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

INTEGRIS Health
Graduate Medical Education Handbook
2017-2018
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Graduate Medical Education Structure</td>
<td>2</td>
</tr>
<tr>
<td>Information for Applicants</td>
<td>3</td>
</tr>
<tr>
<td>Resident Orientation</td>
<td>4</td>
</tr>
<tr>
<td>General</td>
<td>5</td>
</tr>
<tr>
<td>Program</td>
<td></td>
</tr>
<tr>
<td>Appointments to Residency Positions</td>
<td>7</td>
</tr>
<tr>
<td>Licensure for Residents</td>
<td>10</td>
</tr>
<tr>
<td>Employment Requirements</td>
<td>12</td>
</tr>
<tr>
<td>Resident Contracts</td>
<td>12</td>
</tr>
<tr>
<td>Record Retention</td>
<td>12</td>
</tr>
<tr>
<td>Curriculum</td>
<td>13</td>
</tr>
<tr>
<td>Evaluation of Residents</td>
<td>14</td>
</tr>
<tr>
<td>Promotion of Residents</td>
<td>17</td>
</tr>
<tr>
<td>Coaching and Counseling Procedure</td>
<td>18</td>
</tr>
<tr>
<td>Disciplinary Procedure</td>
<td>19</td>
</tr>
<tr>
<td>Grievance Procedure</td>
<td>23</td>
</tr>
<tr>
<td>Process to Discuss Issues Confidentially</td>
<td>26</td>
</tr>
<tr>
<td>Salaries</td>
<td>28</td>
</tr>
<tr>
<td>Resident Benefits</td>
<td>29</td>
</tr>
<tr>
<td>Employment Policies</td>
<td>32</td>
</tr>
<tr>
<td>Educational and Related Allowances</td>
<td>35</td>
</tr>
<tr>
<td>Vendor Relationships</td>
<td>36</td>
</tr>
<tr>
<td>Supervision and Accountability</td>
<td>36</td>
</tr>
<tr>
<td>Residents in Surgery</td>
<td>37</td>
</tr>
<tr>
<td>Residents in Labor and Delivery</td>
<td>38</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Quality Improvement/Patient Safety</td>
<td>39</td>
</tr>
<tr>
<td>Clinical Learning Environment Review (CLER)</td>
<td>40</td>
</tr>
<tr>
<td>Medical Records</td>
<td>40</td>
</tr>
<tr>
<td>Evaluation Forms</td>
<td>41</td>
</tr>
<tr>
<td>Evaluation of Faculty and Program</td>
<td>41</td>
</tr>
<tr>
<td>Self-Study</td>
<td>43</td>
</tr>
<tr>
<td>Clinical Experience and Education</td>
<td>43</td>
</tr>
<tr>
<td>Transitions of Care</td>
<td>46</td>
</tr>
<tr>
<td>Professionalism</td>
<td>46</td>
</tr>
<tr>
<td>Well-Being</td>
<td>47</td>
</tr>
<tr>
<td>Fatigue Mitigation</td>
<td>47</td>
</tr>
<tr>
<td>Teamwork</td>
<td>47</td>
</tr>
<tr>
<td>Program Closing/Program Size Reduction</td>
<td>48</td>
</tr>
<tr>
<td>Disaster Management</td>
<td>48</td>
</tr>
<tr>
<td>Local Extreme Emergent Situations</td>
<td>49</td>
</tr>
<tr>
<td>Restrictive Covenant</td>
<td>50</td>
</tr>
<tr>
<td>Policy on Professional Activities</td>
<td>50</td>
</tr>
<tr>
<td>Moonlighting</td>
<td>51</td>
</tr>
<tr>
<td>Counseling and Mental Health Services</td>
<td>52</td>
</tr>
<tr>
<td>Physician Impairment</td>
<td>53</td>
</tr>
<tr>
<td>Graduate Medical Education Committee</td>
<td>55</td>
</tr>
<tr>
<td>INTEGRIS Health Special Review Committee</td>
<td>60</td>
</tr>
<tr>
<td>Medical Education Department</td>
<td>62</td>
</tr>
<tr>
<td>Glossary of Abbreviations</td>
<td>64</td>
</tr>
</tbody>
</table>
Table of Contents (continued)

Appendix

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies</td>
<td>65</td>
</tr>
<tr>
<td>GMEC Organization Chart</td>
<td>67</td>
</tr>
<tr>
<td>GME Personnel Organization Chart</td>
<td>69</td>
</tr>
<tr>
<td>Benefits</td>
<td>71</td>
</tr>
<tr>
<td>Behavioral and Performance Assessment Document with Corrective Action Plan</td>
<td>73</td>
</tr>
<tr>
<td>CLER Action Plan</td>
<td>76</td>
</tr>
<tr>
<td>Medicare Requirements</td>
<td>81</td>
</tr>
</tbody>
</table>
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.integrismge.org.

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

The INTEGRIS Graduate Medical Education Committee approved the INTEGRIS Health Graduate Medical Education Resident Handbook 2017-2018 on July 7, 2017.

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

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

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

All Residency Program Directors report to the Administrative Medical Director who is the Designated Institutional Official (DIO). The Administrative Medical Director provides an annual report, which includes an Executive Summary of the Annual Institutional Review, to the Medical Staff Leadership Committee (a committee composed of all INTEGRIS Medical Staff Presidents and chaired by the Chief Medical Officer CMO) and to the INTEGRIS Health Board of Directors and to the Medical Executive Committees and the Boards of Directors of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center; reports to the Chief Medical Officer; and is a member of the Medical Executive Committees of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center. The President of the Medical Staff from each institution reports to the Board of Directors for that institution. The Chief Medical Officer through the CEO reports to the INTEGRIS Health Board. The Medical Staff Leadership Committee, Medical Executive Committees and the Boards of Directors provide feedback to the GMEC and the residency programs through the Administrative Medical Director/Designated Institutional Official.

