disaster Management (continued)

- 5) Communicate with the ACGME as soon as possible. If the ACGME invokes the Extraordinary Circumstances policy, the Administrative Medical Director will revise within 30 days the Sponsoring Institution educational programs to comply with Common Program, Specialty Specific, and Institutional requirements; and will contact the ACGME to receive timelines to submit program reconfigurations to the ACGME and to notify residents of reconfiguration or the need for temporary or permanent transfer to another training program.
- 6) In conjunction with the ACGME determine appropriate and available sites for resident transfer.
- 7) Arrange for temporary and/or permanent resident transfer using information obtained from the ACGME. (When more than one transfer option is available, resident's individual preferences will be considered).
- 8) In conjunction with the institutional Legal and Financial Reporting Departments, complete all Medicare required affiliation agreements and resident capitation transfer documentation
- 9) For temporary transfers, determine and communicate with transferring resident(s) and accepting institution(s) the anticipated duration of the transfer(s). Provide periodic updates concerning the duration to the resident(s) and accepting institution(s).
- 10) In conjunction with the institutions and the Program Directors develop short- and long-term plans to re-establish training programs and communicate plans with the ACGME, according to timelines established by the ACGME, and with the residents and faculty.
- 11) Communication with the ACGME will be completed via telephones and email in accordance with ACGME guidelines. The Administrative Medical Director will communicate with the Institutional Review Committee Executive Director, the Program Directors with the applicable Residency Review Committee Executive Director, and the residents with the Residency Review Committee Executive Director or the Office of Resident Services.

INTEGRIS Health and the primary participating facilities to the best of their financial, facility, equipment, and human (personnel) resources and as are reasonable considering patient scope and volume, will assist residents in continuing their education following a disaster.

Any adjustments to program size for any program accepting residents from another program experiencing a disaster must be approved by the ACGME, INTEGRIS Health, and the Administrative Medical Director.

Restrictive Covenant

Neither INTEGRIS Health nor any participating facility may at any time require any resident to sign any non-competition guarantee.

Policy on Professional Activities

It shall be the responsibility of the resident to discuss with and obtain permission in advance and in writing from the Program Director to participate in any professional activities performed outside the residency-training program. (For specifics concerning moonlighting see the separate policy “Moonlighting”). The Program Director at his/ her discretion may approve or disapprove any resident request to perform professional activities outside the training program. Any activity that in any way interferes with or may interfere with the training experience is discouraged. The Program Director will monitor resident performance for any effects from outside professional activities. Adverse effects, determined by the Program Director, will result in withdrawal of permission for participation in the outside professional activity. Any resident on probation or experiencing any academic difficulty may not participate in any outside professional activity.

It shall be the responsibility of the resident to

- 1) Obtain and maintain an appropriate unsupervised medical license for the state in which the outside activity is to be performed.
- 2) Obtain and maintain the appropriate amount of professional liability coverage
- 3) Obtain any needed credentialing and privileges at any outside facility.
- 4) Negotiate and execute any required contracts with any outside entity.

Neither INTEGRIS Health, nor the residency program nor any persons associated with either may require any resident to participate in any professional activities outside the residency program. Any and all outside professional activities will be documented; such documents will be signed by the Program Director or designee and maintained in the resident’s individual file.

Time spent in volunteer activities is not included in clinical and educational work hour totals.

Moonlighting

Moonlighting is defined as “any professional or other activity performed outside the residency program for which the resident receives reimbursement separate from any salary received through employment in the residency program”. Moonlighting is a privilege.

It shall be the responsibility of the resident to discuss with and obtain permission in advance and in writing from the Program Director to participate in any moonlighting activity. The Program Director at his/her discretion may approve or disapprove any resident request to moonlight. Moonlighting that in any way interferes with or may interfere with the training experience is prohibited. The Program Director will monitor resident performance for any effects of moonlighting. Adverse effects, determined by the Program Director, will result in withdrawal of permission to moonlight. Any resident on probation or experiencing any academic difficulty may not moonlight. PGY-1 osteopathic and allopathic residents and any other residents with supervised medical licenses may not moonlight.

As applicable, it shall be the responsibility of the resident who plans to moonlight to

1. Obtain and maintain an appropriate unsupervised medical license for the state in which the resident plans to moonlight
2. Obtain and maintain a professional liability insurance policy including the appropriate amount of liability coverage
3. Obtain any needed credentialing and privileges at any facility where the resident plans to moonlight
4. Negotiate and execute any required contracts with any outside entity.

Neither INTEGRIS Health, nor the residency program nor any persons associated with either may require any resident to moonlight. Any and all moonlighting activities will be documented; such documents shall be signed by the Program Director or designee and maintained in the resident’s individual file. The document shall include details concerning any restrictions to moonlighting and any maximum time or schedule limits.

