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

Graduate Medical Education
Handbook

2014-2015
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Graduate Medical Education
Resident Handbook
Introduction

INTEGRIS Health 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 www.integrisgme.org.

The Handbook provides an introduction to INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center, and INTEGRIS Bass Baptist Health Center, 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 2014-2015 on August 21, 2014.

*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 Boards of Directors (including the INTEGRIS Baptist Medical Center Board of Directors, the INTEGRIS Southwest Medical Center Board of Directors, and the INTEGRIS Bass Baptist Health Center Board of Directors) define institutional commitment to Graduate Medical Education through a Letter of Commitment. The Letters of Commitment are updated a minimum of every two years and/or with any change of Hospital or Medical Staff President. The Boards provide 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). The Diagnostic Radiology, Hand Surgery, and Great Plains Family Medicine Programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Emergency Medicine Residency and the Northwest Family Medicine Residency Program are approved by the American Osteopathic Association (AOA).

The Emergency Medicine Residency Program and the Northwest Family Medicine Residency Program are affiliated with the Osteopathic Medical Education Consortium of Oklahoma (OMECO), which is the Osteopathic Postgraduate Training Institution (OPTI), and with the Oklahoma State University College of Osteopathic Medicine.

The Director of Medical Education at INTEGRIS Southwest Medical Center who is a residency trained and American Board of Osteopathic Emergency Medicine certified osteopathic physician has direct responsibility for the osteopathic programs at INTEGRIS Southwest Medical Center. The Director of Medical Education at INTEGRIS Bass Baptist Health Center, who is a residency trained and American Board of Osteopathic Family Medicine certified osteopathic physician has direct responsibility for osteopathic programs at INTEGRIS Bass Baptist Health Center.

A Program Director is accountable for the operation of each residency program. The Program Director is responsible for all details of resident education and for assuring the program meets requirements of the applicable accreditation agency. Program Directors are expected to perform all duties as defined by the applicable accrediting agency.

The Directors of Medical Education for the osteopathic programs and the Program Directors for other programs report to the Administrative Medical Director who is the Designated Institutional Official (DIO) for ACGME accredited programs. The Administrative Medical Director provides an annual report, which includes an Executive Summary of the Annual Institutional Review, to the Medical Executive Committees and the Boards of Directors of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center, reports to the Chief Medical Officer, is a member of the Medical Executive Committees of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center and attends and reports regularly to the Medical Executive Committee of INTEGRIS Bass Baptist Health Center. The President of the Medical Staff from each institution reports to the Board of Directors for that institution. The Medical Executive Committees and the Boards of Directors provide feedback to the GMEC and the residency programs through the Administrative Medical Director.

Through this defined reporting structure, the Boards of Directors have final authority over and responsibility for the residency programs of INTEGRIS Health.
Information for Applicants

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

- Financial support
- Vacations
- Leave: Professional, Parental, Sick and Other
- Insurance: Professional liability, Health, Hospital, Disability and Other, including fellow, resident and dependent eligibility requirements
- Services: Meals, On call quarters, Laundry, Parking and Other

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) and the Osteopathic Residency Matching program, 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 Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center. 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 Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center and the policies of the institutions, which apply to all residents. The Graduate Medical Education Staff will provide each Resident with a current copy of the Resident Handbook 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.)
- Medical, supervised medical, and osteopathic licensure issues
- 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 control 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
- Duty Hours requirements and monitors including methods to monitor 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
- Professional Liability Coverage
- Leave Policies
- Introduction to accreditation agencies and their requirements with particular focus on the six (ACGME)/seven (AOA) competencies
- ACGME New Accreditation System including but not limited to:
  - Milestones
  - Resident Survey
  - Faculty Survey
  - Case Logs
Resident Orientation (continued)

- 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
  - Transitions in care
  - Duty Hours/Fatigue Mitigation/Sleep Deprivation
  - Professionalism
- AOA/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)/seven (AOA) competencies
- Introduction to the ACGME Milestones tracking process as appropriate
- Faculty and program evaluations

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.
Resident Orientation (continued)

- Harassment in the Workplace/Confidentiality
- HIPAA/Advance Directives/EMTALA/Fraud and Abuse
- Sleep Deprivation and Fatigue
- Emergency Codes
- Pain Management
- Risk Management and Interpersonal and Communication Skills
- Introduction to the IRB for programs, which perform scholarly activities that require IRB review and/or approval - CITI
- Hand-offs/Hand-overs
- Patient Safety/Quality Improvement Processes – IHI Open School
- Access to Electronic Medical Literature
- Physician Impairment/Substance Abuse
- Teamwork
- Supervision/Duty Hours – Orientation – General and Program Specific
- Vendor relationships, including the potential effects thereof, and the “Sunshine Act”
- Information Technology Security
- AIDET
- ELM – Courses as determined by the Program Directors and GMEC
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 or the American Osteopathic Association as applicable. Programs may have additional criteria; the criteria should be explicit and communicated in writing to all applicants and individuals in the program who evaluate resident applications and/or are involved in the resident selection process.

Eligibility Criteria

ACGME Accredited Programs

Applicants for graduate medical education programs sponsored by IBMC/ISMC/IBBHC and their clinical departments 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 COMPLEX-USA Level 1 and Level 2-CE and clinical skills examination.
- Graduates of medical schools outside the United States and Canada who meet each of the following qualifications:
  - Hold a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction.
  - 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.
  - Graduates of medical schools outside the United States who have completed a Fifth Pathway* program provided by an LCME-accredited medical school who have passed the USMLE Step 1 and Step 2 (CK and CS) and who hold a special license for training or regular medical license in the State of Oklahoma.

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 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.

* A fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: 1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; 2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; 3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; 4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and 5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 (CK and CS) of the United States Medical Licensing Examination (USMLE)
Appointments to Residency Positions (continued)

- Completion of all prerequisite training requirements to enter any program that begins at the PGY2 year or above.

  Examples: 1) Diagnostic Radiology – Applicants must successfully complete a PGY1 internship which meets requirements defined by the Diagnostic Radiology ACGME RRC to be eligible for the first year of the Diagnostic Radiology Program.

  2) Hand Surgery - Applicants must successfully complete a residency in an ACGME accredited Orthopedics, Plastic Surgery, or General Surgery program to be eligible for the Hand Surgery fellowship.

AOA Approved Residency Programs
Applications for AOA approved residency programs sponsored by IBMC, ISMC, or IBBHC and its clinical departments are eligible for appointment if they meet the following criteria:

- Graduation from a COCA accredited college of osteopathic medicine.
- Passage of COMLEX Level I and Level II including clinical skills examination administered by The Oklahoma State Board of Osteopathic Examiners or The National Board of Osteopathic Examiners.
- Membership in (or become a member of) the AOA and the applicable AOA specialty affiliate.

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 approved programs: Positions will be selected through The Main Match of the National Resident Matching Program (NRMP), for programs to which the Main Match applies.
- AOA approved programs: Positions will be selected through the AOA Intern Resident Registration Program and in accordance with all policies of the AOA Intern Resident Registration Program and Osteopathic ERAS.
- “The institutions, in compliance with all applicable federal and state laws and regulations, do not discriminate on the basis of race, color, national origin, gender, age, religion, disability, or status as a veteran in any of their policies, practices, or procedures. This requirement includes but is not limited to admissions, employment, and educational services.” In compliance with AOA requirements, the institutions do not discriminate, based on sexual orientation or gender identity in the admission of interns or residents to AOA approved programs.
- INTEGRIS Health is an Affirmative Action Employer and complies with all federal regulations related thereto.

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Appointments to Residency Positions (continued)

Resident Transfer – ACGME Accredited Programs

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 (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 a letter from the PGY1 year Program Director one to two months prior to completion of the year describing the residents 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)
Appointments to Residency Positions (continued)

Requirements for Admission with Advanced Standing – AOA Approved Programs

An applicant may request admission with advanced status (i.e. second or third year, etc.) by transfer from another program. 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 and DME in consultation with the Administrative Medical Director, agrees to fill and
2. The resident meets the following criteria:
   a. Graduation from an AOA Commission on Osteopathic College Accreditation (COCA) accredited college of osteopathic medicine.
   b. Completion of an AOA approved internship.
   c. Membership in the AOA. (Resident must maintain membership in the AOA throughout training).
   d. Osteopathic licensure in the State of Oklahoma by:
   e. Passage of COMLEX Steps 1-3 administered by the National Board of Osteopathic Examiners
   f. Drug Enforcement Administration Registration
   g. Oklahoma State Bureau of Narcotics and Dangerous Drugs Registration
   h. Submission of the following:
      i. A personal letter stating specifically why he/she wishes to transfer from the present program to the INTEGRIS program. The letter should request consideration of previous training stating location, specialty, and dates of training.
      ii. A letter from the present Program Director and DME certifying status and enrollment in the present program. The letter must also testify to the applicant’s performance to date and to the Program Director and DME’s understanding of the reason for the transfer.
      iii. Copies of Residency Logs verify scope, volume, and variety of cases, Program Director Evaluations, Program Director’s Annual Reports to the AOA. The last two AOA reports are available only when the resident has completed at least one year of residency at the time of application.
      iv. Any other requirements established by the applicable AOA specialty affiliate.