The Board of Directors of INTEGRIS Health has final authority over the Medical Staff Leadership Committee, the Boards of Directors, and Medical Executive Committees of all INTEGRIS facilities, and has final authority and responsibility for the residency programs of INTEGRIS Health.
Information for Applicants

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

Financial support
Vacations
Leave: Professional, Parental and Sick
Insurance: Professional liability, Health, 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), a sample contract and the institution’s policies on visa status and eligibility for appointment to a residency or fellowship position, as applicable will be available to applicants prior to the rank order list certification deadline. The policies and eligibility criteria are included within this Handbook. The sample contract will be available on the INTEGRIS Health Graduate Medical Education website.
Resident Orientation

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

General Orientation (Graduate Medical Education Office)

The general orientation will provide residents with an overview of INTEGRIS Health and the primary clinical sites INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center and the policies of the institutions, which apply to all residents. The Graduate Medical Education Staff will 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 prevention and methods to address exposures
- Environment of care (safety hazards in the hospital setting), and emergency codes
- Patient care responsibilities, graded supervision, relationships with attending physicians, other residents, and allied health care personnel
- Information systems
- Medical record documentation requirements
- The Learning and Work Environment requirements and methods to monitor and address resident fatigue, and the effects of sleep deprivation
- Resident, faculty, and program evaluations
- Moonlighting
- Graduate Medical Education and other committees
- Resident Forum
- Resident participation in Quality and Performance Improvement activities
- Stress management, counseling resources available, and services available to address physician impairment
- Disciplinary and Grievance Procedures and methods available to address issues confidentially
- Professional Liability Coverage
- Leave Policies
- Introduction to accreditation agencies and their requirements with particular focus on the six ACGME competencies
Resident Orientation (continued)

- ACGME Next Accreditation System including but not limited to:
  - Milestones
  - Resident Survey
  - Faculty Survey
  - Case Logs
  - Scholarly Activity
  - ADS Data Submission

- Clinical Learning Environment Review (CLER) site visits including but not limited to:
  - Resident integration into institutional quality improvement processes including demonstration of impact.
  - Resident integration into institutional patient safety processes including demonstration of impact.
  - Methods to reduce disparities in health care delivery
  - Supervision
  - Transitions in care
  - 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 competencies
- Introduction to the ACGME Milestones tracking process
- Faculty and program evaluations
Resident Orientation (continued)

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

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

- Harassment in the Workplace/Confidentiality
- HIPAA/Advance Directives/EMTALA/Fraud and Abuse
- Sleep Deprivation and Fatigue
- Emergency Codes
- Pain Management
- Risk Management and Interpersonal and Communication Skills
- Introduction to the IRB and for programs which perform scholarly activities that require IRB review and/or approval - CITED
- Hand-offs/Care transitions
- Patient Safety/Quality Improvement Processes – IHI Open School
- Access to Electronic Medical Literature
- Physician Impairment/Substance Abuse
- Teamwork
- Supervision/Learning and Working Environment – Orientation – General and Program Specific
- Vendor relationships, including the potential effects thereof, and the “Sunshine Act”
- Information Technology Security
- AIDET

The Graduate Medical Education Office will arrange, as part of orientation, for training for the electronic medical record (Epic); the residency tracking system (New Innovations) and the institution wide online education platform (HealthStream).
Appointments to Residency Positions

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

Eligibility Criteria

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

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME) who have passed the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge and Clinical Skills Examinations (CK and CS) and who hold a Special License for Training or regular medical license in the State of Oklahoma.
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association who have passed both the USMLE Step 1 and Step 2 (CK and CS) or the COMLEX-USA Level 1 and Level 2-CE and clinical skills examination.
- Graduates of medical schools outside the United States and Canada who meet the following qualifications:
  - Hold a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program and
  - Are citizens of the United States OR hold either a J-1 visa or a permanent immigrant visa ("green card"), the requirements for which include passing Step 1 and Step 2 (CK and CS) of the USMLE, or
  - 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) Radiology – Applicants must successfully complete PGY1 training in an ACGME, RCPSC*, or CPFC* accredited residency or transitional year program which meets requirements defined by the Radiology ACGME RRC to be eligible for the first year of the Radiology Program.
  2) Hand Surgery - Applicants must successfully complete a residency in an ACGME or RCPSC* accredited Orthopedics, Plastic Surgery, or General Surgery program to be eligible for the Hand Surgery fellowship.

- Program Directors must obtain verification of each residency applicant’s or entering fellow’s (as applicable) level of competency in the required field using ACGME/CanMEDS Milestones assessments from the prior (resident)/core (fellow) training program.

Selection of Residents

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

*RCPSC – Royal College of Physicians and Surgeons of Canada
* CFPC – College of Family Physicians of Canada
Appointments to Residency Positions (continued)

**Resident Transfer**

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

1. There is an open position at the appropriate training level which the Program Director in consultation with the Administrative Medical Director, Graduate Medical Education agrees to fill.

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

The ACGME defines a “transfer resident” for whom the above requirements apply as:
1) A resident who moves from one program to another within the same or a different sponsoring institution
2) A resident who enters a PGY2 program requiring a preliminary year even if the resident was accepted into both the PGY1 and PGY2 year programs simultaneously (through the Match)
Licensure for Residents

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

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

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

Allopathic Physicians (MD Degree)

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

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

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

Osteopathic Physicians (DO Degree)

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

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

Licensure Board Address

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

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

Or

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

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

USMLE Step 3

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

COMLEX USA 3

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

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

Resident Contracts

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

Record Retention

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

The following documents will be retained:
- Evaluations (See Evaluation of Residents)
- Corrective Action Plans (see Coaching and Counseling/Remediation)
- Documents generated as defined in the Disciplinary Procedure and Grievance Procedure policies below.
- Leave of Absence Documents (See Leave of Absence below)
- Certificate of Completion of Training (copy only: see Certificate of Completion)
- Documents of Approval and Disapproval of Moonlighting and any other Professional Activities performed outside the training program (See Moonlighting and Professional Activities policies below)
Curriculum

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

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

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

The Program Director is responsible to ensure:

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

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

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

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

Purpose of Evaluations

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

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

ACGME Requirements

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

1. Written or electronic evaluations designed to assess resident competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism and system based practice as defined in the Program requirements. The written/electronic evaluations must be performed periodically. Appropriate and timely feedback to the resident is required. Evaluations must be maintained in the resident’s file and must be available only to the resident and other authorized personnel. The evaluation tools must provide an accurate assessment of the resident’s competence in each of the areas listed above and should relate to specific educational objectives for individual rotations or other educational experiences as often as possible. Results of resident assessments should be used to develop learning plans for each individual resident and to develop improvements in the overall training process. 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 using the Milestone format, and communicated to the resident by the Committee and/or Program Director. The summary evaluations and any associated counseling must be documented, maintained permanently in the resident’s file and be available only to the resident and other authorized personnel. 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.
Evaluation of Residents (continued)

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

1) Family Medicine – direct observation of resident-patient encounters and a multisource evaluation including at least patients, peers, and non-physician team members
2) Diagnostic Radiology – global faculty evaluations, 360 evaluations, and an extensive learning portfolio
3) Emergency Medicine – assessment of resident competency in procedures and resuscitations at least annually

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

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

Institution Requirements

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

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

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

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

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

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

Cognitive Tests
- Medical Knowledge
- Patient Care and Procedural Skills

Focused Assessment of Performance – Direct observation
- Patient Care and Procedural Skills
Evaluation of Residents (continued)

Portfolios of Clinical Experiences
- Practice-based Learning and Improvement
- Systems-based Practice

Multisource Feedback Evaluations
- Interpersonal Skills and Communication
- Professionalism

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.

See New Innovations for examples of evaluation forms.

