



GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE MANUAL

GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL

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GME & PROGRAM STRUCTURE



BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION
DEPARTMENTAL POLICIES AND GUIDELINES

Effective Date: 7/1/2015	Graduate Medical Education Committee
Last Review/Revision: May2016	
Reference #: -	

PURPOSE: To establish a policy that complies with Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and Baptist Memorial Health Care guidelines

POLICY: Graduate Medical Education Committee

ACCREDITATION STANDARDS:

ACGME:

- Voting membership must include:
 - Designated Institutional Official (DIO)
 - A representative sample of program directors from the institution's ACGME-accredited programs (or program director from single program if institution has only one program)
 - At least two peer-selected residents/ fellows from among the institution's ACGME-accredited programs (or sole resident/ fellow from sole program if applicable)
 - A quality improvement or patient safety officer or designee
 - For single program institutions, one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education
- Subcommittees that address required GMEC responsibilities must include a peer-selected resident/ fellow
- Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC
- GMEC must meet at least once per quarter during each academic year and must include attendance by
 - at least one resident/ fellow member
 - at least one Quality Improvement / Patient Safety representative
 - at least one member of the Graduate Medical Education department
 - The DIO or his/her designee
 - at least one Program Director or Program Faculty member from at least 50% of the programs of the Sponsoring Institution
- Meeting minutes must be kept for each GMEC meeting and include documentation of execution of all required GMEC functions and responsibilities which include:
 - Oversight of:
 - ACGME accreditation status of the Sponsoring institution and each of its ACGME-accredited programs
 - The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs and its participating sites

- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and Specialty/ subspecialty-specific Program Requirements
 - The ACGME-accredited program(s)' annual evaluation and improvement activities and
 - All processes related to reductions and closure of individual ACGME-accredited programs; major participating sites, and the Sponsoring Institution
 - Review and approval of:
 - Institutional GME policies and procedures
 - Annual recommendations to the Sponsoring Institution's administration regarding resident/ fellow stipends and benefits
 - Applications for ACGME accreditation of new programs
 - Requests for permanent changes in resident/ fellow complement
 - Major changes in each of its ACGME-accredited programs' structure or duration of education
 - Additions and deletions of each of its ACGME-accredited programs' participating sites
 - Appointment of new program directors
 - Progress reports requested by a Review Committee
 - Responses to Clinical Learning Environment Review (CLER) reports
 - Requests for increases or any change to resident duty hours
 - Voluntary withdrawal of ACGME program accreditation
 - Requests for appeal of an adverse action by a Review Committee and
 - Appeal presentations to an ACGME Appeals Panel.
- The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR)
 - The GMEC must identify institutional performance indicators for the AIR which include:
 - Results of the most recent institutional self-study visit
 - Results of ACGME surveys of residents/ fellows and core faculty members and
 - Notification of each of its ACGME-accredited programs' accreditation statuses and self-study visits
 - The AIR must include monitoring procedures for action plans resulting from the review
 - The DIO must submit a written annual executive summary of the AIR to the Governing Body
- The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process
 - The Special Review process must include a protocol that:
 - Establishes criteria for identifying underperformance and
 - Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

AOA:

- Membership shall include:
 - Director of Medical Education (DME)
 - All Program Directors at the institution
 - Patient Quality Assurance Representative
 - Administrative Representation
 - Peer-nominated Trainee Representatives
 - Representatives from major affiliate institutions (encouraged) or documented evidence of communication between these representatives and GMEC
- GMEC shall meet at least ten (10) months of the year and maintain minutes, signed by committee chair, and available for onsite reviews
- The GMEC responsibilities include:
 - Approval of all affiliations within the scope of AOA policies and procedures

- Review of the Internal Review process
- Establishment and maintenance of written policies to monitor and ensure compliance with duty hours and moonlighting
- Monitor reports of duty hour/ moonlighting violations to its OPTI OGMEC on request
- Assist the DME in the development and implementation of a high-quality educational program for trainees including:
 - Development of a curriculum and methods to evaluate the educational experience of the interns and residents during training
 - Review/ approval of modifications to the ICCP and Program Director's Annual Report
- Review program, faculty, intern, resident, and fellow evaluation processes and, when appropriate, ensure program modification by specialty and/or program director

Graduate Medical Education Committee (GMEC)

A Graduate Medical Education Committee is well established at BMHCC. This committee is comprised of residents, medical staff, quality and patient safety, and administrative representatives from all Baptist facilities involved in Graduate Medical Education. Additional representatives from our affiliated institutions also serve on the Baptist GMEC. The GMEC reports to BMHC Medical Executive Committee (MEC). Ultimate oversight for GME is provided by the Baptist Board of Directors.

The BMHC GMEC meets every other month and is responsible for the oversight of graduate medical education at all Baptist facilities. This committee provides oversight for all annual program reviews, special reviews, and GME policy administration. The committee is led by the Director of Graduate Medical Education (DGME) which is currently filled by the ACGME Designated Institutional Official (DIO)/ Chief Academic Officer (CAO) for Baptist Memorial Health Care who reports to the Chief Medical officer for Baptist Memorial Health Care. The DGME reports bimonthly to the Graduate Medical Executive Committee (GMEC) to communicate issues of patient safety, quality, educational, and supervisory needs of the education programs. This information is communicated in turn to the Board of Directors as a part of the report of the GMEC.