Time spent moonlighting must be included in the 80-hour/week limit and must be included in all clinical and educational work hour documentation.

Violation of the INTEGRIS Health Graduate Medical Education Moonlighting Policy may be grounds for termination for any resident employed by INTEGRIS Health.

Counseling and Mental Health Services for Residents

Counseling is available to Residents through a variety of resources provided through INTEGRIS Health.

The Program Director, faculty, Administrative Medical Director, and staff of the Graduate Medical Education office may provide counseling concerning questions related to professional development, and management of issues within the residency programs.

Residents who are INTEGRIS Health employees are provided limited counseling services through the Employee Assistance Program (the “EAP”). The purpose of the EAP is to provide professional assessment, counseling and referral to the appropriate community resources. There is no cost for sessions with the EAP counselor. If the Resident needs counseling beyond what the EAP offers, the EAP counselor may refer the Resident outside of the EAP to (i) resources covered by the Resident’s benefit plan; (ii) free resources in the community; or (iii) resources that base their fees on ability to pay. The EAP can provide assistance with many issues, including:

- Parenting concerns
- Emotional stress
- Balancing family and work
- Alcohol or substance abuse problems
- Addictive behaviors
- Relationship or marital concerns
- Domestic violence
- Legal and financial difficulties (An EAP counselor may refer the Resident to a lawyer or financial counselor)
- Work stress or other work issues
- Anxiety and depression
- Illness or a change in health status
- Developmental life/family changes

Residents may voluntarily seek and accept assistance from the EAP by calling 1-844-729-5171. A link on the INTEGRIS Source Page under Resources provides additional detail concerning The Employee Assistance Program and services provided.

A resident may be referred to the EAP by the Program Director to obtain assistance with a personal problem that may affect work performance. Residents may be mandatorily referred to the EAP as part of the reasonable suspicion drug-testing procedures. The investigation of the suspected violation of the INTEGRIS Substance Abuse Policy will be evaluated according to the INTEGRIS Health Substance Abuse Policy (See Appendix A Substance Abuse Policy SYS-HR-609).

The EAP services are strictly confidential. The EAP records do not become part of INTEGRIS Health files, and no one at INTEGRIS Health may look at the resident’s EAP records for any reason. Participation in the EAP will not affect the resident’s employment or career advancement.

Physician Impairment

INTEGRIS Health, and the residency programs recognize the importance of identification of, intervention for, and treatment of, physician impairment. INTEGRIS Health and the residency programs actively support appropriate attempts by residents who have impairment, including alcohol or chemical dependency, to obtain appropriate care.

INTEGRIS Health encourages any physician or resident with a chemical impairment, potential chemical impairment, or disruptive or behavioral issue to use the services available through the Oklahoma Health Professionals Program, “a confidential effective compassionate approach to recovery and treatment for physicians and medical professionals who are experiencing difficulty with substance abuse and/or behavioral issues”.

The purpose of the Oklahoma Health Professional Program (OHPP) is to assist chemically impaired health professionals and/or health professionals with disruptive or boundary problems:

1. To address their specific problems
2. To maintain their ability to practice their profession (for physicians, medicine)
3. To maintain their licensure
4. For residents/fellows to complete their training to prepare for a career in medicine

Oklahoma Health Professionals Program

The Oklahoma Health Professionals Program is an independent program affiliated with the Oklahoma State Medical Association and the Oklahoma Osteopathic Association designed to provide a peer-sponsored program for health professionals (including residents) who have a chemical dependency or behavioral problem. The program provides the following:

1. Referral to treatment and counseling
2. Recovery monitoring and documentation
3. Support groups for health professionals, residents, medical students, and their families
4. Consultation for stress related to practice issues
5. Networking opportunities with colleagues experiencing similar issues
6. Educational programs and presentations for hospitals, and medical groups including residency programs
7. Guidelines, statutes, and regulations to hospitals and health care organizations for handling matters of physician health

The Oklahoma Health Professional Program works with allopathic physicians, osteopathic physicians, physician assistants, dentists, veterinarians, and psychologists. It also provides services to residents in graduate medical education programs and to medical students. The Oklahoma Board of Medical Licensure and Supervision and the Oklahoma State Board of Osteopathic Examiners recognize the Health Professional Program for its activities, and the Boards allow the Program to supervise physicians who voluntarily commit to participation and ongoing monitoring. The Boards generally respect the confidentiality of the Health Professionals Program.

Referral to the Oklahoma Health Professionals Program

1. Residents who identify a personal problem are encouraged to self-refer to the Health Professionals Program. The 24-hour Hotline telephone number is (405) 601-2536.
2. If a Residency Program Director identifies a concern, the Residency Program Director in consultation with the Administrative Medical Director contacts the Director or Associate Director of the OHPP to discuss options for dealing with a resident who is discovered to have dependency related impairment or potential impairment or a significant disruptive, behavioral, or boundary problem. Referral Telephone number (405) 601-2536.