Certificate of Completion

INTEGRIS Health will provide a certificate of completion at the end of the training program to each resident who successfully completes all program requirements, for whom the Program Director can verify the resident has demonstrated 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 defined competencies and satisfactorily completing the requirements stipulated by the residency program and/or specialty certifying board. The program should establish criteria or standards the resident must achieve to earn promotion to the next level of training. Such standards should include knowledge, skills, and abilities defined in a graded, progressive fashion. ACGME programs should base requirements on specialty specific Milestones, but should make final decisions on information that includes but is not limited to the Milestones. The specialty certifying board, or the major professional society in the specialty may also have guidelines or specific requirements for resident promotion. Requirements for promotion must be incorporated into the general educational goals and objectives provided in writing to residents beginning the program.

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

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

A decision not to renew the appointment of a resident for the next year should be made as early as possible during the training year. The ACGME requires a minimum of four 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 Health regarding resident coaching, counseling, and remediation.

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

1) Coaching – Coaching is an ongoing part of resident training. There should be continual feedback to residents concerning their performance with documentation accordingly in the resident’s file. (See section “Evaluation of Residents”).
Coaching & Counseling/Remediation Procedure (continued)

2) Counseling/Remediation – Counseling/Remediation is appropriate when coaching sessions do not result in acceptable performance and behavior. The Program Director should review all information available including but not limited to semi-annual assessments by the Clinical Competency Committee and progress documented through the Milestones, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior. The Program Director should then meet with the resident, discuss the issues and, with the resident, develop an action plan to accomplish the necessary improvements. The issues, the needed improvements, and the action plan should be documented. The action plan should include expected time frames to accomplish the needed changes and a planned formal reassessment date which should occur at a minimum within the subsequent two months. The Program Director and the resident should both sign and date the document, the original of which will be maintained in the resident file. The Program Director and the resident should both receive a copy of the document. If the Program Director elects to have another faculty member or another Institutional representative present during the discussion, that person should also sign and date the document.

3) Progressive Counseling/Remediation – If the Counseling/Remediation provided above does not result in the needed improvement in behavior and performance the Program Director at his or her discretion may elect to repeat the Counseling/Remediation process with an advanced action plan that requires more specific or frequently measured performance standards, closer monitoring by faculty and/or Institutional officials, or other forms of more intense management. Evaluations of the issues, development of an action plan, meetings with the resident, and documentation requirements should follow the same guidelines as those listed under Counseling/Remediation above.

Disciplinary Procedure

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

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

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

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

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

The Program Director should notify the Administrative Medical Director prior to suspending any resident from the Program. The Administrative Medical Director will notify Human Resources and/or the Legal Department, as appropriate. The Program Director and the Administrative Medical Director in consultation with Human Resources and/or the Legal Department will review all information available, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior required for the resident to be removed from Suspension. The Program Director will document the issue(s), the investigation, and the plan of action on the attached forms (Appendix E), then discuss the document with the resident. A witness should be present during the Program Director discussion with the resident. The reasons for the Suspension, the requirements for the resident to be removed from suspension, and time frames should be specifically stated and included on the attached documentation form (Appendix E). The Program Director, the resident, and the witness should each sign and date the document. The original will be maintained in the resident file. The Program Director and the resident should both receive a copy. At the discretion of the Program Director, the witness may also keep a copy. The resident may appeal the Suspension using the Grievance Procedure. The Suspension will remain in force pending completion of the Grievance Procedure proceedings. During Suspension, the resident will be placed on “administrative leave” and may not participate in regular duties, rounds, or educational conferences. Subsequent to a Suspension, a resident may be:
   a. Reinstated with no qualifications
   b. Reinstated on Probation
   c. Continued on Suspension pending further review
   d. Terminated from the program

3) Termination — Any termination of a resident will occur only following Program Director consultation with the Administrative Medical Director, with Human Resources, and with the Legal Department. If the resident performance and/or behavior do not improve following, or the performance and/or behavior recurs in spite of, corrective action steps as defined above; if the investigation of the Suspension reveals conduct or performance of such severity that termination is deemed appropriate by the Program Director; or if the original behavior and/or performance that precipitated the disciplinary procedure is of such severity that termination is appropriate whether or not prior corrective action has been implemented, the Program Director in consultation with the Administrative Medical Director, Human Resources, and the Legal Department may terminate a resident from the Residency Program and from employment by INTEGRIS Health. The Program Director with a witness should meet with the resident and provide to the resident in writing the reasons for the termination. A copy of the Grievance Procedure should be provided with the termination notice. The resident may appeal the termination using the Grievance Procedure.

4) Reasons to invoke the Disciplinary Procedure may include but will not be limited to any of the following list. The degree of discipline will be determined by the individual circumstances of each case and may include any of the steps defined above up to and including termination.

   1. Failure to meet the performance standards of an individual rotation.
   2. Failure to meet the performance standards of the Program.
   3. Failure to successfully complete a rotation.
   4. Failure to perform assigned duties so as to meet stated or implied standards of performance.
   5. Failure to seek help when needed.
Disciplinary Procedure (continued)

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

Non-renewal. In the event that the Program Director decides not to renew a resident’s appointment, the resident will be provided notice that will include a statement specifying the reason(s) for non-renewal. The resident may appeal the non-renewal using procedures as defined in the Grievance Policy. 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.
Grievance Procedure

I. Purpose

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

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

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

II. Grievances

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

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

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

B. The following are not subject to Grievance Procedure consideration or review:

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

III. Grievance Process

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

B. A resident may submit a grievance only on the matters stated in Section 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 Chief Medical Officer. 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 Chief Medical Officer shall appoint an ad hoc Resident Appeals Committee for the purpose of considering the specific grievance(s) of the resident physician.

I. The Resident Appeals Committee shall be composed of six (6) members: three (3) selected from the faculty of the Institution’s residency programs, other than the program in which the complainant is a resident and three (3) selected from residents within residency programs in the Institution, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the Chief Medical Officer 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 Chief Medical Officer.
Grievance Procedure (continued)

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

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

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

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

N. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement shall indicate the agreement that has been reached by the parties and shall be signed and dated by each party and by the Chair of the Appeals Committee. This agreement shall be filed with the Chief Medical Officer. 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 Chief Medical Officer shall have the tie-breaking vote.

P. The Appeals Committee shall render to the Chief Medical Officer 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 Chief Medical Officer 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 Chief Medical Officer shall inform the resident and the Program Director of the findings of the Appeals Committee and of the Chief Medical Officer’s decision. A copy of the Chief Medical Officer’s decision shall be transmitted to the Chair of the Appeals Committee and to the Administrative Medical Director for Graduate Medical Education to be placed in the resident's file maintained in the Graduate Medical Education Office.

IV. Confidentiality

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

Processes to Discuss Issues Confidentially

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

Process:
Any resident may voice a concern related to

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

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

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

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

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

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

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

The Joint Commission
Any employee who has concerns about the safety or quality of care provided in the institution may report the concern to The Joint Commission at 800-994-6610 or complain@jointcommission.org. Comments may remain anonymous if requested.