Each facility that sponsors a GME Residency Program maintains its own GMEC. Representatives from all facilities hosting residents and medical students are invited to serve on the BMHC GMEC via teleconferencing.

Current membership on the BMHC GMEC includes the following positions:

- DGME/ DIO/ Chief Medical Officer
- Baptist Program Directors, Associate Program Directors, and Program Coordinators
- Baptist Peer-selected Resident Representatives
- Faculty/ Site Directors from UTHSC
- Resident Representatives from UTHSC
- Patient Safety/ Quality/ Performance Improvement Representative
- Administrators from BMH-GT, BMH-M, BMH-NM, BMH-RC, BMH-W, BMH-J
- Graduate Medical Education Representative
- Finance/ Reimbursement
- Pending Program Representatives



BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION
DEPARTMENTAL POLICIES AND GUIDELINES

Effective Date: 7/1/2015	Designated Institutional Official
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy that complies with Accreditation Council for Graduate Medical Education (ACGME) and Baptist Memorial Health Care guidelines

POLICY: Designated Institutional Official (DIO)

Designated Institutional Official (DIO)

Baptist Memorial Health Care has appointed the Chief Academic Officer to serve as the Designated Institutional Official (DIO). The DIO reports to the System Chief Academic Officer or System Chief Medical Officer.

The DIO's responsibilities include the following:

1. Provide leadership and guidance for the sponsoring institution's Graduate Medical Education Committee (GMEC) as the Chairman for this committee
2. Provide oversight and guidance to Program Directors for all submissions to the Accreditation Council for Graduate Medical Education (ACGME)
3. Provide oversight and administration of the Sponsoring Institution's ACGME-accredited programs and ensure compliance with the ACGME Institutional, Common, and Specialty/ Subspecialty-specific Program Requirements.
4. Review and edit or approve information that will be submitted to the ACGME
5. Review and and edit or co-sign all program application forms as well as any correspondence or document submitted to the ACGME that addresses:
 - a. Program citations
 - b. Request for changes in the program that would have a significant impact, including financial on the program or institution
 - c. Requests for duty hour exceptions for residents
6. Provide an annual written report on the current GME programs to the Baptist Board of Directors
7. Assist in the selection of qualified and attentive Program Directors for each residency program sponsored by Baptist Memorial Health Care
8. Work with the Program Directors to help maintain sound training programs for the residents and medical community
9. Provide guidance to the MEC for all GME related issues
10. Maintain the affiliate relationships with the Arkansas State University, New York Institute of Technology, the University of Mississippi Medical Center, the University of Tennessee Health Science Center, and Vanderbilt University Medical Center
11. Support the undergraduate and graduate medical curriculums in this community
12. Prepare an annual residency budget and manage its implementation



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION
DEPARTMENTAL POLICIES AND GUIDELINES**

Effective Date: 7/1/2015	AOA Institutional Director of Medical Education
Last Review/Revision: May2016	
Reference #: -	

PURPOSE: To establish a policy that complies with American Osteopathic Association (AOA) and Baptist Memorial Health Care guidelines

POLICY: Institutional Director of Medical Education (DME)

Institutional Director of Medical Education (IDME)

The Institutional Director of Medical Education (IDME) is primarily responsible for oversight and administration of all AOA-accredited residency programs at his/her institution. The IDME must be a graduate of a COCA-approved COM, hold AOA Board certification (within 3 years of appointment), be a member in good standing of the AOA and AODME, have at least three (3) years' practice experience demonstrating leadership, initiative or administrative experience AND three (3) years' experience as teaching faculty in an OGME program or COM, and be professionally and personally attitudinally suited for responsibilities of OGME leadership.

The IDME reports to the Chief Academic Officer (CAO) and Graduate Medical Education Committee (GMEC). Each Program Director (PD) must be vetted and approved by the CAO, DME, and GMEC to ensure compliance with ACGME and AOA requirements. The IDME is provided with protected time to provide administrative activities which is supported financially by the institution for at least twenty (20) hours per week.

The Director of Medical Education's responsibilities include the following:

1. Be independently responsible for the administrative activities and reporting relationship within hospital administration for the oversight, administration, and accountability of the residency programs at the institution
2. Coordinate the residency programs at the institution, including any off-site rotations, as required to fulfill program requirements
3. Ensure compliance with the AOA Basic Documents and AOA-Approved specialty standards of OGME programs
4. Organize and implement a high quality OGME programs at the training institution
5. Supervise all aspects of OGME programs at the institution including participation in appointment and supervision of Program Directors
6. If an Intern Program Director is not separately designated, the IDME will serve in this capacity
7. Ensure the completion of all evaluations, quarterly meetings, and other requirements of the programs
8. Manage all applicable affiliation agreements, documents, and correspondence related to the programs
9. Manage the Internal Review process with the MEC
10. Prepare the Core Competency plan
11. Prepare and present an annual report on the "state of AOA educational programs in the institution" to the Medical Staff and Governing Board with a copy to the OPTI
12. Participate in process where resources, including budgetary resources, are allocated for program support
13. Annually attend (at least 2 of every 3 years) an AODME and/or AOA OME conference for educational faculty development



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION
DEPARTMENTAL POLICIES AND GUIDELINES**

Effective Date: 7/1/2015	AOA Institutional Educational Officer
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy that complies with American Osteopathic Association (AOA) and Baptist Memorial Health Care guidelines

POLICY: Institutional Educational Officer (IEO)

Institutional Educational Officer (IEO)

The Institutional Educational Officer (IEO) is the primary point of contact for the institution with the American Osteopathic Association (AOA) and must hold a DO or MD degree, or advanced degree or equivalent experience in education, organizational design, research methods, program evaluation or related fields. He/ she must have a minimum of three (3) years' experience in graduate Medical education. The Institutional Director of Medical Education may also serve as the IEO.