Physician Impairment (continued)

3. The OHPP Director/Associate Director will assess the situation and provide guidance to the resident and/or reporting party.
4. As appropriate and determined by the OHPP Director/Associate Director, the Health Professionals Program will meet with the resident and others with collaborative information. The meeting is a pre-evaluation, which normally leads to a formal multi-disciplinary evaluation, but may lead directly to a treatment program. Multi-disciplinary evaluations usually result in recommendations for a treatment program.
5. The resident must follow the Oklahoma Health Professionals Program's recommendations as a condition for continuing in the residency program.
6. The Program Director will obtain periodic verification that the resident continues in the OHPP and continues to follow the OHHP recommendations. Failure to continue in and cooperate with the OHHP will result in termination from the residency.
7. The Oklahoma Health Professionals Program includes post treatment monitoring. Residents who participate in the OHPP must submit to the program's testing schedule. A "miss" in monitoring testing is considered a positive test unless the individual scheduled for testing provides a satisfactory explanation. The OHPP will designate the acceptable testing laboratories.
8. After participating in the Oklahoma Health Professionals Program, an individual can generally transfer to another state's physician recovery program.
9. The expense of evaluation and a treatment program(s) is the responsibility of the resident but may be covered partially by health care insurance.

Educational Program

The Institution will provide residents with education concerning physician impairment and the Oklahoma Health Professionals Program. Information is available on the Oklahoma Health Professionals website www.okhpp.org. For specific questions concerning the Health Professionals Program physicians may contact the Director Robert Westcott, MD (405)-650-6681.

Graduate Medical Education Committee

The Graduate Medical Education Committee, hereinafter called the “GMEC” is responsible for monitoring and advising on all aspects of resident education affecting all Residency Programs sponsored by INTEGRIS Health, for the development of all policies and procedures affecting the Residency Programs, including compliance with ACGME Institutional Requirements, Common Program Requirements, Policies and Procedures, and Residency Review Committee Program Requirements. The GMEC meets at least quarterly, as scheduled by the Graduate Medical Education Office. The Graduate Medical Education Office will maintain minutes of all GMEC meetings. The membership of the GMEC will include the following:

- Administrative Medical Director, who is the Designated Institutional Official
- Program Directors of all ACGME accredited programs
- Representatives from the teaching faculty
- Peer-selected residents/fellows – a minimum of two residents/fellows from ACGME accredited programs
- Institutional representatives including a quality improvement/patient safety officer or designee

At least one Resident must attend each GMEC meeting,

A faculty member may represent the Program Director for a limited number of meetings each year as determined by the GMEC.

Residency Managers and Coordinators and/or other Residency office staff may be invited to attend GMEC meetings or participate as members of the GMEC at the discretion of the GMEC.

The GMEC will send a notice concerning attendance requirements to any member whose attendance falls below 75% in any academic year.

The GMEC may establish ad hoc subcommittees at its discretion. Any ad hoc subcommittee will include a peer-selected resident. Any ad hoc committee action defined by the ACGME as the responsibility of the GMEC will be forwarded to the GMEC for final review and approval.

The responsibilities of the GMEC will be documented in meeting minutes and include:

Oversight of:

1. the accreditation status of INTEGRIS Health;
2. the accreditation status of the ACGME training programs;
3. the quality of the learning and work environment for all the residents at all training sites;
4. the quality of the educational experiences of all residents and the measurable outcomes of the training as defined by the ACGME, the applicable Residency Review Committee, and INTEGRIS Health;
5. the ACGME-accredited program(s)’ annual program evaluations and self-studies;
6. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
7. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Graduate Medical Education Committee (continued)

Review and approval of:

1. institutional GME policies and procedures;
2. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits**;
3. applications for ACGME accreditation of new programs;
4. requests for permanent changes in resident/fellow complement;
5. major changes in each of its ACGME-accredited programs' structure or duration of education;
6. additions and deletions of each of its ACGME-accredited programs' participating sites;
7. appointment of new Program Directors;
8. progress reports requested by a Review Committee;
9. responses to Clinical Learning Environment Review (CLER) reports;
10. requests for exceptions to clinical and educational work hour requirements;
11. voluntary withdrawal of ACGME program accreditation;
12. requests for appeal of an adverse action by a Review Committee; and,
13. appeal presentations to an ACGME Appeals Panel.