Institutional Services:
INTEGRIS Health maintains confidential reporting processes for all employees. Specifically

- INTEGRITY Line (1-888-243-9597) to report legal, regulatory, compliance, or Code of Conduct concerns. The Corporate Compliance Department reviews reports and investigates as appropriate.
- Incident Reports –INTEGRIS Inside --> Quick Links --> Patient/Visitor Event 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

Resident salary schedule for: 2017-2018

<table>
<thead>
<tr>
<th>PGY</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY-1</td>
<td>$51,587</td>
</tr>
<tr>
<td>PGY-2</td>
<td>$53,427</td>
</tr>
<tr>
<td>PGY-3</td>
<td>$55,124</td>
</tr>
<tr>
<td>PGY-4</td>
<td>$57,448</td>
</tr>
<tr>
<td>PGY-5</td>
<td>$59,599</td>
</tr>
<tr>
<td>PGY-6</td>
<td>$62,330</td>
</tr>
<tr>
<td>PGY-7 and above</td>
<td>$65,807</td>
</tr>
</tbody>
</table>

Residents must complete all training requirements of the 2016-2017 academic year to transition to the 2017-2018 salary schedule.

This page will be revised annually.
Resident Benefits

Insurance Benefits

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

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


Group Term Life And Accident: INTEGRIS Health Employee Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.


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

Workers’ Compensation: Provided pursuant to state statutory requirements.

Retirement Benefits

Resident Benefits (continued)

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

a. Physician is credited with 176 hours (22 days) PPL into physician’s PPL bank on his or her date of hire and on physician’s annual PPL service date (typically July 1).

b. Physician can carry forward a maximum of 340 hours PPL at the end of physician’s PPL calendar year (typically June 30).

c. Physician is eligible to receive payment of PPL balance prorated in accordance with INTEGRIS Health policy HR-SYS-250 at the time of physician’s termination or change to ineligible status.

d. Physician accrues EIAB hours each pay period up to a maximum of 40 hours per year.*

e. Physician can carry forward a maximum of 1040 EIAB hours on physician’s annual service date.

f. Physician is not eligible to receive payment of EIAB balance at time of physician’s termination or change to ineligible status.

*based on 80 hours paid per pay period.

Family Leave - Federal Guidelines:

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

Educational Leave:

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

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

### Counseling Services:
Residents that are INTEGRIS Health employees are provided counseling services through the Employee Assistance Program.

### Other Benefits:

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Quarters:</td>
<td>Call quarters and amenities are available as needed.</td>
</tr>
<tr>
<td>Library/Internet</td>
<td>Access to library facilities, including books, journals, online databases, computer programs, online educational programs, and medical librarian assistance is available for clinical decision-making and research as required by the individual program. Professional expenses for additional education items are available per the individual program’s budget.</td>
</tr>
<tr>
<td>Education Materials:</td>
<td></td>
</tr>
<tr>
<td>Parking:</td>
<td>Free parking is available in the Primary Clinical Site parking areas and at designated locations for certain external rotations, or as designated by the Administrative Medical Director, Program Director, or his/her designee. The Administrative Medical Director, Program Director, or his/her designee will make parking assignments depending on the location of a specific rotation. Residents must abide by all rules of INTEGRIS Health, Inc. and other rotation sites regarding parking registration, parking cards, parking stickers, etc.</td>
</tr>
<tr>
<td>Meals:</td>
<td>Meals are furnished at no charge, if a resident is on call.</td>
</tr>
<tr>
<td>Scrubs:</td>
<td>Scrubs, lab coats and laundry are available per individual program.</td>
</tr>
</tbody>
</table>
Employment Policies

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

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

- Emergency Operations Plan ESOP-4000
- CODE BLACK Severe Weather Response ESOP-4002
- Emergency Response Team for Non-Nursing and Public Areas MET-RM-140
- Parking Policy MET-ADM-250
- Non-Retaliation Policy SYS-CMP-108
- Non-Monetary Compensation and Incidental Benefits to Referring Physicians SYS-CMP-109
- Employee Gifts, Awards and Bonuses SYS-CMP-111
- Overnight Travel Policy SYS-FIN-103
- Business Expense Reimbursement SYS-FIN-110
- Dress Code SYS-HR-131
- Funeral Leave SYS-HR-151
- Equal Employment Opportunity SYS-HR-204
- Accommodating Qualified Individuals with Disabilities SYS-HR-206
- Affirmative Action SYS-HR-207
- Leaves of Absence (Family, Medical, Personal and Military) SYS-HR-210
- Harassment SYS-HR-213
- Paid Personal Leave (PPL)/EIAB Plan SYS-HR-250
- PPL Leave Sharing Policy SYS-HR-252
- Workplace Violence Prevention Program SYS-HR-320
- Continuation of Operations During Inclement Weather SYS-HR-412
- Solicitation and Distribution SYS-HR-606
- Substance Abuse SYS-HR-609
- Social Media Policy SYS-HR-704
- Employee Immunizations SYS-IC-100
- Mandatory Seasonal Influenza Vaccination Program SYS-IC-101
- Employee Health Service – Tuberculin Screening SYS-IC-102
- Information Security Policy SYS-IM-100
- Email Security SYS-IM-106
- Record Retention and Destruction SYS-LGL-109
- Vendor Relationships SYS-MAT-105

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

<table>
<thead>
<tr>
<th>Employee Health Policies</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee Health telephone numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Call Nurse……………...570-0112</td>
</tr>
<tr>
<td>IBMC………………………951-2903</td>
</tr>
<tr>
<td>ISMC………………………..636-7336</td>
</tr>
</tbody>
</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 – 2 doses
- Mumps – 2 doses
- Rubella – 1 dose
- Varicella – 2 doses
- Hepatitis B vaccine strongly encouraged

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

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

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

Leave of Absence

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

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

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

Computer Policy

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

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

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

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

**Unacceptable**
- Computers including PC’s and laptops
- Cell phones/Smart phones
- Flash Drives
- iPod’s, iPad’s
- Pagers
- Printers
- Other “devices”
- Hardware upgrades
- Interactive software

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

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

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

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

Supervision and Accountability

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

Levels of Supervision are defined as follows:

Direct Supervision – The supervising physician is physically present with the resident 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; the details and complexity of the specific patient and/or procedure; the availability of support services and the need to maintain safe quality patient care. The level of supervision and the degree of independence should be determined based on demonstrated competence using objective criteria and national guidelines when available. Upper level residents who have demonstrated competency for the specific patient care activity/procedure and have demonstrated appropriate supervisory skills may supervise junior residents.

PGY1 Residents: Initially, PGY1 residents must be supervised either directly, or indirectly with direct supervision immediately available.