The Institutional Educational Officer's responsibilities include the following:

1. Serve as the authorized point of contact for all official communication from the AOA regarding education programs, AOA Match, TIVRA, ERAS, "Opportunities," annual fees and all official communication from AOA Division of Postdoctoral Training
2. Complete all correspondence, data, and electronic registration requests from AOA, OPTI, AACOM, and specialty colleges in a timely manner
3. Review and manage all internal requests for information, documentation, data requests for the OGME programs
4. Other responsibilities as assigned by the DME



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Effective Date: 7/1/2015	Program Director
Last Review/Revision: May2016	
Reference #: -	

PURPOSE: To establish a policy that complies with Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and Baptist Memorial Health Care guidelines

POLICY: Program Director (PD)

ACGME Program Director (PD)

Each Program Director (PD) of a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) will have the authority and accountability for the operation of the program. His/her length of service should be sufficient to maintain continuity of leadership and program stability. PD changes must be approved by the GMEC of the sponsoring institution.

Qualification of the Program Director will include:

1. Requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee
2. Current certification in the specialty by the American Board of Medical Specialties or specialty qualifications that are acceptable to the Review Committee
3. Current medical licensure and appropriate medical staff appointment

The Program Director's responsibilities include the following:

1. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program
2. Approve a local director at each participating site who is accountable for resident education
3. Approve the selection of program faculty as appropriate
4. Evaluate program faculty
5. Approve the continued participation of program faculty based on evaluation
6. Monitor resident supervision at all participating sites
7. Prepare and submit all information required and requested by the ACGME
8. Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution
9. Provide verification of residency education for all residents, including those who leave the program prior to completion
10. Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, and to that end must:
 - a. Distribute these policies and procedures to the residents and faculty
 - b. Monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements
 - c. Adjust schedules as necessary to mitigate excessive service demands and/ or fatigue and
 - d. If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/ or fatigue
11. Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged

12. Comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents
13. Be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures
14. Obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or request to the ACGME
15. Obtain DIO review and co-signature on all program application forms, as well as any correspondence of document submitted to the ACGME that addresses
 - a. Program citations
 - b. Request for changes in the program that would have a significant impact, including financial, on the program or institution
16. Other requirements as indicated by the program-specific requirements

AOA Program Director (PD)

Each Program Director (PD) of a residency program approved by the American Osteopathic Association (AOA) must be an AOA board-certified DO. If a qualified DO is not available, a temporary waiver may be requested from the AOA to allow an MD or DO who is ABMS board certified to serve as an Interim Program Director. . The PD must possess membership in the AOA and appropriate specialty, have practiced an appropriate number of years as determined by the specialty standards, have three (3) or more years' experience as faculty in an AOA/ACGME accredited program, and be attitudinally suited to conduct a training program.

Each Program Director (PD) has been vetted and approved by the Chief Academic Officer (CAO), Institutional Director of Medical Education (IDME), and GMEC to ensure compliance with ACGME requirements. The PD reports to the IDME and GMEC. The PD has the authority and responsibility for the oversight and administration of his/ her training program and is further responsible for assuring compliance with ACGME requirements.

The Program Director's responsibilities include the following:

1. Be independently responsible for the operation and oversight of the program
2. Prepare and submit all information required or requested by the ACGME and AOA
3. Administer and maintain an educational environment conducive to educating the residents in each of the ACGME and AOA competency areas
4. Implement and ensure compliance with all institutional policies and procedures including those concerning duty hours, working environment, and moonlighting
5. Supervise the structure, curriculum, and operation of the residency to meet the needs of the residents and to maintain accreditation by the ACGME and AOA
6. Recruit and coordinate the selection of residents
7. Recruit faculty, coordinate their responsibilities, and maintain a system for development, evaluation, and feedback to achieve optimal faculty and resident performance
8. Recruit and evaluate members of the medical staff to serve as preceptors and supervisors
9. Evaluate the performance of residents and provide feedback on their performance
10. Maintain systems for obtaining and utilizing residents' feedback, and provide them systems for professional and personal support
11. Attend educational programs/ conferences sponsored the AOA or ACGME as required
12. Maintain active clinical practice privileges at the institution
13. Participated on the education committee at the institution
14. Participate in the recruitment/ selection of candidates for the program
15. Participate in OPTI educational activities
16. Submit reports to the DME and AOA as required
17. Participate with the DME in the development of the Institutional Core Competency Plan



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: December 2014	Clinical Competency Committee (CCC)
Last Review/Revision: November 2014	
Reference #: -	

PURPOSE: To establish a process and set guidelines and standardization for the purpose, responsibilities, composition and report requirements for the Clinical Competency Committee (CCC) in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements and under the oversight of the BMHCC Graduate Medical Education department.