Annual Institutional Review (AIR) and Executive Summary

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR) in compliance with ACGME Institutional Requirements. The report will include but not be limited to institutional performance indicators which will include but not be limited to:

1. Most recent ACGME institutional letter of notification
2. Results of ACGME surveys of residents/fellows and core faculty
3. Review of each ACGME-accredited programs' ACGME-accreditation information, including accreditation statuses and citations
4. A monitoring program and procedures to address individual action plans developed in response to issues identified through the Annual Institutional Review
5. Any other action plans determined by the GMEC to require ongoing monitoring

The DIO provides an annual written executive summary to the Clinical Leadership and Transformation Council, the Active Medical Staffs, and Board of Directors of INTEGRIS Health with a courtesy report to the Boards of Directors of the primary participating facilities. The report will include but not be limited to a summary of the content of the Annual Institutional Review (see 1-5 above).

Special Review

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:

1. Establishes criteria for identifying underperformance; and,
2. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes

*** Funding is reviewed annually with the administration during the annual budgeting process. Positions are funded in accordance with institutional financial considerations and Medicare IME and GME reimbursement requirements. The institution is committed to Graduate Medical Education and to the support (through the completion of the program either at INTEGRIS Health or through assistance in transfer to another ACGME accredited residency program in the same specialty) of each resident who begins a program and meets the ongoing requirements of the program.*

Clinical Learning Environment Review (CLER) Subcommittee

The CLER Subcommittee is responsible for evaluating, encouraging, and promoting improvements in six Focus Areas of the Clinical Learning Environment (CLE): Patient Safety, Health Care Quality, Teaming, Supervision, Well-Being, and Professionalism. The CLER Subcommittee meets every other month, as scheduled by the Graduate Medical Education Office. The Graduate Medical Education Office will maintain minutes of all CLER Subcommittee meetings. Membership of the CLER Subcommittee will include the following:

- Administrative Medical Director, who is the Designated Institutional Official
- Residency and fellowship program faculty of all ACGME accredited programs
- Peer-selected residents/fellows
- Graduate Medical Education staff
- Institutional representatives including administration, quality, and pharmacy

At least one Resident/Fellow must attend each CLER Subcommittee meeting.

The CLER Subcommittee will report to the GMEC through a committee member, as required by the ACGME. Reports will include committee plans and progress updates as well as other items requested by GMEC. Subcommittee actions that address required GMEC responsibilities will be reviewed and approved by the GMEC. Additional reporting may occur within other organizational committees by request. The CLER Subcommittee will help identify the appropriate avenues for dissemination of committee reports to each program.

INTEGRIS Health Special Review Committee

The Graduate Medical Education Committee will monitor each ACGME accredited residency/fellowship program for consistent and ongoing compliance with accreditation requirements and for any areas of underperformance related to the requirements or other criteria as determined by the institution and/or the GMEC.

The GMEC has established a Scorecard to document, track, and monitor program performance, and criteria for each indicator which the GMEC considers underperformance and which would thereby trigger review by a Special Review Committee. In addition, any citation by and/or special responses of any kind required by the ACGME or any other applicable accreditation or regulatory body will trigger an immediate Special Review Committee assessment.

The GMEC will determine membership of and timelines for activation of reports by the Special Review Committee. Membership will include at a minimum:

- a) DIO
- b) Program Director from a different program or faculty member from a different program with special knowledge in the area of concern
- c) Resident from a different program
- d) System Director for Graduate Medical Education who will be a non-voting member and who will manage the committee process, maintain minutes, and be responsible for ensuring all related documents and follow up reports are submitted to the GMEC within required timelines.

The committee members will determine the committee chairman who will be responsible to lead all meetings and to present the committee report to the GMEC.

The Special Review Committee may

- 1) Review any residency, institutional, accreditation or other applicable documents, reports, surveys, logs, contracts, or other information applicable to the area of concern as needed.
- 2) Interview the
 - a. Program Director
 - b. Faculty Members
 - c. Residents
 - d. Residency Coordinator or Manager
 - e. Institutional Officials or
 - f. Others as needed to further clarify the status of the area of concern, opportunities of the area of concern, opportunities for improvements, actions needed, potential and perceived barriers to these actions, and options to address the barriers.

The Committee will prepare and present a report the GMEC within timelines established by the GMEC at time of committee activation. Exceptions to the pre-established timelines must be approved by the GMEC or the DIO. The report will include:

- a) Statement of criteria which triggered the Special Review Committee
- b) Brief summary of Committee's review process including but not limited to a list of documents reviewed and persons interviewed
- c) Assessment of Program's current performance relative to criteria that triggered the review
- d) Quality improvement goals
- e) Corrective actions recommended
- f) Timelines for the Program Director or another designated person to report to the GMEC results of actions taken

INTEGRIS Health
Special Review Committee
(continued)

At the discretion of the DIO, a representative of the Special Review Committee may meet with the Program Director of the program under review to discuss committee findings, assessment, and recommendations before presentation to the GMEC.