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.
Supervision and Accountability (continued)

The resident is responsible to:

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

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

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

See Appendix E for

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

Residents in Surgery

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

1) Residents may not act as primary surgeons.
2) Fellows may not act as primary surgeons unless specifically individually credentialed and privileged to function independently and to perform the procedure in question at the specific facility.
3) Residents may not start a procedure unless the supervising/ responsible physician is in the operating room area.
4) Fellows may start independently only those procedures for which they have specific staff privileges; fellows may not start other procedures unless the supervising/ responsible physician is in the operating room area.
5) The intensity of the supervision provided to residents and/or fellows will be determined by the level of training of the particular resident/fellow, the proficiency of the particular resident/fellow, and the complexity of the particular procedure to be performed. The level of supervision provided must be consistent with levels determined by the Program Director and faculty as defined in “Supervision of Residents” above. Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available must be provided to PGY1 Residents.
Residents in Surgery (continued)

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 Health concerning residents in labor and delivery.

1) Residents may not act as primary obstetricians.

2) An attending physician will be present for every delivery; exceptions will be made only for true emergencies.

3) An attending physician will be available by telephone during every labor and will supervise the management of any complication. The attending physician and contract terms will determine the level of supervision required as in (6) and (7) below.

4) Residents will assess and manage non-laboring pregnant and post-partum patients under the supervision of an attending physician. Residents may not admit, discharge, or transfer any patient. It is the responsibility of the attending physician to determine the need for admission, discharge, or transfer.

5) Residents may start a surgical procedure only if the supervising/responsible physician is in the labor and delivery area.

6) The intensity of the supervision provided to residents will be determined by the level of training of the particular resident, the proficiency of the particular resident, and the complexity of the particular procedure to be performed. The level of supervision provided must be consistent with levels determined by the Program Director and faculty as defined in “Supervision 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 physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care. Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures. It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

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

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

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.

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. The Resident Quality Committee provides opportunities for residents to become directly involved in quality and safety improvement efforts through collaboration with the institution. The Committee is comprised of resident representatives and Graduate Medical Education sponsors. The Committee reports to the GMEC and when requested to the IBMC and ISMC Medical Quality Committees.
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 and faculty 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
- Promotion of Well-being
- 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 and the Chief Executive Officer have oversight responsibility for the development of processes to address the Focus Areas and Key Questions above. Institutional and Graduate Medical Education staff will use the “CLER Pathways to Excellence” as a guide and reference for institutional and program specific development. Program Directors, faculty, and residents will participate as appropriate. The institutional responsibilities and oversight related to all issues above are in addition to and do not replace Program Director, faculty, and resident responsibilities determined by the ACGME, the ACGME RRC and the GMEC, or as defined elsewhere in this Graduate Medical Education Handbook. For details concerning CLER program implementation, see the CLER Action Plan in Appendix F.

**Medical Records**

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

The following evaluations can be located in New Innovations:
- Evaluation of the Resident
- Evaluation of the Faculty
- Evaluation of the Program
- Program Specific Evaluations
- Summative Evaluation of Resident

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

Evaluation of the Faculty and Program by the Residents

Faculty Evaluation

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

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

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 the Annual Institutional Review when indicated, and by the ACGME during accreditation site visits.

The Program Director must ensure that each faculty member receives an annual evaluation. The evaluation should include an assessment of clinical knowledge, teaching ability, commitment to the program, participation in patient safety and quality improvement activities, 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 requirements and progress in addressing any areas of non-compliance identified by the ACGME/RRC’s
- Progress in addressing actions included in 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 agency on-line Resident Surveys and faculty responses in accreditation agency 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) Special Reviews (as applicable)
2) ACGME Self-Study and Site Visit (as determined by the ACGME)

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

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

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

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

Clinical Experience and Education

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

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

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

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

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

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

2) The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

3) Residents should have eight hours off between scheduled clinical work and education periods.
   a. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

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

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

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

7) In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

8) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident’s fitness for work nor compromise patient safety.

9) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

10) PGY-1 residents are not permitted to moonlight.

11) Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
   a. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.

12) Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

13) Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
   a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

14) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.
Clinical Experience and Education (continued)

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

1) Monitor, through a structured process, program specific clinical experience and education compliance. Review program adjustments needed/made to remain in compliance with clinical and educational work hour requirements.

2) Provide an annual report to the Medical Staff Leader Consortium; the Medical Executive Committees of INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center; the Boards of Directors of these facilities and the Board of Directors of INTEGRIS Health. The report will include program specific compliance with clinical experience and education requirements and any recommendations concerning actions needed to bring specific programs into compliance with the requirements.

3) Establish and oversee the implementation of a moonlighting policy. (See the Moonlighting Policy).

4) Oversee program specific monitoring of the effect of moonlighting on resident performance. (It shall be the responsibility of the Program Director to establish and maintain the program specific 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 clinical and educational work hours, including all moonlighting hours and all variances and Program Director variance reviews, will be tracked using New Innovations software. The Program Directors and Graduate Medical Education Office staff will provide program specific details. Residents must comply with all clinical and educational work hour documentation requirements. Failure to comply with the requirements will be addressed through the Discipline Procedure

Exceptions to Clinical Work Requirements:

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

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

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

Program Directors must establish processes for safe hand-over of patient care, establish and implement methods to teach the hand-over process to residents, ensure 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 Manager/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 clinical work periods when a resident is too tired to drive.

Professionalism

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

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

The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding of their personal role in the:
   1) safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events
   2) assurance of their fitness for work, including
      a. management of their time before, during, and after clinical assignments
      b. recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team
   3) commitment to lifelong learning
   4) monitoring of their patient care performance improvement indicators
Professionalism (continued)

5) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data

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

Well-Being

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

Fatigue Mitigation

Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation and educate faculty members and residents in alertness management and fatigue mitigation processes. Residents must be encouraged to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Teamwork

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

1) INTEGRIS Health will inform affected residents as soon as possible following any decision to close or reduce the size or number of positions of a residency program, or of any decision to close the sponsoring institution.

2) INTEGRIS Health will:
   a. Notify the Administrative Medical Director, (the DIO), the Graduate Medical Education Committee, and in accordance with the ACGME requirements, the ACGME and
   b. Arrange that any resident in a program/institution that is closing or in a program to be reduced in size can complete his/her training prior to the program closing or
   c. Through the Graduate Medical Education Office and/or the applicable Program Director assist any such resident in finding a position at another ACGME accredited institution where the resident can continue his/her residency training.

3) Provide a severance package consistent with applicable accreditation agency requirements and institutional policy for any resident who cannot complete the program and/or be placed in a geographically proximate alternative program.