POLICY: Clinical Competency Committee Policy

PROCEDURE: Guidance for the establishment, coordination, and maintenance of each Program's Clinical Competency Committee

Responsibilities:

The Clinical Competency Committee is responsible for oversight of the Program's residents to the extent delineated herein. The Committee should:

- Review all resident evaluations semi-annually
- Prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME and
- Advise the Program Director regarding resident progress including promotion, remediation, and dismissal.

The committee is expected to provide honest, thoughtful evaluations of each resident and participate in consensus decisions about the trainee's competency level. It is expected that the CCC recommendations may provide an "early warning" system for residents who may not be progressing as expected. The Committee will provide feedback and suggestions to the Program Director concerning any gaps, redundancies, or opportunities in the current evaluation tools.

CCC Members must receive orientation and training concerning evaluation/ assessment tools and understand its relationship to the Milestones. This training should include a discussion of the Milestone levels and establish agreement on the meaning assigned to each tool's rating.

The CCC Chair will provide guidance for the committee to attain its goals of reaching a consensus recommendation for academic and Milestone progress of the Program's residents.

The Program Director will retain final authority concerning resident progression and semi-annual evaluation summaries.

Composition:

- Members of the Clinical Competency Committee must include three (3) or more faculty members from the Program's specialty. In addition to faculty, the CCC may include:
 - Assessment specialists
 - Medical Director/ Service Chief

- Faculty from outside of the Program
- Nurses
- Non-physician members of the medical team
- Chief residents who have completed their core residency program and are Board-eligible may serve on the CCC for that Program
 - NOTE: All members of the CCC must have extensive contact and experience with the Program's residents in patient care and/or other health care settings.
- The Chair of the Clinical Competency Committee will be elected by the CCC during the first meeting and as needed. The Program Director may serve as CCC Chair unless the Program's ACGME Requirements do not permit this action.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2016	Program Evaluation Committee (PEC)
Last Review/Revision: July 2016	
Reference #: -	

PURPOSE: To establish a process and set guidelines and standardization for the purpose, responsibilities, composition and report requirements for the Program Evaluation Committee (PEC) in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements and under the oversight of the BMHCC Graduate Medical Education department.

POLICY: Program Evaluation Committee Policy

PROCEDURE: Guidance for the establishment, coordination, and maintenance of each Program's Evaluation Committee

Responsibilities:

The PEC should actively participate in:

- The planning, development, implementation, and evaluation of educational activities of the program
- The review and revision of competency-based curricular goals and objectives
- The oversight and correction of areas of non-compliance with ACGME standards
- The creation, review, and execution of the Annual Program Evaluation as delineated in the Annual Program Evaluation/ Internal Review Policy.

Composition:

Members of the Program Evaluation Committee are appointed by the Program Director and must include at least two program faculty members and should include at least one resident.



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Resident Selection Guidelines Applicant Eligibility: Baptist-employed Residents
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for resident selection that complies with the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA)

POLICY: Resident Selection Guidelines

PROCEDURE: Only the following individuals will be considered as applicants in residency and fellowship programs at Baptist Memorial Health Care Corporation:

ACGME-accredited Programs

- Graduate of Liaison Committee on Medical education (LCME)-approved U.S. and Canadian Medical Schools
- Graduates of American Osteopathic Association (AOA) accredited Osteopathic Medical Schools

AOA-accredited Programs

- Graduate of COCA-accredited (Commission on Osteopathic College Accreditation) medical schools
- International Medical Schools International Medical Graduates must have valid Education Commission for Foreign Medical Graduates (ECFMG) certificate or a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which they are in training
- Graduates of schools that are listed on the Medical Board of California “International Medical Schools Disapproved” List will not be considered for residency positions at Baptist Memorial Hospital – Memphis. This list can be found at http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Disapproved.aspx.

Only applicants who are or will be within their initial residency period as defined by the Centers for Medicare & Medicaid Services (CMS) will be considered for positions in any ACGME-approved residency program in the Baptist Memorial Health Care system. Exceptions to this section of the Residency Selection Guidelines may be considered and approved by Baptist Memorial Health Care Graduate Medical Education Committee on a case-by-case basis provided alternate funding can be secured by the applicant.

Applicants with the following US Residency statuses will be considered for available residency positions within the MATCH:

- US Citizen
- Legal Permanent Resident (“Green card Holder”)
- Employment Authorization Document (EAD) resulting from application for Permanent Residency
- Foreign National with valid Visa permitting employment with Baptist
- J-1 visa through ECFMG

Application Process & Interviews

- All applications will be processed through the Electronic Residency Application Service (ERAS)

- Opportunities for interviews will be extended to applicants based on their qualifications as determined by citizenship/ residency status as identified above, USMLE scores, medical school performance, letters of recommendation, and history of previous residencies / fellowships served.

National Resident Matching Program (NRMP) & Rank Order Process

- This program participates in the NRMP MATCH and will only consider applicants participating in the MATCH
- All eligible, interviewed applicants will be considered for ranking in the MATCH in order of preference based on the following criteria: preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- Characteristics such as gender, age, religion, color, national origin, disability or veteran status will not be used in the selection procedure. Baptist is an Equal Opportunity Employer.
- Recommendations of all interviewing faculty and residents will be considered in determining the rank order of the interviewed applicants.

Program Appointments

- Appointments to our programs will be issued to all matched applicants who meet eligibility requirements.
- Following release of the MATCH results, attempts will be made to fill any vacant positions in accordance with the terms of our agreement with the NRMP.
- Letters of Agreement for all positions will be issued through the Graduate Medical Education Office following a review of eligibility.