The Director of Medical Education and/or Program Director will petition the AOA specialty affiliate on behalf of the resident requesting transfer/advanced standing, and submit all required documents to determine the resident’s eligibility for consideration for advanced standing.
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 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 residents must obtain a Special License for Training 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.

Allopathic Physicians (MD Degree)
Allopathic medical graduates must obtain a medical license from the Oklahoma Board of Medical Licensure and Supervision. PGY-1 residents must obtain a Special License for Training. Residents in the PGY-2 year or beyond generally obtain a regular 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 medical graduates must obtain a License from the Oklahoma State Board of Osteopathic Examiners; PGY 1/OGME-1 residents must obtain a Resident Training License. Residents in the PGY 2 years and beyond must obtain an Oklahoma Osteopathic Physician and Surgeon 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-2 year without an unrestricted osteopathic 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 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 State Board of Osteopathic Examiners
State of Oklahoma
4848 N. Lincoln Blvd., Suite 100
Oklahoma City, OK 73105
Ph 405/528-8625 Fax 405/557-0653

USMLE Step 3
The Oklahoma Board of Medical Licensure and Supervision administers Step 3 of the USMLE. To be eligible to sit for USMLE Step 3, the applicant must submit a completed application for licensure by examination, have passed Step 1 and Step 2 of the USMLE, or an alternative combination (see specific board regulations). Residents should take the examination to obtain scores within time to obtain a regular 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. Osteopathic residents usually take the COMLEX examination in December of the PGY 1 year and must pass the examination to be eligible for Osteopathic licensure at the end of the PGY 1 year. Residents should take the examination to obtain scores within time to obtain a regular 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 Baptist Medical Center, INTEGRIS Southwest Medical Center, or INTEGRIS Bass Baptist Health Center as applicable will provide each resident with an employment agreement each year 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 applicable accreditation agency. 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 Baptist Medical Center, INTEGRIS Southwest Medical Center, INTEGRIS Bass Baptist Health Center, the Graduate Medical Education Office, and each residency program will retain records of resident training and employment as required by the ACGME or the AOA, as applicable, and as required by 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)
- 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)
Record Retention (continued)

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. Each program must comply with specific requirements of the applicable Review Committee of the ACGME or Specialty College of the AOA. Each program must include educational experiences and evaluation of the following as defined or modified by the specific Review Committee or Specialty College:

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice
- Osteopathic principles and practice as they relate to the specific specialty (AOA approved programs)

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/AOA site visits and during Internal Reviews (see Internal Review Process), included in the ACGME defined Annual Institutional Review as applicable, reported to the ACGME using the Milestones format, and to the ACGME/AOA in any other formats (e.g. annual and/or semi-annual reports) as they may require.

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 program specialty specific, and are defined by the respective ACGME-RC or AOA Specialty College. 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
Curriculum (continued)

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
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 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. The written evaluations must be performed periodically. Appropriate and timely feedback to the resident is required. Evaluations must be maintained permanently 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. Any of the following may be involved in the resident evaluation process: faculty, peers, patients, other professional staff, or self.

2. Summary evaluations, performed semi-annually at a minimum, by the Clinical Competency Committee submitted electronically to the ACGME in the electronic Milestone format, and communicated to the resident by the Committee and/or Program Director. The summary evaluations and any associated counseling must be documented,
Evaluation of Residents (continued)

maintained permanently in the resident’s file and be available only to the resident and other authorized personnel.

The Program Director with the Clinical Competency Committee must complete a final evaluation of each resident, which must include a review of the resident’s performance in the final period of the residency and should verify the resident has demonstrated sufficient competence to enter practice without direct supervision and is able to practice competently and independently. The final evaluation will be maintained in the resident’s permanent record.

Each specialty’s Review Committee (RC) 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.

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

Each Program Director will be responsible to establish a Clinical Competency Committee (CCC) to review all aspects of resident performance semi-annually and submit reports to the ACGME electronically in the format provided. Each Program Director will be responsible to ensure the Clinical Competency Committee includes at a minimum three faculty members 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.

AOA Requirements

The Executive Committee of the Council on Postdoctoral Training Requirements of the American Osteopathic Association and the American College of Osteopathic Emergency Physicians have specific requirements for resident evaluation. The requirements include:

- Written evaluation by the responsible faculty member at the end of each rotation for all rotations whether at the base institution or at affiliated or outside institutions.
- Signature by the resident of all evaluations
- Signature quarterly by the Director of Medical Education of all evaluations
- Quarterly progress reports filed with the Director of Medical Education
- Semi-annual meeting of the Program Director with each resident to discuss progress, strengths and weaknesses and develop a plan to address weaknesses
- Annual report to the ACOEP including progress noting acceptability as a prospective specialist, and any factors pertinent to continuation of training.
- Program Director Annual Competency Evaluation which includes an assessment of the resident’s knowledge and performance in each of the seven competencies in a format provided by the AOA or the ACOEP.
- “Program Complete” Summary Final Resident Assessment (in a format provided by the AOA or the ACOEP) which provides a final summary assessment of resident competency in each of the seven competencies.
Evaluation of Residents (continued)

- Final Evaluation that reviews resident’s performance during the final period of training and verifies the resident “has demonstrated sufficient professional ability to practice competently and independently”.

The Executive Committee of the Council on Postdoctoral Training Requirements of the American Osteopathic Association and the American College of Osteopathic Family Physicians have specific requirements for resident evaluation. The requirements include:

- Written evaluation by the responsible faculty member at the end of each rotation for all rotations whether at the base institution or at affiliated or outside institutions.
- Signature by the resident and review by the Program Director of all evaluations
- Quarterly meeting of the Program Director with each resident to discuss progress, strengths and weaknesses and develop a plan to address weaknesses and to ensure residents meet educational objectives
- Program Director Annual Competency Evaluation which includes an assessment of the resident’s knowledge and performance in each of the seven competencies in a format provided by the AOA or the ACOFP.
- “Program Complete” Summary Final Resident Assessment (in a format provided by the AOA or the ACOFP) which provides a final summary assessment of resident competency in each of the seven competencies.
- Final Evaluation that reviews resident’s performance during the final period of training and verifies the resident “has demonstrated sufficient professional ability to practice competently and independently”.

**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 Director of Medical Education (Osteopathic programs), and the Administrative Medical Director.

At designated intervals (determined by the ACGME Review Committee/AOA Specialty Affiliate Program Requirements, as applicable) each resident must be given a summary of his/her performance evaluations and counseled 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.

Numerous methods may be utilized to evaluate residents. Examples are listed below. The ACGME Review Committee/AOA Specialty Affiliate 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;
Evaluation of Residents (continued)

- 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 including portfolio material submitted directly to the ACGME
- Clinical work place evaluations
- Participation and performance in institutional and/or program specific patient safety and quality improvement activities, including documentation of impact.

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 ACGME considers the following methods 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
Evaluation of Residents (continued)

- Interpersonal Skills and Communication
- Professionalism

The AOA has provided specific assessment forms for each of the seven AOA defined competencies.

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

See New Innovations for examples of evaluation forms.

Certificate of Completion

The institution for ACGME programs and the Osteopathic Medical Education Consortium of Oklahoma in conjunction with the institution for AOA programs 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 sufficient competence to enter practice without direct supervision and is able to practice medicine competently and independently. 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/seven AOA 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. The AOA has not established similar standards at this time (June 2014). 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, in addition, upon the 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 academic 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 Committees 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.
**Promotion of Residents (continued)**

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. The ACGME requires a minimum of four months, and the AOA, a minimum of three months advance notice, if possible. 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 Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center (the “Institutions”) regarding resident coaching and counseling.

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 Institutions reserve 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** – Counseling is appropriate when coaching sessions do not result in acceptable performance and behavior. 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. 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. 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.
Coaching & Counseling/Remediation Procedure (continued)

3) Progressive Counseling – If the Counseling 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 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 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 Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center (the “Institutions”) 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 Institutions’ 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 Policy. 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 Institutions reserve the right to combine, shorten, or eliminate any steps in the process, and if appropriate to initiate the process without prior coaching and counseling.