The GMEC may approve, not approve, and/or request modification to or additional information be added to the Special Review Committee Report and the Action Plans recommended.

The Program Director may respond at the meeting when the Special Review Committee submits the report and must respond within Action Plan timelines approved by the GMEC. Exceptions to the pre-established timelines must be approved by the DIO. The GMEC will determine at the time the Program Director responds whether further action(s) is/are necessary and related timelines. After the GMEC accepts the corrective action as complete, the GMEC will monitor the program performance using the GMEC Scorecard.

The Sponsoring Institution recognizes a Program may be making progress toward improvement goals yet trigger a repeat Special Review. If the Program triggers the same or a closely related criteria, the GMEC will review and make a determination to either continue appropriate monitoring of previously defined corrective action outcomes or reactivate the Special Review Committee and require a more extensive and in-depth review of the issue and/or a more comprehensive detailed Action Plan. The Committee process will otherwise proceed as described.

Graduate Medical Education Department

The Graduate Medical Education Department is located on the second floor of the Building “A” at INTEGRIS Baptist Medical Center, with an office which services programs at INTEGRIS Southwest Medical Center in the Medical Office Building, Room 306; and an office which serves the Great Plains Family Medicine Residency at the Great Plains Family Medicine Center, 3500 NW 56th Street. The Administrative Medical Director directs the offices and staff.

The Graduate Medical Education Department maintains all graduate medical education related documents either in hard copy or electronically including all ACGME required or related documents, affiliation agreements and program specific letters of agreement, resident portfolios and/or logs, records utilized to verify residency training, and documents to manage the Graduate Medical Education Department CLER activities.

Responsibilities of the Graduate Medical Education staff include but are not limited to the following:

1. Provision of support for the Administrative Medical Director, and the Program Directors to ensure efficient, effective and compliant management of the residency programs.
2. Management of the daily activities of the residency programs including but not limited to:
 - a. Preparation and distribution of resident call schedules and any other schedules required to manage the residency programs.
 - b. Arrangement for rooms, meals, electronics including but not limited to computer, or other equipment for regular resident conferences and meetings
 - c. Coordination with other hospital departments and services as needed to manage on call rooms, meals, parking, laundry, etc.
3. Management of the resident application process, including but not limited to completion of all activities related to ERAS, NRMP, and interview scheduling and management
4. Preparation for the annual resident orientation program
5. Implementation and management of documentation of all required residency activities in New Innovations, the online residency tracking program
6. Annual revision of Graduate Medical Education and Residency Handbooks and other policy updates as appropriate
7. Completion of credentialing documents related to past and present residents
8. Preparation of all materials required for the Graduate Medical Education Committee and any subcommittees or ad hoc committees
9. Preparation of the Graduate Medical Education Department and residency specific annual budgets, review of monthly financial statements, and communication as required concerning program funding
10. Communication with state medical and osteopathic licensing boards, and other regulatory agencies as needed
11. Management of residents and medical students rotating from outside facilities
12. Management of office files including but not limited to:
 - a. Past and present resident files.
 - b. Resident portfolios, logs, scholarly activity reports and others as applicable
 - c. Financial files
 - d. Program specific files
 - e. Participating and affiliated facility agreements
 - f. Program specific letters of agreement
 - g. Correspondence with the ACGME, ACGME Review Committees, licensure boards, or other regulatory or accreditation agencies as needed

Graduate Medical Education Department (continued)

- h. Any other files required for the maintenance of ACGME accreditation
- 13. Management of all processes required for the maintenance of ACGME accreditation including but not limited to
 - a. Performance of all routine communications with agencies
 - b. Update and submission of all documents including paper documents and electronic databases
 - c. In coordination with the Program Directors, management of the Clinical Competency Committee and the Program Evaluation Committee and completion of related documents including but not limited to committee minutes and the Annual Program Evaluation
 - d. Preparation of documents required for all self-studies and accreditation site visits
 - e. Active participation in program changes required to comply with changes in accreditation requirements
- 14. Support for program participation in all required CLER activities

Graduate Medical Education
INTEGRIS Baptist Medical Center
3435 NW 56th St, Building A Suite 206 #001-4396
OKC OK 73112

Great Plains Family Medicine Residency
3500 NW 56th, Suite 100 #375-5320
OKC OK 73112

Emergency Medicine Residency
4200 S. Douglas Ave., Suite 306 #200-3490
OKC OK 73109