Exclusions

Residents must qualify for employment with Baptist Memorial Health Care. Some requirements for employment include a negative drug screen, clear criminal background check and the ability to participate in the federal programs (see additional info below). In addition, any residents who are required to obtain and maintain a medical license in the State of Mississippi must successfully complete Step III by the end of their PGY-2 year in order to maintain their eligibility for employment by BMHCC.

Baptist Memorial Hospital participates in the Office of Inspector General (OIG) and General Services Administration (GSA) Exclusion Programs. All names submitted to the NRMP are checked through the OIG and GSA to ensure that those individuals are not listed on the OIG "List of Excluded Individuals / Entities" or the GSA "List of Parties Excluded from Federal Procurement and Nonprocurement Programs." The OIG list contains the names of parties convicted of "program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans." The GSA list provides an up to date source of information on those firms and individuals that have been suspended, debarred or otherwise excluded from Federal Procurement and Nonprocurement Programs. Baptist will not employ anyone who has been suspended, debarred or excluded from these programs.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2015	Resident Transfer Policy for Baptist-employed Residents
Last Review/Revision: April 2016	
Reference #: -	

PURPOSE: To establish a policy for resident transfers that complies with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

POLICY: Resident Transfer Policy

PROCEDURE: A policy for each program is required.

The Program Director with assistance from the sponsoring institution's Graduate Medical Education department is responsible for ensuring that resident transfers are conducted according to this policy and ACGME requirements. There are two situations applicable to this policy:

Resident transferring in to the Baptist program:

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

Resident transferring out of the Baptist program:

The program director must provide timely verification of residency education and a summative performance evaluation for each resident who may leave the program prior to completion. See "Resident Evaluation, Promotion and Discipline Policy" for information about the summative evaluation.



**BAPTIST MEMORIAL HEALTH CARE
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Resident Visa Policy Baptist-employed Residents
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for resident visas that complies with the Accreditation Council for Graduate Medical Education guidelines

POLICY: Resident Visa Policy

PROCEDURE: Baptist will not petition for visas.



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Graduate Medical Education Disaster Policy
Review/Revision: April 2013	
Reference #: -	

Purpose: To define the process and procedure for graduate medical education programs in the event of disruption by emergencies, catastrophic events, or natural disasters.

Policy: If Baptist Memorial Health Care Corporation Graduate Medical Education must reduce the size and/or close the residency program(s) due to disruption by emergencies, catastrophic events, or natural disasters the following policy/procedure shall be implemented to address interim recommendations promulgated by ACGME, RRC as well as an interim final rule published by CMS April 12, 2006 relative to Section 1135 of the Social Security Act and 42 CFR 412.105(a)(1)(1), 412.105(f)(vi), 41375(b) and 41379(f)(6). These guidelines will provide mechanisms for continuity of our residents; education as well as our participating hospitals to seek guidance relative to Medicare GME funding during this type of disruption.

1. Once conditions prohibit maintenance of applicable ACGME standards and guidelines for graduate medical education, the Designated Institutional Official (DIO) or designee shall notify the program director, ACGME, RRC and CMS;
2. The Program Director shall maintain operational awareness of the locations of residents within the program as well as various points of contact for each individual within their program. This shall include email addresses and cell phone numbers (if available) for the trainees as well as provisions for notification of next of kin. The program director/designee shall take an immediate accountability of the location and welfare of all involved in the event or disaster. The program director will contact the DIO to confirm the safety of all trainees. The Program Director and/or Designated Site Directors at the participating hospitals will be responsible for determining the operational status of each participating hospital and any necessary relocation of patient care activities as a result of the disaster. The DIO and/or Graduate Medical Education manager will maintain contact information and establish communication with the program director until a decision is made regarding the need to relocate trainees, either on a temporary or permanent basis. Once this decision is made, trainees will be notified in a timely fashion.
3. For a program closure or reduction which is anticipated to be short term, program director will assist the trainees to locate institutions which can provide temporary transfers so that the individual's training is not interrupted. Information regarding temporary transfers will be provided to the DIO/GME Manager. For any reduction/closure thought to be long term or permanent, BMH GME shall make every effort to assist the trainees in identifying a program in which they can continue their education. If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each transferring resident must be considered by the transferring program/institution. BMH GME will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the resident year. This shall be accomplished through contacting:

A list of all approved programs can be found on the ACGME website, which will serve as a resource to identify programs in non-disaster affected areas which may be able to accept temporary or permanent transfers.

4. Within ten days after declaration of a disaster, the designated institutional official (DIO) (or designee) will contact the ACGME to discuss due dates that the ACGME will establish for the program (a) to submit program reconfigurations to ACGME and (b) to inform the program's residents of resident transfer decisions. The due dates for submission are no later than 30 days after the disaster unless other due dates are approved by ACGME.

The DIO/GME Manager will call or email the Institutional Review Committee Executive Director with information and/or requests for information.

The Program Director will call or email the appropriate RRC Executive Director with information and/or requests for information.

Residents will call or email the Program Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident email information in the ACGME Web Accreditation Data System.

5. Residents/fellows will continue to receive salary and benefits from Baptist Memorial Health Care Corporation during temporary relocations. For program closures/disruptions that are permanent, residents will continue to receive salary and benefits until the trainee is placed and begins in another institution, or until the end of their contract.