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 sessions and action plans; if the resident repeats the same unacceptable behavior in spite of Counseling 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 (See pages 25-26). 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 should be specifically stated and included on the attached documentation form (See pages 25-26). 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.
Disciplinary Procedure (continued)

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
   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 (See pages 25-26), 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 (See pages 25-26). 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
Disciplinary Procedure (continued)

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.
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 duty hour 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. Unprofessional conduct as defined by the applicable licensure board.
19. Failure to obtain or maintain appropriate unrestricted medical/osteopathic licensure.
Disciplinary Procedure (continued)

20. 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. The Program Director will provide notice four months prior to the renewal date unless there are extenuating circumstances, which necessitate a shorter notice. 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.
## Behavioral and Performance Assessment Document

### With Corrective Action Plan

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Behavioral and Performance Assessment Document
With Corrective Action Plan

Comments:

Program Director:

Resident:

Program Director

Signature/Date

Resident

Signature/Date

Witness

Signature/Date
Grievance Procedure

I. Purpose

INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center and the INTEGRIS Bass Baptist Health Center (the “Institutions”) encourage 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 Institutions, through their designated officials, retain the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and competency to practice independently as required to complete the residency program of resident physicians participating in the Institutions’ 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. Duty hour 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.
Grievance Procedure (continued)

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.

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 III 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 President of the Institution. 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 President of the Institution 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 Institutions’ residency programs, other than the program in which the complainant is a resident and three (3) selected from residents within residency programs in the Institutions, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the President of the Institution 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 President of the Institution.
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 Institutions 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 Institutions’ 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 President of the Institution. 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.

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 President of the Institution shall have the tie-breaking vote.

P. The Appeals Committee shall render to the President of the Institution 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 President of the Institution 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 President shall inform the resident and the Program Director of the findings of the Appeals Committee and of the President's decision. A copy of the President'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 and/or the Director of Medical Education (Osteopathic programs)
d) The Administrative Medical Director
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 Baptist Medical Center, INTEGRIS Southwest Medical Center, or INTEGRIS Bass Baptist Health Center, as appropriate, 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.

f) The President of INTEGRIS Mental Health, a psychiatrist, who has agreed to serve as independent confidential consultant for residents.

Consultations provided by the President of INTEGRIS Mental Health will be informal and will not be considered a formal psychiatric evaluation or psychiatric care. The number of sessions will be limited as determined by the President of INTEGRIS Mental Health. The President of INTEGRIS Mental Health may recommend to the resident that he/she obtain more formal counseling or care. All discussions will remain confidential unless the resident presents as a danger to him/herself or others, at which time the President of INTEGRIS Mental Health will so notify the Administrative Medical Director. To schedule an appointment, the resident should call (405) 717-9800.

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 Education Committee may be presented to the Chair of the Graduate Education Committee, 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 duty hours, 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)

AOA

OMECO- Medical Director
AOA confidential e-mail line (www.postdoc@osteopathic.org)
AOA Postdoctoral Program Violation Hotline- (877)325-8197

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 800-994-6610 or complain@jointcommission.org. Comments may remain anonymous if requested.
Processes to Discuss Issues Confidentially (continued)

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.
- Incident Reports – INTEGRIS inside\clinical hot spots\risk management incident report to report clinical or other incidents of concern. The Risk Management Department reviews reports and investigates as appropriate.
- Corporate Assistance Program (CAP): See “Counseling and Mental Health Services for Residents” below
## Salaries


INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center:

<table>
<thead>
<tr>
<th>PGY Level</th>
<th>Salary</th>
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<tbody>
<tr>
<td>PGY-1</td>
<td>$49,525</td>
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<td>PGY-2</td>
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<tr>
<td>PGY-3</td>
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<td>$58,869</td>
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<tr>
<td>PGY-7 and above</td>
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This page will be revised annually.
Resident Benefits

Insurance Benefits

Residents who are employees of INTEGRIS Baptist Medical Center, Inc. (IBMC) INTEGRIS Southwest Medical Center (ISMC) or INTEGRIS Bass Baptist Health Center are provided group health, dental, disability, professional liability and life insurance on the same terms as any other full-time employees of IBMC/ISMC/IBBH, with exceptions as noted below. (See Appendix D). 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. Exception: Health benefits begin on the first day of employment.

Dental: 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. Exception: Short Term Disability benefits begin on the first day of employment.

Group Long-Term Disability: INTEGRIS *Health* Employee Benefit Plan as outlined in the INTEGRIS *Health* Benefits Handbook. Exception: Long Term Disability benefits begin on the first day of employment.

Professional Liability: For IBMC/ISMC/IBBH employed residents, minimum coverage shall reflect the requirements under the IBMC/ISMC/IBBH Medical Staff Bylaws, respectively.

Workers’ Compensation: Provided pursuant to state statutory requirements.
Resident Benefits (continued)

Retirement Benefits


Paid Personal Leave (PPL) and Extended Illness Accrual Bank (EIAB):

a. Physician is credited with 192 hours (24 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 Hospital 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.
Resident Benefits (continued)

Educational Leave:

Days used for travel to and from meetings and the attendance of 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 Program Director or his/her designee, if reimbursement is to be allowed.

Other Leave:

Other leave may be granted as available per Hospital Policies.

Counseling Services:

Residents that are Hospital employees are provided counseling services through the Corporate 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, computer programs, and online educational programs, 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 Hospital parking areas only, or as designated by the Program Director or his/her designee. The 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 Baptist Medical Center, INTEGRIS Southwest Medical Center, INTEGRIS Bass Baptist Health Center 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.

- Paid Personal Leave (PPL)/EIAB Plan SYS-HR-250
- PPL Leave Sharing Policy SYS-HR-252
- Employee Immunizations SYS-IC-100
- Leaves of Absence (Family, Medical, Personal and Military) SYS-HR-210
- Funeral Leave SYS-HR-151
- Overnight Travel Policy SYS-FIN-103
- Business Expense Reimbursement SYS-FIN-110
- Employee Gifts, Awards and Bonuses SYS-CMP-111
- Non-monetary Compensation and Incidental Benefits to Referring Physicians SYS-CMP-109
- Harassment SYS-HR-213
- Dress Code SYS-HR-131
- Non-Retaliation Policy SYS-CMP-108
- Workplace Violence Prevention Program SYS-HR-320
- Substance Abuse SYS-HR-609
- Equal Employment Opportunity SYS-HR-204
- Accommodating Qualified Individuals with Disabilities SYS-HR-206
- Affirmative Action SYS-HR-207
- Vendor Relationships SYS-MAT-105
- Solicitation and Distribution SYS-HR-606
- Conflict of Interest, Confidentiality, and Ethical Conduct SYS-HR-601
- Emergency Operations Plan ESOP-4000
- CODE BLACK Severe Weather Response ESOP-4002
- Emergency Response Team for Non-Nursing and Public Areas MET-RM-140
- Information Security Policy SYS-IM-100
- Email Security SYS-IM-106
- Social Media Policy SYS-IM-131
- Record Retention and Destruction SYS-LGL-109
- Parking Policy MET-ADM-250
- Continuation of Operations During Inclement Weather SYS-HR-412

The Corporate Compliance Department will provide each resident with a copy of “Code of Conduct” at Orientation. The resident is expected to sign confirming receipt of the document and to read the document. Compliance training updates will be provided annually.

Residents are expected to comply with the Code of Conduct. The document includes requirements concerning relationships with vendors.
Employment Policies (continued)

The Program Director must approve all vendor interactions with residents. All interactions must comply with INTEGRIS policies and be consistent with the INTEGRIS “Code of Conduct” provided by the Medical Education Department and distributed to all residents at the time of Orientation and available through New Innovations.

Employee Health Policies

<table>
<thead>
<tr>
<th>Employee Health telephone numbers:</th>
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<tbody>
<tr>
<td>On Call Nurse……………………570-0112</td>
</tr>
<tr>
<td>IBMC……………………………………951-2903</td>
</tr>
<tr>
<td>ISMC……………………………………636-7336</td>
</tr>
<tr>
<td>IBBHC………………………………….233-2300</td>
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</table>

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, mumps, rubella
- Hepatitis B vaccine
- Varicella

Tuberculosis screening is required annually and in certain circumstances according to Oklahoma State Department of Health regulations every six months. 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.

Leave of Absence

The ACGME, AOA, 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 accreditation agencies and certification boards. In addition, any leave taken must be in compliance with federal and state regulation, 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 Review Committee of the ACGME or the appropriate specialty affiliate of the AOA, as applicable.