Glossary of Abbreviations

ACGME	Accreditation Council for Graduate Medical Education
AIR	Annual Institutional Review
APE	Annual Program Evaluation
CCC	Clinical Competency Committee
CLER	Clinical Learning Environment Review
COMLEX	Comprehensive Osteopathic Medical Licensure Examination
DIO	Designated Institutional Official
EAP	Employee Assistance Program
EIAB	Extended Illness Accrual Bank
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
GPMF	Great Plains Medical Foundation
HIPAA	Health Insurance Portability and Accountability Act
IBMC	INTEGRIS Baptist Medical Center
ISMC	INTEGRIS Southwest Medical Center
NAS	New Accreditation System
NRMP	National Resident Matching Program
OSBMLS/OMB	Oklahoma State Board of Medical Licensure and Supervision/Oklahoma Medical Board
OSBOE	Oklahoma State Board of Osteopathic Examiners
OSMA	Oklahoma State Medical Association
PEC	Program Evaluation Committee
PGY	Postgraduate Year
PPL	Personal Paid Leave
OHPP	Oklahoma Health Professionals Program
RRC	Residency Review Committee
USMLE	United States Medical Licensing Examination

Appendix A

Policies

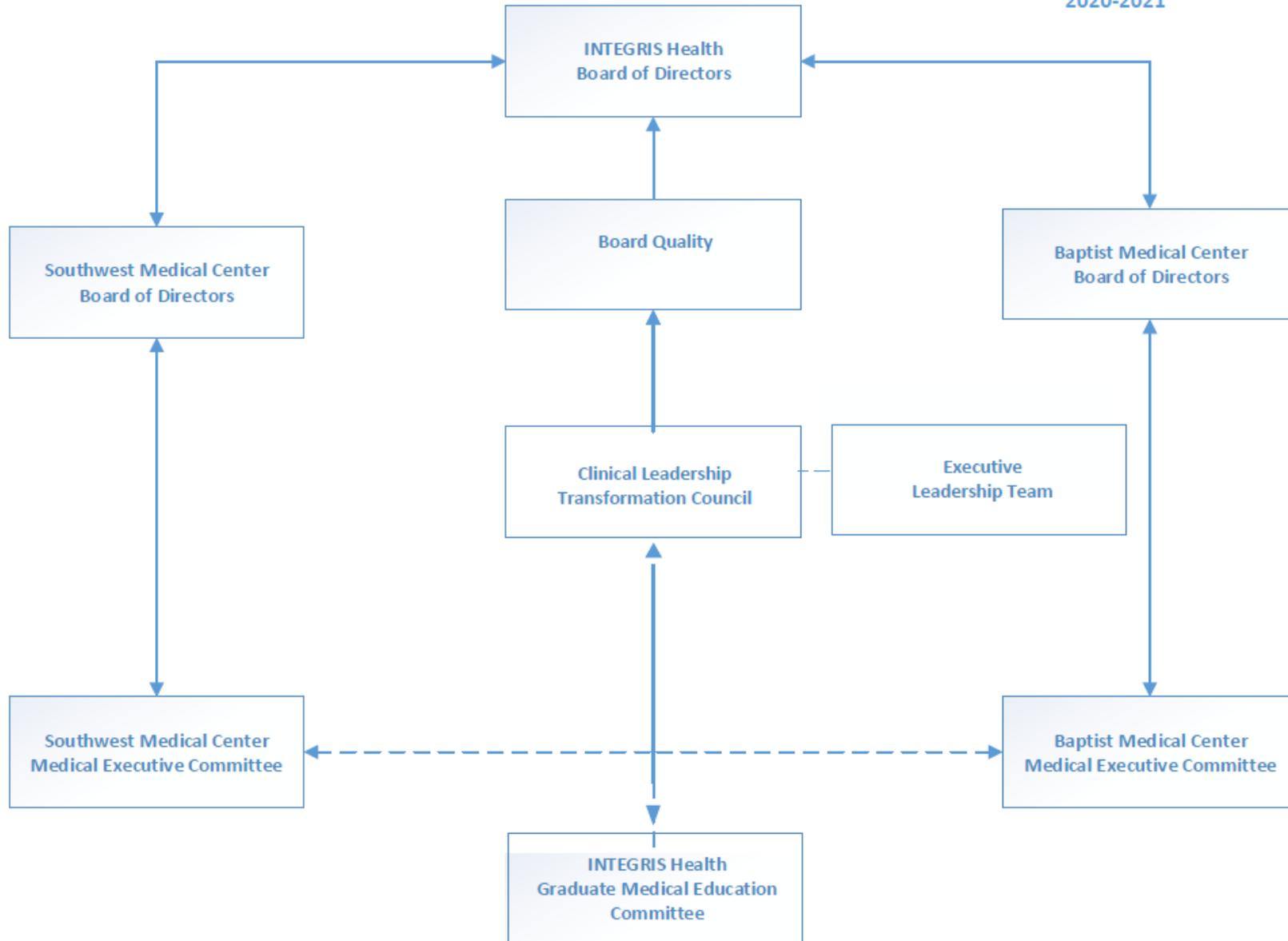
Policies

For a complete list of INTEGRIS policies, please view the link given below.