Adherence to the following steps will expedite the process:

1. Initial identification and verification of personal information will be completed by the Program Director and coordinator. By July 15th of each year, the program director will confirm the contact information for each resident.
2. Searching and finding an accepting program for transfer: Using the ACGME resources, responsibility for identifying a program will be shared by the resident, Program Director, and DIO
3. Transfer letters will be completed by the Program Directors.
4. The receiving hospital will be responsible for requesting resident complement increases from the ACGME.
5. Concerning permanent transfers, the DIO will work with his/her counterpart at receiving institution to assure that the process of transferring "capped" positions is implemented and GME funding is transferred.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Residency Program Closure / Reduction Policy
Last Review/Revision: April 2013	
Reference #: -	

PURPOSE: To establish a Residency Program Closure / Reduction policy that complies with Accreditation Council for Graduate Medical Education and Baptist Memorial Hospital guidelines

POLICY: Residency Program Closure / Reduction Policy

PROCEDURE: Residency Program Closure / Reduction

Baptist Memorial Health Care Corporation will inform residents as soon as possible should a decision be made to reduce the size or close the Program. In the event of such a reduction or closure, BMHCC must allow residents already in the program to complete their education or assist the resident in enrolling in an ACGME-accredited program in which they can continue their education.



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Grievance/Complaint Procedure
Last Review/Revision: May 2016	
Reference #: -	

Policy

The purpose of this policy is to outline the process of timely and responsible resolution, communication and accountability of a complaint/grievance registered by a medical student, resident/subspecialty resident (fellow) or observer concerning patient care delivery or Hospital systems/processes.

Objective

It is the policy of Baptist Memorial Health Care Cooperation to identify and address issues that are brought to the Graduate Medical Education Department(s) and/or Hospital Administration(s) in a timely manner. The Administration will work with the Graduate Medical Education Department and other healthcare providers to resolve issues that impact the efficiency and effectiveness of patient care. Ethical issues will be handled by a separate Policy & Procedure. There is a differentiation regarding the level of seriousness of the issue that is defined as follows:

Complaint: A complaint is an expression of displeasure or dissatisfaction with a process or person.

Grievance: A grievance is a substantive quality of care issue or a perceived violation of an individual's rights and arises when compliant resolutions are deemed unsatisfactory. Grievances must be submitted in writing and require a written response with a week.

Procedure

The complaint process consists of three (3) major components:

1. Registering a complaint
2. Communication and follow-up
3. Accountability for complaint resolution

Each of these areas is paramount and the procedures are discussed separately.

Registering a complaint/grievance

Three methods are available to enter a complaint/grievance (See attached flowchart). Grievances must be submitted in a written form with available documentation, if applicable, e.g. letter(s) memorandum(s), other supporting documents

1. Telephone hotline (anonymous) – Residents may call 1-877-BMH-TIPS (1-877-264-8477) to anonymously record a complaint (see above definition).
2. Telephone hotline (not anonymous) – Contact the Chief Academic Officer or Program Director (in the specific Program) or his/her designees. The Graduate Medical Education trainee registering the complaint will need to complete the **Complaint/Grievance Report Form** (see attached form) for his/her complaint. Grievances must be submitted in writing. If the concern occurs after business hours and is urgent in nature, the Chief Academic Officer or his/her designee should be contacted as well as the Operational Administrator (OA).
2. Oral communication to Administration (confidential) – The trainee may register a complaint to the Chief Academic Officer, Program Director, or Director of Graduate Medical Education who

shall complete the **Complaint/ Grievance Report Form** (attached). Complaints will be kept **anonymous** if possible.

3. Written complaint/grievance registered by interoffice mail or by e-mail (may be submitted anonymously). The **Complaint/ Grievance Report Form** (available on the New Innovations program-specific website or through the GME office) is completed. The written complaint/grievance can be sent to any of the following individuals:

Title
Chief Academic Officer / DIO, BMHCC
Director, Graduate Medical Education
Program Director, Program specific
For Rotating Residents, Site Director, Program and facility specific
Chief Resident, Program specific
Chief Medical Officer(s) for the Facility/Facilities Involved

Communication and follow-up (See attached flowchart)

1. Acknowledgement of the receipt of the complaint/grievance is provided by a written note from the Chief Academic Officer or his/her designee either by e-mail, interoffice, or regular mail.
2. The individuals named above and other appropriate individuals, e.g. directors, managers, will comprise the GMEC Grievance Subcommittee. It will be the mission of this group to help resolve and provide documentation of the issues to the GMEC and other administrative committees as appropriate.
3. Resolutions will be communicated in writing to the complainant.

Accountability for complaint/grievance resolution (See attached flowchart)

1. If the complaint/grievance is interdepartmental, a process improvement team may be formed to identify root causes and develop recommendations and measures to solve the issue and to ensure that the issue does not re-surface.
2. The medical student, resident, subspecialty resident (fellow), or observer may be requested to participate in the resolution of the problem issue.