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...
Employment Policies (continued)

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/AOA as applicable for any extension of resident training and for any overlap which will increase resident numbers above the approved program limit as defined by the accreditation agency. 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 Electronic Mail Policy.

See Information Security and Electronic Mail Policies: Appendix A

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

Unacceptable
Computers including PC’s and laptops
PDA’s/Palm Pilots
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 resident year (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) and “Conflict of Interest, Confidentiality and Ethical Conduct” (SYS-HR-601), (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 and the institutions IBMC, ISMC, and IBBHC are subject to manufacturer reporting requirements under the “Act”.

**Supervision of Residents**

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 supervisory physician is physically present with the resident and patient.

**Indirection Supervision with Direct Supervision Immediately Available** – The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

**Indirect Supervision with Direct Supervision Available** – The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

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

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 and the details and complexity of the specific patient and/or procedure. 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: The level of supervision provided to PGY1 residents should be direct or indirect with direct supervision immediately available.
Supervision of Residents (continued)

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.

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.

In all circumstances, the attending physician remains ultimately the physician responsible for the care of the patient. 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 E for Medicare requirements concerning faculty supervision of residents and related documentation requirements for billing.

Residents in Surgery

The following shall be the policy of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center 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 of Residents” above. Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available 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.

Residents in Labor and Delivery

The following shall be the policy of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center 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 of Residents” above. Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available must be provided to PGY1 Residents.

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.

Quality Improvement/Patient Safety

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 below) will expand and further define institutional, residency
program. Program Director, faculty and resident responsibilities related to patient safety and quality improvement activities.

Residents chosen by their peers will also 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 effect their training or professional development. 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.

**Clinical Learning Environment Review (CLER)**

The ACGME has established the CLER program to assess the environment for resident learning at an institutional level, the integration of residents into institutional activities, and the commitment of the institutional leadership to the establishment and maintenance of an effective learning environment.

The ACGME plans an every 18-24 month site visit to each multi-residency institution. The Focus Areas of the site visits and the 5 Key Questions for each site visit follow.

**Focus Areas**

- Integration of residents into institution’s Patient Safety programs, and demonstration of impact
- Integration of residents into institution’s Quality Improvement programs and efforts to reduce Disparities in Health Care Delivery, and demonstration of impact
- Establishment, implementation, and oversight of Supervision policies
- Oversight of Transitions in Care
- Oversight of Duty Hours Policy, Fatigue Management and Mitigation
- Education and monitoring of 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 with the President of each facility with ACGME accredited residency programs will develop institutional level processes to address the Focus Areas and Key Questions above and 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/AOA, the ACGME RRC/AOA specialty affiliate as applicable and the GMEC, or as defined elsewhere in this Graduate Medical Education Handbook.
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 institution which are available electronically to all residents. Training for software programs: Cerner (inpatient), Allscripts (outpatient), 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
   Program Quality and Curriculum

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 availability, adequate review of and feedback concerning the resident’s work, response when contacted during resident’s on-call period, clinical knowledge and skills, familiarity with current literature, function as a role model, ability to stimulate interest and learning, frequency of rounds, directive vs. coaching role, and skill and guidance in procedural areas. Each faculty member should be given a summary at least annually of his/her evaluations including specific feedback concerning teaching skills and effectiveness. 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 internal program reviews (osteopathic programs), during the Annual Institutional Review when indicated, and by the ACGME/AOA 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 knowledge, teaching ability, commitment to the program, and scholarly activity. Results from resident evaluations should be included.
Evaluation of the Faculty and Program by the Residents (continued)

Program Evaluation

The Program Director must appoint a Program Evaluation Committee, which must include at a minimum two faculty members and one resident.

The Program Director is responsible to ensure there is a written description of the responsibilities of the Program Evaluation Committee. The committee must participate in 1.) planning, developing, implementing, and evaluating program educational activities including competency based educational goals and objectives; 2.) must document formal systematic review of the curriculum at least annually; 3.) must prepare and submit to the Graduate Medical Education Committee an Annual Program Evaluation, which must address at a minimum the topics listed below; and 4.) must include an Action Plan to address opportunities or deficiencies identified. The Action Plan must be reviewed by faculty and be included in meeting minutes.

Resident Performance including individual and overall Resident attainment of specialty specific Milestones
Faculty Development including program content, effectiveness, and additional needs
Graduate Performance, including performance on board certification examinations
Program quality including but not limited to:
  Appropriateness of educational goals and objectives
  Effectiveness in attaining educational goals and objectives
  Appropriateness of clinical, didactic, and other training experiences
  Scholarly activity achievements
  Resident and faculty participation in the institutional CLER program
  Progress of the overall residency program in meeting CLER program expectations
  Review of compliance with ACGME/AOA requirements as applicable and progress in addressing any areas of non-compliance including but not limited to any citations, deficiencies or other descriptions of noncompliance identified by the ACGME/RRC’s or AOA/Specialty College as applicable.
  Progress in addressing actions included in the prior year’s Action Plan
  The Program Evaluation must include but not be limited to information from annual confidential written evaluations by residents and faculty

Residents must evaluate the overall program annually at a minimum; resident evaluations must remain confidential. Resident responses in accreditation on-line Resident Surveys and faculty responses in accreditation online Faculty Surveys will provide documentation to use in the overall program assessment.

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

1) Internal Reviews (osteopathic programs)
2) Special Reviews (as applicable)
3) AOA Site Visits
4) ACGME Self Study and Site Visit (as determined by the ACGME)
Duty Hours

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 or AOA as applicable.

The Graduate Medical Education Committee will oversee the program specific implementation of the Duty Hour Requirements of the Common Program Requirements of the ACGME, the Basic Document for Postdoctoral Training of the AOA and the implementation of any additional program specific requirements of any specific Review Committee of the ACGME, or specialty affiliate of the AOA, as applicable.

It shall be the responsibility of the Program Director to establish program specific policies, rotations, and call schedules consistent with the duty hour requirements of the ACGME, the AOA and the applicable Review Committee of the ACGME or AOA specialty affiliate. The duty hour 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.

Duty Hours are defined by the ACGME as follows:

“…All clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities, such as conferences. Duty Hours do not include reading and preparation time spent away from the duty site.”

The ACGME Common Program Requirements and the AOA Basic Documents for Postdoctoral Training include the following duty hour requirements:

1) Residents must be scheduled for no more than 80 hours per week, averaged over a four-week period. The four-week period applies specifically to four week blocks and is not a “rolling four week average”.
2) Residents must have at least one full day (24 hours) out of seven free of patient care responsibilities, including with no assigned call activities, averaged over a four-week period.
3) Residents must be assigned call duties no more than every third night averaged over a four-week period.
4) Night Float must be scheduled for no more than 6 consecutive nights.
5) Continuous time on-call must be limited to 16 hours for PGY1 Residents (ACGME only), and for PGY1 (AOA only) and all PGY2 and above 24 hours, with an additional 4 hours maximum for transfer of care, continuity of care arrangements (both inpatient and outpatient), educational debriefing, and didactic activities. The 4 hour extension is not allowed for AOA PGY1 Residents.
6) Residents must not assume responsibilities for new patients or any other new clinical care activities after the 24-hour period noted in 5) above. “New patient” is defined by each Review Committee in Program Specific Requirements
7) Minimum Rest Period: ACGME PGY1 residents should have a minimum of 10 and must have a minimum of 8 hours off between duty hour periods. ACGME Intermediate Level Residents (RRC defined) should have a minimum of 10 hours and must have 8 hours off between duty hour periods and must have a minimum of 14 hours off following 24 hour call. ACGME Upper Level (RRC defined) Residents may have more extended work duty hour periods and returns to the hospital in less than 8 hours if required to address patient care needs. All extensions and returns must remain within the 80 hour work week and include one
Duty Hours (continued)

day in seven free of patient care. AOA Residents must have a minimum of 12 hours off duty and call following a 20-24 hour shift, and 10 hours off following a 12-19 hour shift.

8) For residents who take call from home, hours spent in the hospital must be counted in the weekly duty hour totals noted above. Call from home is not subject to every third night limitation, but is subject to the 24 hour off per 7 days limitation defined in 2) above. At home call must however be reasonable. Excessive service demands and/or excessive resident fatigue will require adjustment to at home call schedules. Returns to the hospital do not trigger a new “off duty period”.

9) Time spent in patient care activities outside the residency program (i.e. moonlighting) also counts toward the duty hour totals noted above.

10) Duty hour shifts during Emergency Medicine rotations will be no longer than 12 hours, with 30 minutes for the transfer of care for AOA programs. Extensions beyond 30 minutes, for AOA residents require variance documentation as noted below.