<https://integripolicies.corp.integrish.com/Pages/Default.aspx>

Appendix B

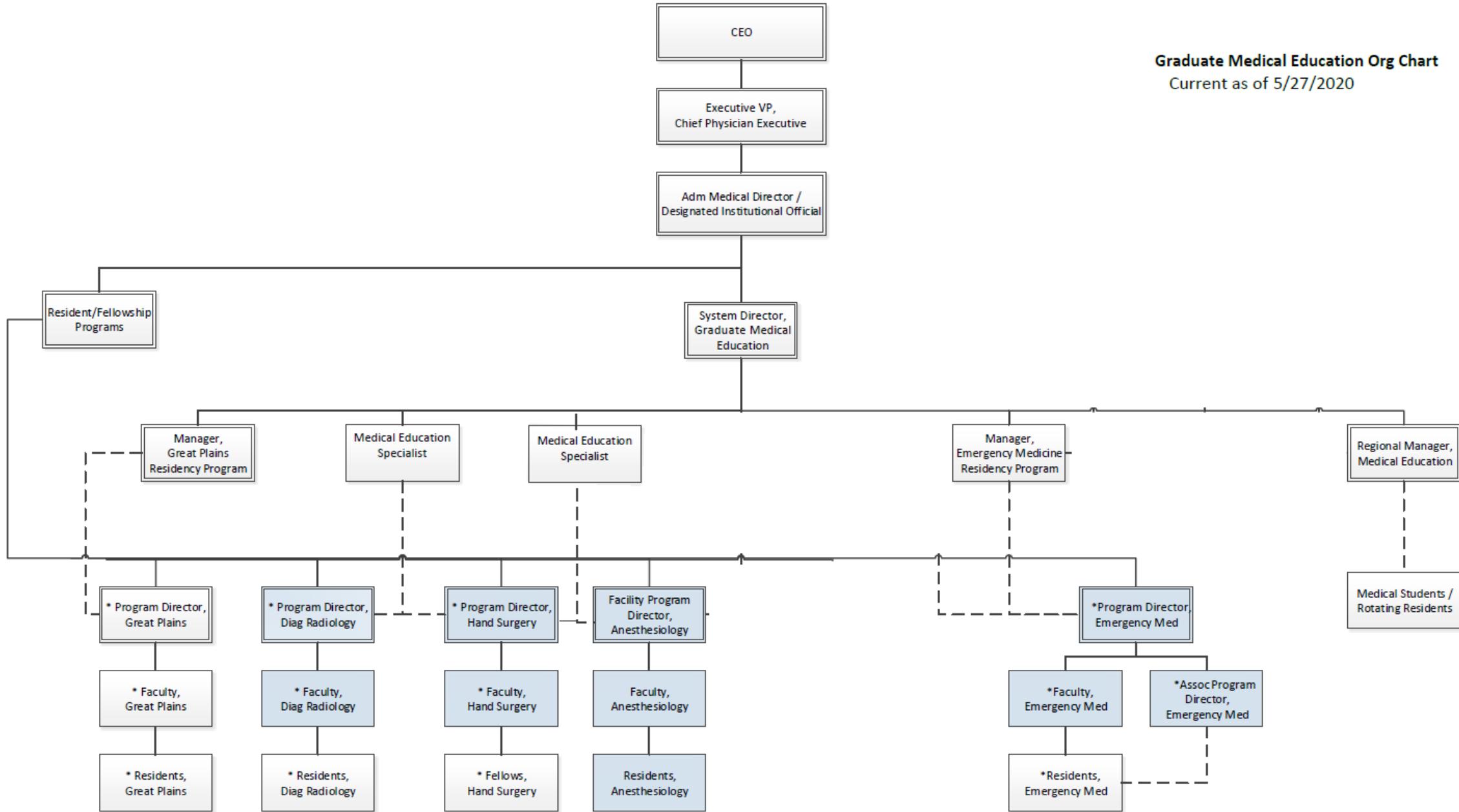
GMEC Organization Chart



Appendix C

GME Personnel Organization Chart

Graduate Medical Education Org Chart
Current as of 5/27/2020



Highlighted boxes indicate non-employed positions

* ACGME accredited programs / sponsored by INTEGRIS Health

Appendix D

Benefits

Benefits

For information regarding resident benefits, please view the link given below.