Medical Trainee Identifies a Complaint/Grievance Concerning Patient Care Delivery or Hospital Systems/Processes

Determine if Grievance or Complaint

Grievance

Complaint

A written and signed statement is required. This may be submitted via letter, memo, or e-mail to CAO

Physician records complaint by telephone (see above), e-mail on BMHCC website, letter and/or memo (Data placed in trended database)

Within 24 hours, CAO acknowledges to complainant the receipt of grievance statement
Issue is immediately (within 24 hours) evaluated and resolved, if possible and appropriate, A more thorough analysis may be required for resolution, e.g. Grievance Subcommittee or PI Team

Medical Staff Office monitors web site and 24-hour hotline on daily basis, transcribe issues, and forwards them to the CAO or GME Office

CAO or GME Office acknowledges receipt of issue with Trainee within 2 business days.
Issue is triaged to the appropriate VP/Director, Department/ Division and/or Committee

Issue **investigated** by the appropriate individual or Committee within 10 working

Issue **investigated** by the appropriate individual or Committee within ten (10) working days to include attainable time frames and any required approvals.

Proposed resolution and any required approvals are communicated to CAO

Proposed resolution and any required approvals are communicated to CAO

Actions authorized to resolve issue or decision made to reject request and seek alternatives

Actions authorized to resolve issue or decision made to reject request and seek alternatives

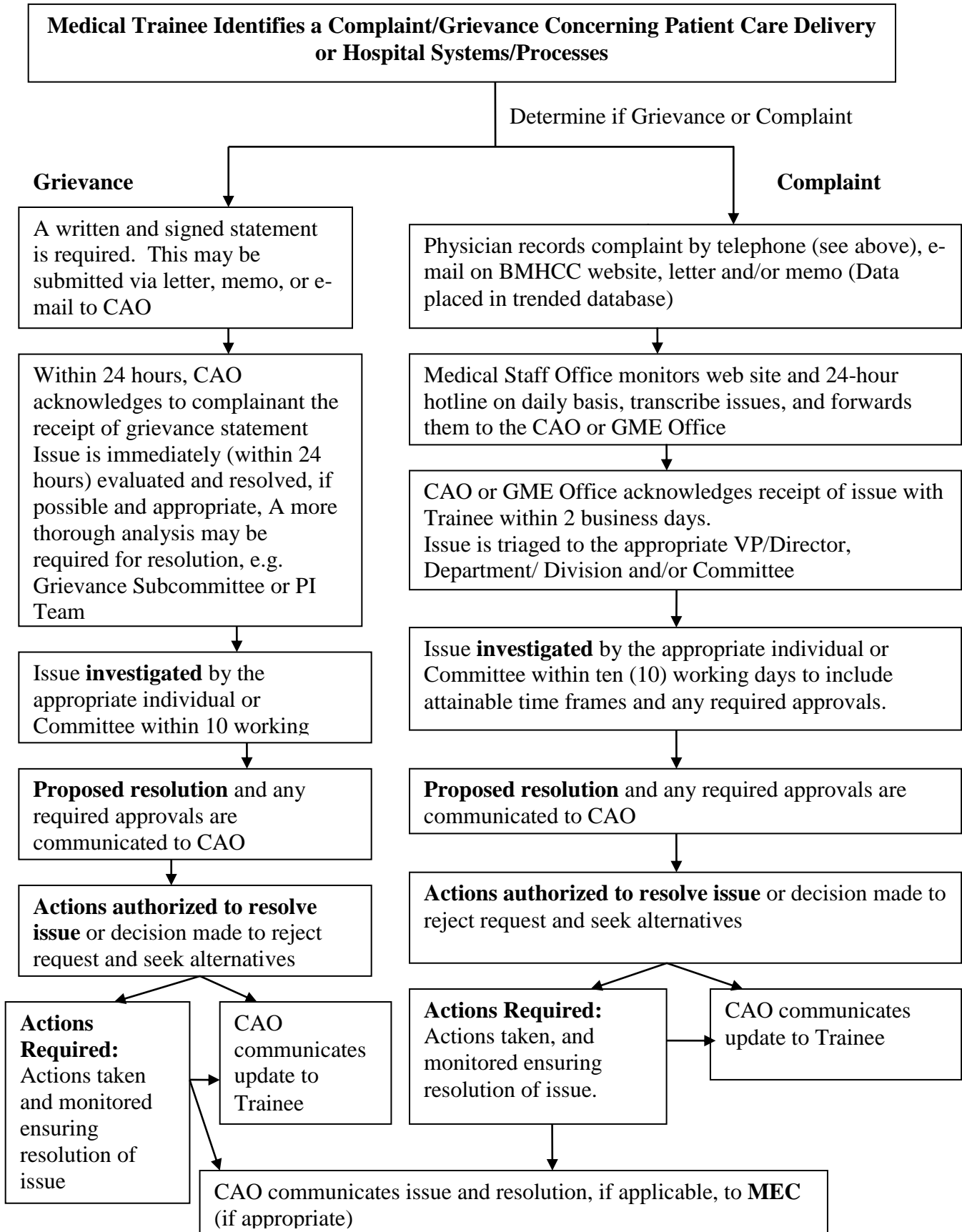
Actions Required:
Actions taken and monitored ensuring resolution of issue

CAO communicates update to Trainee

Actions Required:
Actions taken, and monitored ensuring resolution of issue.

CAO communicates update to Trainee

CAO communicates issue and resolution, if applicable, to MEC (if appropriate)



Baptist Memorial Health Care

Graduate Medical Education

Complaint or Grievance Form

DEFINITIONS:

Complaint: A complaint is an expression of displeasure or dissatisfaction with a process or person. Complaints may be submitted anonymously but Baptist cannot follow up with the complainant if the complaint is submitted anonymously.