11) The Graduate Medical Education Office and/or specific Residency Program Office will provide all call schedules to the applicable institutional staff.

Variance Documentation Requirements:

1) Single Patient Variance: Under unusual circumstances, to care for a severely ill or unstable patient, for humanistic patient care needs or to experience an opportunity of academic importance, a resident may remain beyond regular duty hours to care for a single patient. The resident must provide documentation to the Program Director sufficient to justify the extension.

2) Single Patient Variance: The Program Director is responsible to track individual resident single patient variances and program total variances and to adjust schedules and/or program requirements if either total is excessive.

3) Return to Hospital Variances: Upper Level Residents who return to the hospital in less than 8 hours must provide documentation to the Program Director sufficient to justify return.

4) Return to Hospital Variance: The Program Director is responsible to track individual resident early return variances and program total variances and to adjust schedules and/or program requirements if either total is excessive.

Transfers of Care:
Program Directors and faculty should establish schedules which minimize transfers of care. 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 effected faculty understands the hand-over process, and establish and implement a method to monitor the hand-over process. Deficiencies identified must be corrected.

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 vouchers to transport a resident to his/her home are available through the Residency Coordinator of the applicable residency program upon request for any post call residents. 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 duty periods when resident is too tired to drive.

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Duty Hours (continued)

The Graduate Medical Education Committee will oversee the implementation of duty hour 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 duty hour compliance. Review program adjustments needed/made to remain in compliance with duty hour requirements.

2) Provide an annual report to the Medical Executive Committees of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center and INTEGRIS Bass Baptist Health Center and the Boards of Directors of the facilities of program specific compliance with duty hour 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 monitors 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.

All Resident Duty Hours 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 duty hour documentation requirements. Failure to comply with the requirements will be addressed through the Discipline Procedure

Exceptions to Duty Hour Requirements:

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

Professionalism

As the ACGME requires explicitly and the AOA implicitly, resident and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

Assurance of the safety and welfare of patients entrusted to their care
Provision of patient- and family-centered care
Assurance of their fitness for duty
Management of their time before, during, and after clinical assignments
Recognition of impairment, including illness and fatigue, in themselves and in their peers
Attention to lifelong learning
The monitoring of their patient care performance improvement indicators
Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data
Responsiveness to patient needs that supersedes self-interest including when appropriate the
transition of that patient’s care to another qualified provider

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. 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:
   ACGME Accredited Programs
   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.

AOA Approved Programs
a) Notify the Administrative Medical Director, the Director of Medical Education (the
   DME), the Graduate Medical Education Committee, and in accordance with AOA
   requirements the Osteopathic Medical Education Consortium of Oklahoma and the AOA.
   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) Work with the Osteopathic Medical Education Consortium of Oklahoma and the AOA
      Division of Post-Doctoral Training and the applicable osteopathic specialty affiliate to
      assist such resident in finding a position at another AOA approved program 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 (defined by the ACGME as “an event or set of events causing significant alteration to the residency experience at one or more residency programs” and by the AOA as “a National emergency, catastrophic event, or natural disaster”) the Administrative Medical Director or in the absence of the Administrative Medical Director, another individual designated by the President of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center, or INTEGRIS Bass Baptist Health Center, as applicable will inform the ACGME and/or the AOA as appropriate of the event.

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 practical inform residents of the educational plans, including any related requirements for transfer and document completion as that information becomes available.
5) Communicate within ten days of the event with the ACGME and within 5 days with the OPTI and if requested by the OPTI, with the AOA, as applicable, concerning the effect of the disaster on the programs and needs for resident transfer.
6) In conjunction with the ACGME and/or AOA (or OPTI as determined by the AOA) determine appropriate and available sites for resident transfer.
7) Arrange for temporary and/or permanent resident transfer using information obtained from the ACGME and/or AOA (OPTI) as applicable. (When more than one transfer option is available, resident’s individual preferences will be considered. Per AOA requirements all resident transfers must be completed within 20 days of the date of the AOA Council on Postdoctoral Training approval.)
8) In conjunction with the institutional Legal Department, complete all Medicare required affiliation agreements
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 and/or AOA (OPTI) as applicable and with the residents and faculty.
11) Communication with the accreditation agencies will be completed in accordance with accreditation agency guidelines. For the ACGME, the Administrative Medical Director will communicate with the Institutional Review Committee Executive Director, the Program Directors and residents with the applicable Review Committee Executive Director. For the AOA, the Administrative Medical Director and Director of Medical Education will communicate with the Executive Director and/or Medical Director of the OPTI and if requested by the OPTI with the AOA Council on Postdoctoral Training and the applicable AOA Specialty Affiliate.

The institutions 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
Disaster Management (continued)

a disaster must be approved by the applicable accreditation agency, the institution and the Administrative Medical Director.

Local Extreme Emergent Situations

In the event of an “Extreme emergent situation” defined by the ACGME as “a local event that affects resident education or the work environment, but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures #II.H.2.; the Administrative Medical Director, or in the absence of the Administrative Medical Director, another individual designated by the President of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center, INTEGRIS Bass Baptist Health Center as applicable will work with individual Program Directors to address situations identified. Specifically:

1. Program Directors must notify the Administrative Medical Director of any local extreme emergent situation.
2. The Program Director and Administrative Medical Director and, if needed, in conjunction with Institutional Administrative Officials and Disaster Management Personnel will assess the situation and determine the anticipated extent and duration of any interruption to resident training.
3. The Program Director and Administrative Medical Director will determine whether the disruption will interfere with the ability of the institution, Program Director, and faculty to continue to provide education and a work environment in compliance with all applicable ACGME/ AOA accreditation requirements. The Program Director and Administrative Medical Director will use all reasonable resources and efforts to maintain the training program within accreditation standards and to provide educational experiences consistent with board certification requirements.
4. The Program Director, in consultation with the Administrative Medical Director, will determine clinical activities and/or educational experiences appropriate for individual residents during the “Extreme emergent situation”. Program Directors will consider residents’ licensure status, level of training and individually demonstrated competencies in addition to the nature and complexity of the situation and related medical care and resources needed when determining acceptable activities for a particular resident.
5. The Program Director and the Administrative Medical Director will determine and ensure the appropriate level of supervision for residents to the optimum possible considering the specific circumstances.
6. If the situation is anticipated to disrupt educational experiences or clinical operations sufficiently to prevent programs from remaining in compliance with accreditation standards, the Administrative Medical Director will notify the ACGME Institutional Review Committee Executive Director or the Executive Director of the OPTI and/or appropriate individual of the AOA (as designated by the AOA) of the situation. Notification will be by telephone and/or in writing as determined by the accreditation agency and severity and extent of the “Extreme emergent situation” and the anticipated disruption of resident training.
7. The Administrative Medical Director will notify the Program Director upon confirmation of accreditation receipt of the required information. The Program Director may then communicate with the Executive Director of the Review committee (for ACGME programs).
8. The Administrative Medical Director will notify the Institutional Review Committee Executive Director of any unanticipated extensions and the resolution of the “Extreme emergent situation”
Restrictive Covenant

Neither INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center nor INTEGRIS Bass Baptist Health Center 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 duty 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
Moonlighting (continued)

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 duty hour limit and must be included in all duty hour documentation. Per AOA Policy, “Failure to report and receive approval (for moonlighting) by the program maybe grounds for terminating a resident’s/fellow’s contract”. *

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

* Accreditation Document for Osteopathic Postdoctoral Training Institutions and The Basic Documents for Postdoctoral Training Programs 3/2013: Moonlighting Policy for Trainees VII.H.7.1(b) Page 39

Counseling and Mental Health Services for Residents

Counseling is available to Residents through a variety of resources at the Hospitals.

The Program Director, faculty and Director of Medical Education (osteopathic programs), 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 Corporate Assistance Program (the “CAP”). The purpose of the CAP is to provide professional assessment, counseling and referral to the appropriate community resources. There is no cost for sessions with the CAP counselor. If the Resident needs counseling beyond what the CAP offers, the CAP counselor may refer the Resident outside of the CAP 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 CAP 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 (A CAP 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
Counseling and Mental Health Services for Residents (continued)

Residents may voluntarily seek and accept assistance from the CAP by calling the HELPLINE at 1-800-677-2729. In Oklahoma City, Residents may call (405) 947-2688. A link on the INTEGRIS Inside Page under Resources provides additional detail concerning The Corporate Assistance Program and services provided.