<https://www.integriskbenefits.com/>

Appendix E

Behavioral and Performance

Assessment Document with Corrective

Action Plan



Behavioral and Performance Assessment Document
with Corrective Action Plan

Competency	Performance/ Behavioral Issue	Improvement Goal (Required)	Action Plans	Reassessment Date
Medical Knowledge				
Patient Care and Procedural Skills				
Interpersonal and Communication Skills				
Professionalism				
Practice-Based Learning and Improvement				
Systems-Based Practice				



Behavioral and Performance Assessment

Document with Corrective Action Plan

Comments:

Program Director:

Resident:

Program Director

Signature/Date

Resident

Signature/Date

Witness

Signature/Date

Appendix F

CLER Action Plan

CLER Action Plan 2020

Health Care Quality

The members of the senior leadership team stated that the medical center's top priorities for improving health care quality are decreasing mortality, complications, and hospital acquired infections.

The following patient populations were described as being at risk for health care disparities at INTEGRIS Baptist Medical Center: non-English speaking, Native American, elderly who live alone, homeless, under or uninsured, undocumented immigrants, obese, and LGBTQ.

Health Care Quality	How	Who
<i>Residents, fellows, faculty members, and program directors reported knowing INTEGRIS' quality improvement (QI) priorities. However, none of the participants mentioned priorities that aligned with those identified by senior leadership</i>	Quarterly Key Performance Indicator (KPI) presentations at the Graduate Medical Education Committee (GMEC)	GME, Director for System Quality, and organizational leadership
<i>A limited number of residents and fellows described projects that included the steps of evaluating the efforts and designing follow-up actions to support ongoing improvement</i>	Continue to develop resident and fellow QI experiences	Research and Scholarly Activity Director
<i>The majority of nurses interviewed indicated they were not working on interprofessional QI projects that included residents or fellows</i>	Interdisciplinary collaboration on new and existing QI projects	Research and Scholarly Activity Director in collaboration with Chief Nursing Officers
<i>33% of residents and fellows indicated they do not receive aggregated or benchmarked QI data related to patient care</i>	Develop meaningful reports for all training programs	GME, Informatics, and Data Science
<i>The patient safety and quality leadership does not have a mechanism for centrally monitoring the various QI activities occurring</i>	GME to continue monitoring and share with Patient Safety leadership	GME
<i>Suggestions to improve resident and fellow engagement in QI initiatives: having protected time for QI activities, participating in QI projects that incorporate repeat PDSA cycles, focusing on QI projects that directly affect day to day workflow</i>	Continue to develop resident and fellow QI experiences	Research and Scholarly Activity Director
<i>The majority of residents, fellows, and other health care professionals described cultural</i>	Engage Human Resources (HR) on	GME and HR

<i>competency training that appeared to be largely generic</i>	training opportunities	
<i>INTEGRIS does not appear to have a systematic approach to identifying variability in the care provided to or the clinical outcomes of known vulnerable patient populations</i>	GME to collaborate with departments within the organization on new/existing projects	Organizational Leadership

Supervision

Faculty members and program directors (in conjunction with the institution) have worked to address supervision concerns by reviewing all resident and fellow diagnostic and treatment decisions during morning rounds and adjusting schedules to ensure attending physician presence in house during predictable peaks in patient volume.

Supervision	How	Who
<i>Senior leadership team noted nurses do not always have an understanding of the level of supervision required by individual residents</i>	Nursing Education	DIO
<i>22% of the residents and fellows believe they are occasionally over-supervised.</i>	Encourage appropriate graduated supervision	GME
<i>11% indicated they have been placed in a situation or witnessed one of their peers in a situation where they believed there was inadequate supervision.</i>	Encourage reporting of under-supervision	GME
<i>On walking rounds, none of the nurses were aware of the procedural supervision logs for accessing information regarding which procedures a resident or fellow is allowed to do without direct supervision</i>	GME to assess Verity's functionality for assistance with supervision documentation	GME with System deployment
<i>67% of the program directors reported in the past year they have had to manage an issue of resident or fellow supervision that resulted in a patient safety event</i>	Resident and fellow education on levels of supervision	GME with program-specific guidance

Teaming

Version 2.0 of CLER Pathways to Excellence introduced a new CLER Focus Area called Teaming, which replaces the previous Focus Area called Care Transitions. The concept recognizes the dynamic and fluid nature of the many individuals of the clinical care team that come together in the course of providing patient care to achieve a common vision and goals. It also recognizes the benefits of purposeful interactions that allow team members to quickly identify and capitalize on their various professional strengths – coordinating care that is both safe and efficient.

Pathway 1: CLE promotes teaming as an essential part of interprofessional learning and development

Pathway 2: CLE demonstrates high-performance teaming

Pathway 3: CLE engages patients* to achieve high-performance teaming

Pathway 4: CLE maintains the necessary system supports to ensure high-performance teaming

*“Patient” can include family members, caregivers, patient legal representatives, and others.

Appendix G

Medicare Requirements

Medicare Requirements

For information regarding Medicare requirements, please view the link given below.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>