Disaster Management

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

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

1) Determine the immediate and anticipated long term effect of the disaster on individual training programs
2) In conjunction with Program Directors, reconfigure programs within the capacity and capability of facility (ies) effected by the disaster
3) Determine needs for temporary and/or permanent resident transfer to alternative training programs.
4) Communicate with residents immediately that plans will be made to address their educational needs and as soon as practical inform residents of the educational plans, including any related requirements for transfer and document completion as that information becomes available.
5) Communicate with the ACGME as soon as possible. If the ACGME invokes the Extraordinary Circumstances policy, the Administrative Medical Director will revise within 30 days the Sponsoring Institution educational programs to comply with Common Program, Specialty Specific, and Institutional requirements; and will contact the ACGME to receive timelines to submit program reconfigurations to the ACGME and to notify residents of reconfiguration or the need for temporary or permanent transfer to another training program.
6) In conjunction with the ACGME determine appropriate and available sites for resident transfer.
7) Arrange for temporary and/or permanent resident transfer using information obtained from the ACGME. (When more than one transfer option is available, resident’s individual preferences will be considered).
8) In conjunction with the institutional Legal and Financial Reporting Departments, complete all Medicare required affiliation agreements and resident capitation transfer documentation.
Disaster Management (continued)

9) For temporary transfers, determine and communicate with transferring resident(s) and accepting institution(s) the anticipated duration of the transfer(s). Provide periodic updates concerning the duration to the resident(s) and accepting institution(s).

10) In conjunction with the institutions and the Program Directors develop short and long term plans to re-establish training programs and communicate plans with the ACGME, according to timelines established by the ACGME, and with the residents and faculty.

11) Communication with the ACGME will be completed via telephones and email in accordance with ACGME guidelines. The Administrative Medical Director will communicate with the Institutional Review Committee Executive Director, the Program Directors with the applicable Residency Review Committee Executive Director, and the residents with the Residency Review Committee Executive Director or the Office of Resident Services.

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

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

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 Extraordinary Circumstance as defined in the ACGME Policies and Procedures section 20.00; the Administrative Medical Director, or in the absence of the Administrative Medical Director, another individual designated by the Chief Medical Officer and/or CEO 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(s) 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(s) and Administrative Medical Director will determine whether the disruption will interfere with the ability of the institution, Program Director(s), and faculty to continue to provide education and a work environment in compliance with all applicable ACGME accreditation requirements. The Program Director(s) 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(s), 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(s) and the Administrative Medical Director will determine and ensure the appropriate level of supervision for residents to the optimum possible considering the specific circumstances.
Local Extreme Emergent Situations (continued)

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 of the situation. Notification will be by telephone and/or electronically (e-mail) as determined by the ACGME, the 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(s) upon confirmation of ACGME receipt of the required information. The Program Directors will then communicate with the Executive Director of the applicable Residency Review Committee. Residents may also communicate with the RRC Executive Director or the Office of Resident Services.

8. The Administrative Medical Director and the Program Director(s) will implement changes as instructed by the ACGME within the timelines determined by the ACGME.

9. 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 Health nor any participating facility may at any time require any resident to sign any non-competition guarantee.

Policy on Professional Activities

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

It shall be the responsibility of the resident to

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

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

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

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

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

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

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

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

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

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

The Program Director, faculty, Administrative Medical Director, and staff of the 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

Residents may voluntarily seek and accept assistance from the CAP by calling 1-844-729-5171. 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.
Physician Impairment

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

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

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

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

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

Oklahoma Health Professionals Program

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

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

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

Referral to the Oklahoma Health Professionals Program
1. Residents who identify a personal problem are encouraged to self-refer to the Health Professionals Program. The 24-hour Hotline telephone number is (405) 601-2536.

2. If a Residency Program Director identifies a concern, the Residency Program Director in consultation with the Administrative Medical Director contacts the Director or Associate Director of the OHPP to discuss options for dealing with a resident who is discovered to have dependency related impairment or potential impairment or a significant disruptive, behavioral, or boundary problem. Referral Telephone number (405) 601-2536. 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 OHPP and continues to follow the OHHP recommendations. Failure to continue in and cooperate with the OHHP will result in termination from the residency.

7. The Oklahoma Health Professionals Program includes post treatment monitoring. Residents who participate in the OHPP must submit to the program’s testing schedule. A “miss” in monitoring testing is considered a positive test unless the individual scheduled for testing provides a satisfactory explanation. The OHPP will designate the acceptable testing laboratories.

8. After participating in the Oklahoma Health Professionals Program, an individual can generally transfer to another state’s physician recovery program.

9. The expense of evaluation and a treatment program(s) is the responsibility of the resident, but may be covered partially by health care insurance.

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

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

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

At least one Resident must attend each GMEC meeting.

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

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

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

The GMEC has no standing subcommittees. The GMEC may establish ad hoc subcommittees at its discretion. Any ad hoc subcommittee will include a peer-selected resident. Any ad hoc committee action defined by the ACGME as the responsibility of the GMEC will be forwarded to the GMEC for final review and approval.

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

1. Oversight of the accreditation status of INTEGRIS Health.
2. Oversight of the accreditation status of the ACGME/OA training programs and of all aspects of the transition to a single accreditation system. The GMEC will maintain its responsibilities related to AOA accreditation and communication as noted below until all AOA approved programs transition to ACGME accreditation.
3. Oversight of the quality of the learning and work environment for all the residents at all training sites.
4. Oversight of the quality of the educational experiences of all residents and the measurable outcomes of the training as defined by the ACGME, the applicable Residency Review Committee, and INTEGRIS Health.
5. Establishment, approval of, and implementation of institutional policies affecting all residency programs including but not limited to policies concerning the quality of education and the work environment.
Graduate Medical Education Committee (continued)

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

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

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

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

10. 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.

11. 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.

12. Annual review of and recommendations to INTEGRIS Health for revisions of stipend levels and benefits for residents.

13. Establishment of corrective action policies involving residents including coaching and counseling/remediation, probation, suspension, and termination.

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

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

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

17. Oversight of the development and continuation of an ACGME-defined Resident Forum including the option for presentation to the GMEC of concerns identified by the Forum. (See Resident Forum).
Graduate Medical Education Committee (continued)

18. Performance of an Annual Institutional Review in compliance with ACGME Institutional Requirements. The report will include but not be limited to institutional performance indicators which will include but not be limited to:
   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

19. Development of a Special Review Process (see Special Review Committee):
   a. to identify/define an underperforming program
   b. to establish performance improvement goals for the program
   c. to develop 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

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

21. Review of all Annual Program Evaluations, ACGME Resident and Faculty Survey results, and oversight of any Action Plans developed to address issues identified.

22. Ongoing monitoring of the process of resident and faculty evaluation of programs including but not limited to the development, implementation, and ongoing effectiveness of a Program Evaluation Committee; the annual overall program evaluation process; faculty and program evaluation of residents; and program and Program Director evaluation of the faculty.

23. 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 ACGME, 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 and Residency Review Committee as applicable

24. Provision of confidential method for residents to report concerns of inadequate supervision (see Methods to Report Issues Confidentially).

25. 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.

26. 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).