A resident may be referred to the CAP by the Program Director to obtain assistance with a personal problem that may affect work performance. Residents may be mandatorily referred to the CAP 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 CAP services are strictly confidential. The CAP records do not become part of INTEGRIS Health files, and no one at INTEGRIS Health may look at the Resident’s CAP records for any reason. Participation in the CAP will not affect the Resident’s employment or career advancement.

The President of INTEGRIS Mental Health, a psychiatrist, has also agreed to provide brief confidential counseling for residents. See “Processes to Discuss Issues Confidentially” above.

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 Health Professionals Program, “an outreach program designed to support and monitor medical and allied health professionals throughout Oklahoma who are experiencing difficulty with substance abuse”. The Program also assists physicians with disruptive or behavioral problems.

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

According to the OHPP website, “Our mission is to confidentially help physicians with issues of addiction, alcoholism, and disruptive behavior”.

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Physician Impairment (continued)

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, HMOs, and medical staff meetings
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, and dentists. 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 Board of Osteopathic Examiners have recognized 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 Health Professionals Program

1. Residents who identify a personal problem are encouraged to self-refer to the Oklahoma 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 or behavioral problem. Referral Telephone number (405) 601-2536. Fax (405) 605-0394.

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 Program. Failure to continue in and cooperate with the Program will result in termination from the residency.
Physician Impairment (continued)

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. For specific questions concerning the OHPP 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 Review Committee Program Requirements, and AOA Basic Documents for Postdoctoral Training Programs and Specialty College Requirements. The GMEC meets at least quarterly, as scheduled by the Office of Graduate Medical Education. The Office of Graduate Medical Education 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 for ACGME accredited programs)
- Directors of Medical Education for AOA approved programs
- Program Directors of all ACGME accredited/ AOA approved programs
- Representatives from the teaching faculty
- Residents nominated by their peers – a minimum of two residents
- 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 Coordinators and/or other Residency office staff may be invited to attend GMEC meetings 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.
Graduate Medical Education Committee (continued)

The responsibilities of the GMEC include:

1. Oversight of the accreditation status of the ACGME/AOA training programs and of all aspects of the transition to a single accreditation system

2. Oversight of the quality of the learning and work environment for all the residents at all training sites

3. Oversight of the quality of the educational experiences of all residents and the measurable outcomes of the training

4. Establishment and implementation of institutional policies affecting all residency programs including but not limited to policies concerning the quality of education and the work environment

5. Oversight of all Program Director activities including oversight of Program Director relationships with participating or affiliated institutions

6. Review of all ACGME accreditation letters and AOA approval letters

7. Ongoing monitoring of corrective actions for ACGME or AOA citations, comments and concerns

8. Review and approval prior to submission to the ACGME/AOA as applicable of:
   a. all applications for ACGME/AOA accreditation of new programs and subspecialties;
   b. changes in resident complement;
   c. major changes in program structure or length of training
   d. additions and deletions of participating institutions used in a program;
   e. appointments of new program directors;
   f. progress reports requested by any Review Committee;
   g. responses to all proposed adverse actions;
   h. requests for increases or any change in resident duty hours
   i. requests for “inactive status” or to reactivate a program;
   j. voluntary withdrawals of ACGME-accredited or AOA approved programs;
   k. requests for an appeal of an adverse action; and,
   l. appeal presentations to a Board of Appeal, the ACGME, or the AOA.

9. Review of communications including but not limited to other reports, surveys, letters from the ACGME/AOA and the RRC/AOA specialty college as required by the ACGME/AOA and development of action plans as indicated to address issues identified

10. Establishment of guidelines and policies for eligibility, selection, evaluation, promotion and transfer of residents in compliance with institutional and program specific requirements and assurance that programs comply with the policies

11. Review of and recommendations for revisions of stipend levels and benefits for residents; resident salaries and benefits will be reviewed annually

12. Establishment of corrective action policies involving residents including probation, suspension, and termination
Graduate Medical Education Committee (continued)

13. Establishment of institutional policies and procedures for adjudication of resident complaints and grievances

14. Establishment of processes by which residents, individually or in groups, may raise and resolve issues confidentially without fear of intimidation or retaliation

15. Mediation of issues, which arise between residents and faculty as appropriate

16. Performance of an Annual Institutional Review in compliance with ACGME Institutional Requirements. The report will include but is not limited to institutional performance indicators which will include but not be limited to:
   a. Results of most recent institutional self-study visit
   b. Results of ACGME surveys of residents/fellows and core faculty
   c. Review of ACGME-accredited programs accreditation status and self-study visits
   d. A monitoring program to address action plans developed in response to issues identified through the Annual Institutional Review
   e. Any other action plans determined by the GMEC to require ongoing monitoring.

17. Development of a Special Review Process:
   a. to identify/define an underperforming program
   b. to establish performance improvement goals for the program
   c. to develop of corrective actions
   d. to develop an ongoing monitoring program to assess outcomes.
   e. to provide a written report of the Special Review to the GMEC

18. Oversight of all Action Plans developed as part of the Annual Institutional Reviews and any Special Reviews

19. Performance of periodic internal reviews of osteopathic residency programs to assess compliance with Institutional requirements of the American Osteopathic Association and the applicable specialty affiliates. The Internal Review will be performed approximately halfway between AOA reviews as applicable, in accordance with dates provided by the AOA, and will be performed in accordance with protocols established by the GMEC and included as a part of this Handbook. The Review will include an assessment of the following:
   a. Program educational goals and objectives
   b. Each program’s compliance with educational training and management of the following:
      i. Professionalism, personal responsibility, and patient safety
      ii. Transition of care
      iii. Alertness management and fatigue mitigation
      iv. Supervision of residents
      v. Clinical responsibilities
      vi. Teamwork
      vii. Resident duty hours
   c. Educational and financial resources available to meet goals
   d. Results of corrective actions developed to address prior AOA reviews and prior internal reviews
   e. Effectiveness of the educational tools & outcome measures to assess individual resident competency
Graduate Medical Education Committee (continued)

f. Utilization of annual program review to assess aggregate resident performance, faculty development, graduate performance on certifying exams and overall program quality

g. Effectiveness of programs in implementation of processes to link educational outcome to program improvement

The GMEC will review a summary of each Internal Review and make recommendations as appropriate based on report results. The GMEC will monitor implementation of action plans recommended following the internal review.

20. Review of all Annual Program Evaluations and oversight of any Action Plans developed to address issues identified.

21. Ongoing monitoring of the process of resident and faculty evaluation of programs including but not limited to an annual overall program evaluation; faculty and program evaluation of residents; and program and Program Director evaluation of the faculty.

22. Oversight of faculty supervision of residents at all times when residents are on duty to ensure supervision is consistent with:
   a. Safe and effective patient care
   b. Appropriate resident education
   c. Supervision requirements of the applicable accreditation agency, the institution, and the program.
   d. The resident’s level of training, experience, and competence
   e. All requirements for training and competency assessment of the ACGME, AOA, and Review Committee/Specialty Affiliate as applicable

23. Oversight of affiliations and other arrangements with external organizations that affect residency training and ongoing monitoring of activities of medical trainees from other institutions at INTEGRIS facilities.

24. Ongoing monitoring of the work environment and duty hours of all programs; oversight of Program Directors’ monitors of resident fatigue. (See Duty Hours and CLER for details).

25. Oversight of Residency Program compliance with Institutional Vendor policies and establishment, implementation, and monitoring of any vendor policies specific for residency programs (as needed).

26. Review of and recommendations for revision of the funding** of residency positions as appropriate

27. Review of proposals for new residency programs, and increases or decreases in the size or content of existing programs; development of recommendations to the institution related to such proposals

28. Oversight to ensure the development of a core curriculum for all residency programs, including the six (ACGME)/seven (AOA) competencies as defined or modified by the applicable ACGME Review Committee/AOA Specialty College. Review and approval of the AOA required Institutional Competency Compliance Plan in accordance with AOA requirements.
Graduate Medical Education Committee (continued)

29. Oversight to ensure appropriate evaluation of resident performance in each of the competencies, and use of evaluation results in program development.

30. Oversight of all phases of educational experimentation, or innovation designed to meet “Detail Requirements” as defined by the ACGME for Residency Programs determined by the ACGME to be in “Substantial Compliance with Outcomes Requirements.”

31. Oversight of program specific implementation of the ACGME NAS including but not limited to a.) the establishment of and maintenance of an effective Clinical Competency Committee b.) evaluation of residents through the online Milestones process c.) the establishment and maintenance of an effective Program Evaluation Committee d.) submission of additional reports and responses to surveys as required.

32. Oversight of implementation of corrective actions when needed to address issues identified in 31 above.

33. Education concerning the ACGME CLER process for all Programs and development of an assessment tool for Program Directors to determine residency program status in meeting CLER expectations.

34. Participation in institutional implementation of changes required to prepare for the ACGME Clinical Learning Environment Review (CLER) site visits (see CLER page 43 above).

35. Oversight of processes related to resident education resultant from reductions in size or closure of individual programs, major participating institutions, and/or the sponsoring institutions. (See Program Closure/Program Size Reduction).

36. Through and in conjunction with the DIO maintain ongoing communication with the active medical staff of each institution including communication concerning resident activities related to patient safety and quality of care.

37. Through and in conjunction with the DIO, provide to the Active Medical Staff notification concerning accreditation status of all programs and the status of any citations, concerns, and the program and institution’s responses to those citations and concerns.

38. Through and in conjunction with the DIO provide an Annual Report to the Active Medical Staffs and the Boards of Directors of the sponsoring institutions, which will include but not be limited to the Executive Summary of the content of the Annual Institutional Review (see 16 above).

** 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) of each resident who begins a program and meets the ongoing requirements of the program.
INTEGRIS Health Hospitals
Internal Residency Review Protocol

The Graduate Medical Education Committee of INTEGRIS Health is responsible for oversight of the residency programs for which INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center, and INTEGRIS Bass Baptist Health Center are the sponsoring institution(s). The Graduate Medical Education Committee includes as part of the oversight function the internal review of residency programs as required by the American Osteopathic Association. The intent of the Committee is to perform the review in compliance with the Institutional Requirements of the AOA, the Basic Document for Post-doctoral Training Programs of the AOA and any future updates and/or amendments to those requirements. This document describes the protocol the Committee recommends and agrees to use to perform the internal reviews. The GMEC will comply with AOA timelines to convert Internal Reviews for individual residency programs to another review process.

The Committee will review each program at least once approximately halfway between site survey dates for AOA approved programs and in accordance with Internal Review dates provided by the AOA. Issues identified during the internal reviews will be addressed through the Graduate Medical Education Committee. For any program with no residents enrolled at the time of the Internal Review, the GMEC will conduct a modified Internal Review to evaluate ongoing adequacy of faculty, clinical volume, administrative and support staff, financial, and curricular resources available. A complete Internal Review will be performed six months following enrollment of the next resident.

The specific process used to perform the reviews will be the following:

1) The Graduate Medical Education Committee will determine when each program review will be scheduled at the time the Committee receives an approval letter from the AOA.

2) At a GMEC meeting prior to the review date, the Committee will determine the membership of the Review Subcommittee and persons to be interviewed.
   a. Subcommittee membership will include as a minimum the following:
      1. Administrative Medical Director
      2. One Faculty member from a different program
      3. One Resident from a different program
      4. One Representative from the Osteopathic Medical Education Consortium of Oklahoma (OMECO, the OPTI).
   b. The Administrative Medical Director, will serve as chair of the Review Subcommittee
   c. Program interviewees will include as a minimum the following:
      1. Program Director
      2. Key Faculty Members
      3. Fifty percent of residents of each level of training. (The specific residents interviewed will be chosen by peers.)
      4. Residency Coordinator and/or Residency Manager
   d. The Director for Medical Education for AOA approved programs may serve as a Subcommittee member or an interviewee as appropriate considering the specific program to be reviewed.
   e. The Administrative Medical Director may at his/her discretion choose additional members for a Review Subcommittee and/or additional interviewees for any Program Internal Review.
INTEGRIS Health Hospitals
Internal Residency Review Protocol (continued)

3) The Program will be responsible to complete the current version of the applicable AOA specialty college Crosswalk. The Program Director will forward the completed document to the Graduate Medical Education Office.

4) The Graduate Medical Education Office will provide the following documents (as a minimum) to Subcommittee members prior to the review:
   a. Crosswalk completed
   b. AOA Basic Document for Postdoctoral Training Programs/AOA Common Institutional and Program Requirements and specialty affiliate Standards for Approval of Residency Program as applicable
   c. AOA approval letters and any program specific responses thereto.
   d. INTEGRIS Health policies as defined in the Resident Handbook
   e. Reports from previous internal reviews
   f. Annual Program Evaluations completed since last AOA site visit
   g. Results from internal/external resident and if available faculty surveys completed since last AOA site visit

5) The Subcommittee will review the documents provided and will thereafter meet with the interviewees listed in 2) above. Residents will be interviewed as a group unless there is a specific reason identified to interview each resident separately. Neither faculty nor the Program Director will be present during any resident interview.

6) The Subcommittee will review the Crosswalk and particularly will address the following:
   a. Compliance, as applicable, with:
      1. AOA Basic Document for Training Programs and Specialty Affiliate Requirements
      2. Specific review of the following topics as included in 1) above
         • Professionalism, Personal Responsibility, and Patient Safety
         • Transitions in Care
         • Alertness Management/Fatigue Mitigation
         • Supervision of Residents, including specifically faculty supervision
         • Clinical Responsibilities
         • Teamwork
         • Resident Duty Hours, including call and other schedules
         • Program policies for recruitment and selection
         • Objectives for each program component
         • Resident involvement in the education program (curriculum planning, teaching, etc.)
         • Adequacy of patient base (scope, volume, variety)
         • Adequacy of faculty presence and involvement
         • Balance between education and service
         • Resident evaluation system and feedback
         • Assessment of core competencies
         • Availability of evaluations of faculty
INTEGRIS Health Hospitals
Internal Residency Review Protocol (continued)

- Resident participation in quality improvement and patient safety activities
- Resident exposure to ethics, medico-legal, managed care, cost-containment, socioeconomic issues
- Department education for trainees
- Compliance with specialty scholarly activity requirements

b. The educational goals and objectives of the program
c. The adequacy of educational and financial resources required to attain the goals listed
d. The effectiveness of the program in reaching the program specific educational goals and objectives
e. The development, implementation, and effective use of the Institutional Core Competency Plan to guide teaching and evaluation of residents in each of the seven AOA Core Competencies.
f. The effectiveness of the program in reaching goals and objectives of the ICCP. Program effectiveness will be determined by measurement of:
   1. Individual resident attainment of competencies
   2. Aggregate resident performance data
   3. Faculty development
   4. Graduate performance including performance on certification examinations
   5. Program quality as assessed confidentially by residents and faculty annually
g. The use by the program of educational outcomes and action plans in the Annual Program Evaluation
h. The methods and effectiveness of the program in addressing AOA citations and comments, as applicable.
i. The methods and effectiveness of the program in addressing concerns identified during prior internal reviews.

7) The Administrative Medical Director, Graduate Medical Education will write a report summarizing the results of the Internal Review. A Copy of the report format is attached. The applicable AOA specialty college Crosswalk with all attached documents will be incorporated as part of the Internal Review report.

8) The Administrative Medical Director, will present the report to the Graduate Medical Education Committee at the next regularly scheduled meeting. Recommendations of the Graduate Medical Education Committee will be included in the final document. The Internal Review process will be scheduled to ensure the report to GMEC occurs by the accreditation agency designated Internal Review date.

9) The Program Director will be given the opportunity to respond to any comments and/or recommendations of the Subcommittee and/or the Graduate Medical Education Committee at the Committee meeting during which the report is presented or may research the questions raised and provide a response at a subsequent meeting. The Graduate Medical Education Committee will determine whether any particular issue requires urgent attention and will so instruct the Program Director. The Graduate Medical Education Committee may at its discretion hold additional meetings as required to address issues requiring urgent attention.
10) The original report will be maintained in the Graduate Medical Education Office as an attachment to the minutes of the Graduate Medical Education Committee meeting when the report was presented. Copies will be provided to the Program Director and others if appropriate as determined by the Administrative Medical Director. A copy of the original report will be forwarded to the OPTI.

11) The Graduate Medical Education Committee will monitor corrective actions to issues identified during the Internal Reviews at intervals determined by the Committee depending on the nature of the identified issue.