27. Oversight of Residency Program compliance with Institutional Vendor policies and establishment, implementation, and monitoring of any vendor policies specific for residency programs (as needed).
Graduate Medical Education Committee (continued)

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

29. 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.

30. Oversight to ensure the development of a core curriculum for all residency programs, including the six competencies as defined or modified by the applicable ACGME Residency Review Committee.

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

32. 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.”

33. 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

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

35. In conjunction with institutional representatives and the Medical Education Office
   a. Assess institutional and residency program progress in meeting CLER expectations
   b. Develop action plans and implement changes as needed to address gaps identified
   c. Monitor implementation of action plans and recommend additional changes/actions as appropriate
   d. Include in a) through c) above Pathways in each of the CLER focus areas as they apply to residents, faculty, and institutional staff:
      i. Patient Safety
      ii. Quality Improvement
         1. Identification of and processes to address healthcare disparities
      iii. Transitions in Care
      iv. Supervision
      v. Fatigue Management and Mitigation
      vi. Professionalism

36. Participation in institutional implementation of changes required to prepare for the ACGME Clinical Learning Environment Review (CLER) site visits.
   a. Oversight of the CLER Subcommittee
Graduate Medical Education Committee (continued)

37. 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).

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

39. Through and in conjunction with the DIO, provide to the Medical Staff Leaders Consortium and to the Active Medical Staff of the primary participating facilities 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.

40. Through and in conjunction with the DIO provide an Annual Report to the Medical Staff Leaders Consortium, the Active Medical Staffs, and Board of Directors of INTEGRIS Health with a courtesy report to the Boards of Directors of the primary participating facilities. The report will include but not be limited to a summary of the content of the Annual Institutional Review (see 18 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 either at INTEGRIS Health or through assistance in transfer to another ACGME accredited residency program in the same specialty) of each resident who begins a program and meets the ongoing requirements of the program.**
INTEGRIS Health
Special Review Committee

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

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

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

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

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

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

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

a) Statement of criteria which triggered the Special Review Committee
b) Brief summary of Committee’s review process including but not limited to a list of documents reviewed and persons interviewed.
c) Assessment of Program’s current performance relative to criteria that triggered the review
d) Actions recommended
e) Timelines for the Program Director or another designated person to report to the GMEC results of actions taken.
At the discretion of the DIO, a representative of the Special Review Committee may meet with the Program Director of the program under review to discuss committee findings, assessment, and recommendations before presentation to the GMEC.

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

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

If the Program again triggers the same or a closely related criteria, the GMEC will reactivate the Special Review Committee and require a more extensive and in depth review of the issue and/or a more comprehensive detailed Action Plan. The Committee process will otherwise proceed as above.
Medical Education Department

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

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

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

1. Provision of support for the Administrative Medical Director, and the Program Directors to ensure efficient, effective and compliant management of the residency programs.
2. Management of the daily activities of the residency programs including but not limited to:
   a. Preparation and distribution of resident call schedules and any other schedules required to manage the residency programs.
   b. Arrangement for rooms, meals, electronic including but not limited to computer, or other equipment for regular resident conferences and meetings
   c. Coordination with other hospital departments and services as needed to manage on call rooms, meals, parking, laundry, etc.
3. Management of the resident application process, including but not limited to completion of all activities related to ERAS, NRMP, and interview scheduling and management
4. Preparation for the annual resident orientation program.
5. Implementation and management of documentation of all required residency activities in New Innovations, the online residency tracking program.
6. Annual revision of Graduate Medical Education and Residency Handbooks and other policy updates as appropriate
7. Completion of credentialing documents related to past and present residents.
8. Preparation of all materials required for the Graduate Medical Education Committee and any subcommittees or ad hoc committees.
9. Preparation of the 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, AOA specialty affiliates, licensure boards, or other regulatory or accreditation agencies as needed.
   h. Any other files required for the maintenance of ACGME accreditation.
Medical Education Department (continued)

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

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

Medical Education
INTEGRIS Baptist Medical Center
3300 NW Expressway, Building D Suite 190 #001-4396
OKC OK 73112

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

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>AIR</td>
<td>Annual Institutional Review</td>
</tr>
<tr>
<td>AOA</td>
<td>American Osteopathic Association</td>
</tr>
<tr>
<td>APE</td>
<td>Annual Program Evaluation</td>
</tr>
<tr>
<td>CAP</td>
<td>Corporate Assistance Program</td>
</tr>
<tr>
<td>CCC</td>
<td>Clinical Competency Committee</td>
</tr>
<tr>
<td>CLER</td>
<td>Clinical Learning Environment Review</td>
</tr>
<tr>
<td>COMLEX</td>
<td>Comprehensive Osteopathic Medical Licensure Examination</td>
</tr>
<tr>
<td>DIO</td>
<td>Designated Institutional Official</td>
</tr>
<tr>
<td>EIAB</td>
<td>Extended Illness Accrual Bank</td>
</tr>
<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
</tr>
<tr>
<td>GMEC</td>
<td>Graduate Medical Education Committee</td>
</tr>
<tr>
<td>GPMF</td>
<td>Great Plains Medical Foundation</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>IBBHC</td>
<td>INTEGRIS Bass Baptist Health Center</td>
</tr>
<tr>
<td>IBMC</td>
<td>INTEGRIS Baptist Medical Center</td>
</tr>
<tr>
<td>ISMC</td>
<td>INTEGRIS Southwest Medical Center</td>
</tr>
<tr>
<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
</tr>
<tr>
<td>NAS</td>
<td>New Accreditation System</td>
</tr>
<tr>
<td>NRMP</td>
<td>National Resident Matching Program</td>
</tr>
<tr>
<td>OSBMLSOBM</td>
<td>Oklahoma State Board of Medical Licensure and Supervision/Oklahoma Medical Board</td>
</tr>
<tr>
<td>OSBOE</td>
<td>Oklahoma State Board of Osteopathic Examiners</td>
</tr>
<tr>
<td>OSMA</td>
<td>Oklahoma State Medical Association</td>
</tr>
<tr>
<td>PEC</td>
<td>Program Evaluation Committee</td>
</tr>
<tr>
<td>PGY</td>
<td>Postgraduate Year</td>
</tr>
<tr>
<td>PPL</td>
<td>Personal Paid Leave</td>
</tr>
<tr>
<td>OHPP</td>
<td>Oklahoma Health Professionals Program</td>
</tr>
<tr>
<td>RRC</td>
<td>Residency Review Committee</td>
</tr>
<tr>
<td>USMLE</td>
<td>United States Medical Licensure Examination</td>
</tr>
</tbody>
</table>
Appendix A

Policies
Policies

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

Appendix B

GMEC Organization Chart
Appendix C

GME Personnel Organization Chart
Highlighted boxes indicate non-employed positions

* ACGME accredited programs / sponsored by INTEGRIS Health
Appendix D

Benefits
Benefits

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

https://hranytime.corp.integris-health.com/content/content.aspx?ContentID=46
Appendix E
Behavioral and Performance Assessment Document with Corrective Action Plan
Behavioral and Performance Assessment Document
With Corrective Action Plan