12) The Graduate Medical Education Committee will review and revise as indicated this protocol and all attachments annually to ensure ongoing compliance with evolving ACGME and AOA requirements, ongoing relevance to the needs of the institution and the sponsored programs, and the maintenance of the maximum efficiency and utility of the review process.
Internal Review Report
AOA Approved Programs
To Be Revised in Accordance with Any Changes in AOA Accreditation Requirements
(Date)

Program Title:
Date of Internal Review:
Program Director:
Internal Review Committee:
    Program Director, (Program)
    Resident, (Program)
    Administrative Medical Director, (Internal Review Committee Chair)
    OPTI Representatives
Date of Last AOA Review:
Date of Next AOA Review:
AOA Review Determination:
Date of Assigned Mid Cycle Reviews:
GMEC Review Status at Assigned Mid Cycle Date:

Materials Assembled and Reviewed:
    1) Specialty/Subspecialty specific Crosswalk
    2) Prior AOA Approval Letter/ Responses to Letters
    3) AOA Basic Documents for Postdoctoral Training/AOA Common Institutional and Program
    Requirements
    4) AOA Specialty Affiliate Program Requirements
    5) INTEGRIS Health Graduate Medical Education Policies as defined in Graduate Medical Education
       Handbook
    6) Annual Program Evaluations
    7) Reports from last prior Internal Review
    8) Results of internal/external resident and, if available, faculty surveys

Individuals Interviewed:
    1) Director of Medical Education:
    2) Program Director:
    3) Faculty Members
    4) Residents from Each Level of Training:
    5) Residency Coordinator/Manager:

Review Process: (Narrative)

Review of Topics Defined in INTEGRIS Health Internal Residency Review Protocol
    a. Compliance, as applicable, with:
        1. AOA Basic Document for Training Programs and Specialty Affiliate Requirements
        3. Specific review of the following topics as included in 1) above
           • Professionalism, Personal Responsibility, and Patient Safety
           • Transitions in Care
           • Alertness Management/Fatigue Mitigation
           • Supervision of Residents, including specifically faculty supervision
           • Clinical Responsibilities
           • Teamwork
           • Resident Duty Hours, including call and other schedules
           • Program policies for recruitment and selection
           • Objectives for each program component
           • Resident involvement in the education program (curriculum planning, teaching, etc.)
           • Adequacy of patient base (scope, volume, variety)
           • Adequacy of faculty presence and involvement
           • Balance between education and service
Internal Review Report
AOA Approved Programs (continued)

- Resident evaluation system and feedback
- Assessment of core competencies
- Availability of evaluations of faculty
- Resident participation in quality improvement and patient safety activities
- Resident exposure to ethics, medico-legal, managed care, cost-containment, socioeconomic issues
- Department education for trainees
- Compliance with specialty scholarly activity requirements

g. The educational goals and objectives of the program
h. The adequacy of educational and financial resources required to attain the goals listed
i. The effectiveness of the program in reaching the program specific educational goals and objectives
j. The development, implementation, and effective use of the Institutional Core Competency Plan to guide teaching and evaluation of residents in each of the seven AOA Core Competencies.
k. The effectiveness of the program in reaching goals and objectives of the ICCP. Program effectiveness will be determined by measurement of:
   1. Individual resident attainment of competencies
   2. Aggregate resident performance data
   3. Faculty development
   4. Graduate performance including performance on certification examinations
   5. Program quality as assessed confidentially by residents and faculty annually
j. The use by the program of educational outcomes and action plans in the Annual Program Evaluation
k. The methods and effectiveness of the program in addressing AOA citations and comments, as applicable.
l. The methods and effectiveness of the program in addressing concerns identified during prior internal reviews.

AOA Specialty Affiliate Approval Letters, Citations/Concerns/Comments from Prior Corrective Action Plans Implemented, and Assessment of Effectiveness of Plans:
Summary of prior Internal Review Recommendations and Responses
Internal Review Committee Recommendations:
Planned Program Director Response:
Report to GMEC:
   Date:
   Actions:

Report to Osteopathic Medical Education Consortium of Oklahoma:
Graduate Medical Education Office

The Graduate Medical Education Office is located on the first floor of the Building “D” at INTEGRIS Baptist Medical Center. The Residency Office, which services programs at INTEGRIS Southwest Medical Center, is located in the Medical Office Building, 4200 S. Douglas Ave., Room 306. The Residency Office, which serves the Great Plains Family Medicine Residency, is located at Great Plains Family Medicine Center, 3500 NW 56th Street. The Residency office which serves programs located at INTEGRIS Bass Baptist Health Center in Enid is located at 620 S. Madison, Suite 209. The Administrative Medical Director, directs the offices and staff.

The Graduate Medical Education Office and/or specific Residency Offices maintain all graduate medical education related documents including all master affiliation agreements, program specific letters of agreement, ACGME and AOA related documents, resident logs, if applicable, and records utilized to verify residency training.

Responsibilities of the Graduate Medical Education and Residency Office staff include the following:

1. Provide support for the Administrative Medical Director, the Director of Medical Education for osteopathic programs, 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, electronic including but not limited to computer, or other equipment for regular resident conferences and meetings.
   c. Support for other hospital departments and services including coordination of 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, Osteopathic Resident Matching Program.
4. Preparation of the annual resident orientation program.
5. Implementation and management 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, AOA, ACGME Review Committees and AOA specialty affiliates.
Graduate Medical Education Office (continued)

h. Any other files required for the maintenance of ACGME accreditation and/or AOA approvals.

13. Management of all processes required for the maintenance of ACGME accreditation and AOA approval 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. Preparation of documents required for accreditation site visits.
   d. Active participation in program changes required to comply with changes in accreditation requirements.

14. Communication with the Osteopathic Postgraduate Training Institution (OPTI) as required.

15. Support for program participation in all required CLER activities.

Graduate Medical Education Office
IBMC
3300 NW Expressway, 100-4394
OKC OK 73112

Great Plains Family Medicine Center
3500 NW 56th, Suite 100
OKC OK 73112

Emergency Medicine Residency
4200 S. Douglas Ave., Suite 306
OKC OK 73109

Northwest Family Medicine Residency
620 S. Madison, Suite 209
Enid, Oklahoma 73701
## Glossary of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
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<td>AIR</td>
<td>Annual Institutional Review</td>
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<td>AOA</td>
<td>American Osteopathic Association</td>
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<tr>
<td>APE</td>
<td>Annual Program Evaluation</td>
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<tr>
<td>CAP</td>
<td>Corporate Assistance Program</td>
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<tr>
<td>CCC</td>
<td>Clinical Competency Committee</td>
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<tr>
<td>CLER</td>
<td>Clinical Learning Environment Review</td>
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<tr>
<td>COCA</td>
<td>Commission on Osteopathic College Accreditation</td>
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<tr>
<td>COMLEX</td>
<td>Comprehensive Osteopathic Medical Licensure Examination</td>
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<tr>
<td>DIO</td>
<td>Designated Institutional Official (ACGME Programs)</td>
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<tr>
<td>DME</td>
<td>Director of Education (for Osteopathic Programs)</td>
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<tr>
<td>EIAB</td>
<td>Extended Illness Accrual Bank</td>
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<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
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<td>GMEC</td>
<td>Graduate Medical Education Committee</td>
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<td>GPMF</td>
<td>Great Plains Medical Foundation</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>IBBHC</td>
<td>INTEGRIS Bass Baptist Health Center</td>
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<td>IBMC</td>
<td>INTEGRIS Baptist Medical Center</td>
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<td>ICCP</td>
<td>Institutional Core Competency Plan</td>
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<td>ISMC</td>
<td>INTEGRIS Southwest Medical Center</td>
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<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
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<td>NAS</td>
<td>New Accreditation System</td>
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<td>NRMP</td>
<td>National Resident Matching Program</td>
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<td>OGME</td>
<td>Osteopathic Graduate Medical Education Year</td>
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<td>OMECO</td>
<td>Osteopathic Medical Education Consortium of Oklahoma</td>
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<tr>
<td>OPTI</td>
<td>Osteopathic Postgraduate Training Institute</td>
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<td>OSBOE</td>
<td>Oklahoma State Board of Osteopathic Examiners</td>
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<td>OSMA</td>
<td>Oklahoma State Medical Association</td>
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<td>PEC</td>
<td>Program Evaluation Committee</td>
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<tr>
<td>PGY</td>
<td>Postgraduate Year</td>
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<tr>
<td>PPL</td>
<td>Personal Paid Leave</td>
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<td>OHPP</td>
<td>Oklahoma Health Professionals Program</td>
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<tr>
<td>RC/RRC</td>
<td>Review Committee/Residency Review Committee</td>
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<tr>
<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
</tr>
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## Glossary of Terms Related to Resident Duty Hours

Appendix A

Policies
Policies

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

Appendix B

GMEC Organization Chart
INTEGRIS Graduate Medical Education Handbook 2014-2015
Page 73

Updated 05/01/2014
Appendix C

GME Personnel Organization Chart
Appendix D - Benefits

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

https://hranytime.corp.integris-health.com/content/content.aspx?ContentID=46

Appendix E - Medicare Requirements

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


Appendix F - CLER Pathways

For information regarding CLER Pathways, please view the link given below.

http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf

Appendix G - Cerner Information

For information regarding CLER Pathways, please view the link given below.

New Mid-Level Provider Privileges –NEW