<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance/Behavioral Issue</th>
<th>Improvement Goal (Required)</th>
<th>Action Plans</th>
<th>Reassessment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care and Procedural Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice based Learning and Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems-based practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Behavioral and Performance Assessment Document

With Corrective Action Plan

Comments:

Program Director:

Resident:

__________________________  __________________________________________
Program Director                     Signature/Date

__________________________  __________________________________________
Resident                      Signature/Date

__________________________  __________________________________________
Witness                      Signature/Date
Appendix F

CLER Action Plan
CLER Action Plan 2017

Patient Safety

1) Improve Patient Safety Reporting/Engagement among faculty/residents/staff
   a. Improve access to reporting-feedback from residents is there are too many steps to find the reporting site-CS
   b. Continue newly implemented education on reporting how/when/why with residents/faculty-GME
   c. Develop faculty education surrounding reporting that includes the value in identifying for residents times when a report should be completed-GME
   d. Explore formalized Just Culture approach to managing errors-CS
   e. **Provide feedback on reporting through the Resident Quality Committee.** The committee will review cases; lessons learned and identify possible interventions to address safety/quality issues. Identify best practices for dissemination of learning across programs.
   f. Consider mock RCAs (similar to clinical SIM training experiences)
   g. Develop a more formal process for disseminating information learned at PSSC and IAG to the program level. Consider regular report-outs at Thursday conferences for IBMC and Emergency Medicine Department meeting for ISMC

2) Patient Safety Education
   a. **Develop patient safety education for faculty**-GME-tentative plan presented to Program Directors.
   b. Pro-active risk assessments-**needs further development.**
   c. Opportunity to develop a Resident Quality Committee to focus on safety and QI projects in collaboration with the CLE. Residents attending various committees will be asked to share learning from cases and pertinent topics. GME/CS
   d. Incorporate patient safety education completion/involvement into regular resident/fellow evaluations-GME
   e. **Develop/coordinate overall education across programs**-GME (in process)
   f. Improve resident/fellow understanding of patient safety language (ex: RCA, fish bone diagram, swiss cheese model, etc.) through IHI modules and didactic education
   g. Collaborate with hospital leadership and the Quality Department to disseminate resident/fellow QI projects to the organization
   h. Incorporate Patient Safety topics in faculty development lectures

3) Culture of Safety
   a. Utilize patient safety survey culture results to address issues across the survey domains -both CS and GME
   b. Assess GME participation and plans for improving participation as needed—GME
HealthCare Quality

1) Education/Engagement
   a. **Develop baseline standard of knowledge in QI methodologies and identifying healthcare disparities for faculty and** provide resources for education through IHI and other avenues as applicable-GME
   b. **Continue development of the Resident Quality Committee to focus QI projects in collaboration with the CLE**—CS/GME
   c. **Formalize process for QI project tracking/review across programs to include CS tracking resident/fellow efforts in QI-GME/CS
   d. **Engage QI and PI for learning across programs—LEAN methodology, priorities-CS/GME
   e. **Share QI improvement efforts and outcomes consistently**: HRO Scorecard Quarterly with faculty, residents/fellows quarterly to promote learning, identify interventions/projects-GME/CLE
      i. **GPFM**—monthly IMG QI results
   f. **Develop reporting mechanisms on QI efforts to include residents/fellows-CS/GME
   g. **Work with the Patient Experience Team to include residents/fellows in planning

2) Healthcare Disparities
   a. **Need to further illuminate plan for addressing/prioritizing HCD at IH** (includes identifying ways to gather REAL data)-CS(incorporate into education)
   b. Create plan that helps faculty/residents identify HCD and engage in projects to address needs
      i. Through education, availability of data/information
      ii. Work with Dr. Southmayd and his team→use EPIC to identify variability in the care provided to identified vulnerable populations (increase resident participation in QI projects relate to healthcare disparities)
   c. **Develop plan to include faculty in education in cultural competencies-GME/CS** (in process)
   d. **GPFM to work with the Care Coordination Department on the 5/50 project

Healthcare Transitions

1) Education
   a. **Develop policy for hand offs/translations in care-CLE**
   b. **Continue to develop interprofessional training on transitions of care that includes faculty** (present examples—sim lab OB drills, Anesthesia-Code Rounds—addresses hand offs )-GME/CLE-Nursing Education

2) Engagement
   a. **Formalize resident hand-off process for each program**—utilize Epic?
   b. **Identify opportunities to develop strategies for improving transitions of care within the CLE, in collaboration with CS leadership---Resident Quality Committee may provide a forum but other ideas needed

3) Monitoring*
   a. **Formalize hand off evaluation process to include faculty-GME/CLE**
   b. **Utilize patient safety reports to address issues related to transitions of care---Resident Quality Committee (committee reports will flow up)
c. Brainstorm strategies to include PD’s directors in the development and implementation of strategies to improve transitions of care

**Supervision:**

Continue to develop competency assessment strategies that guide supervision across all programs-GME

1) **Education**
   a. Develop formal education plan for faculty (after supervision resource document complete)-GME
   b. Develop formal education for residents to better understand when help is needed
   c. Continue to increase standardization of procedural training for all programs

2) **Monitoring**
   a. Develop supervision resource document for staff—GME
   b. Review incident reports (and develop action plans) for events where supervision led to patient safety issues

**Wellbeing (Formerly “Duty Hours/Fatigue Management”)**

1) **Perform gap assessment of the 24 properties within 6 new pathways in new focus area**
   a. Perform Resident Wellbeing survey in summer 2017
   b. Identify existing resources and underlying needs

2) **Education**
   a. Develop and provide education to support awareness and actions to manage/mitigate burnout and fatigue and to improve resiliency and adaptation for GME. Include Clinical site to address clinical team.
   b. Develop and provide education the clinical care team/GME on the risks, signs, symptoms, and recognition of those who are at risk of or demonstrating self-harm

3) **Designing and Establishing Programs**
   a. Engage residents, fellows and faculty in the design and establishment of programs to support wellbeing based on needs assessment
   b. Consider faculty call rooms

4) **Monitors/Acts**
   a. Incorporate monitoring and assessment of the effectiveness of efforts to eliminate hard to patients due to fatigue, burnout into program

**Professionalism**

1) **Education**
   a. Faculty members are aware of and report that they would use the clinical site’s process(es) for reporting perceived unprofessional behavior/receive education about the clinical site’s expectations for professionalism, including identifying and responding to specialty-specific risks to patient care

2) **Discuss professionalism at GMEC for program dissemination**
a. Residents/fellows should not make test material available in a non-public domain

3) Monitoring
   a. Monitor program use of copy and pasting in the EMR for appropriateness
Appendix G

Medicare Requirements
Medicare Requirements

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