Grievance: A grievance is a substantive quality of care issue or a perceived violation of an individual's rights and arises when compliant resolutions are deemed unsatisfactory. Grievances must be submitted in writing and require a written response to the complainant within a week.

Please complete the information below:

Name or "Prefer not to answer"	
Resident, Medical Student, or PA Student	
Program or Rotation	
Date, time, and place of the grievance	
Date you became aware of the event, if different from above	

Detailed description of grievance including names of the other persons involved, if any

Proposed solution to the grievance

FOR OFFICE USE ONLY:

A copy of this form will be retained by the Graduate Medical Education office and with Baptist Legal Services. Complete the steps below identifying the actions taken, dates, and persons responsible for completion of those actions.

Step	Action(s) taken	Responsible party	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Resident Evaluation, Promotion and Discipline
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for academic due process that complies with the Accreditation Council for Graduate Medical Education guidelines

POLICY: Resident Evaluation, Promotion and Discipline Policy

RESIDENT EVALUATION

Residents will be evaluated following each rotation. Evaluations are completed electronically via New Innovations and reviewed by the Clinical Competency Committee (CCC) (see below) in preparation for the resident's semi-annual review. The Program Director will meet with each resident during their semi-annual review during which time evaluations and the report from the CCC will be reviewed. Program goals and objectives are also discussed during this time. The semi-annual review report is then signed and placed in the resident's file. Residents may review their files upon request.

CLINICAL COMPETENCY COMMITTEE (CCC)

The Clinical Competency Committee is composed of three members of the program faculty. Other faculty members may be selected if appropriate from other programs. The Program Director acts as the non-voting Chair of this committee. The duties and responsibilities of this committee will include:

- Review all resident evaluations semi-annually;
- Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and,
- Advise the Program Director regarding resident progress, including promotion, remediation, and dismissal.

RESIDENCY PROGRAM

Each program must ensure that the Faculty evaluate resident performance in a timely manner during each rotation or similar educational assignment and provide documentation of the evaluation at the completion of the assignment. Additional duties and responsibilities of the Program include:

- Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones:
- Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
- Document progressive resident performance improvement appropriate to educational level; and,
- Provide each resident with documented semiannual evaluation of performance with feedback.

SUMMATIVE EVALUATION

The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core

professional activities without supervision upon completion of the program. The program director must provide a summative evaluation for each resident upon completion of the program.

This evaluation must:

- Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
- Document the resident's performance during the final period of education; and,
- Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

RESIDENT REAPPOINTMENT / PROMOTION

Reappointment and promotion to the subsequent year of training require satisfactory progress in scholarship and professional growth as indicated by cumulative evaluations by faculty. This includes demonstrated proficiency appropriate for the current program year in each of the ACGME Competencies listed below and most of the corresponding Milestones:

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

In addition, all residents must accomplish and maintain the following:

- ACLS Certification if required by Program
- Mississippi Licensure if required by Program
- All requirements as Baptist employees including but not limited to:
 - Annual competency education (HealthStream)
 - Employee Health Requirements (TB, Flu, etc.)
 - BLS Certification

DISCIPLINARY ACTIONS

Academic, performance, and professional deficiencies as well as related remediation and consequences are discussed with each resident when appropriate. Disciplinary policies are typically utilized for serious acts requiring immediate action. These policies include the following:

- GME / Due Process
- GME / Nonrenewal of Agreements Policy
- BMH / Additional policies available online



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2015	Remediation & Discipline
Last Review/Revision: March 2015	
Reference #: -	

PURPOSE: This policy will identify and establish remediation actions to correct areas of marginal and/or unsatisfactory performance by a resident.

POLICY: Remediation & Discipline

ACADEMIC REMEDIATION

Residency Requirements and Procedure for Academic Review

Baptist employed residents and fellows are required to demonstrate proficiency in the areas listed below. Academic remediation or dismissal is based on deficiencies in one or more of the following areas:

1. Any of the core competencies as listed below:
 - a. ACGME-accredited programs
 - A. Patient care
 - B. Medical knowledge
 - C. Practice-based learning and improvement
 - D. Interpersonal and communication skills
 - E. Professionalism
 - F. Systems-based practice
 - b. AOA-accredited programs
 - A. Osteopathic Philosophy and Osteopathic Manipulative Medicine
 - B. Medical Knowledge
 - C. Patient Care
 - D. Interpersonal and communication Skills
 - E. Professionalism
 - F. Practice-Based Learning and Improvement
 - G. Systems-Based Practice
2. Attendance, punctuality, enthusiasm and availability
3. Adherence to institutional standards of conduct, rules and regulations, including program standards, and hospital and clinic rules with respect to scheduling, charting, record keeping, and delegations to medical staff.

Reappointment and promotion to the subsequent year of training require satisfactory, cumulative evaluations by program faculty.

A. Performance Alert and Review (PAR)

The PAR is the process by which the program director will formally notify residents regarding areas of marginal / unsatisfactory performance noted by the faculty and / or the program director. The PAR may include letters of warning and / or counseling sessions. Performance alerts and reviews are not to be used as a substitute for the ongoing assessment and evaluation of residents during training. Instead, they should

be used as the FIRST NOTICE to the resident that his or her current performance is marginal or unsatisfactory. A PAR should be initiated as soon as the faculty member identifies an area of concern. The resident should be informed within 7-10 working days. Placement in PAR status is not subject to the Due Process Procedure.

Any resident who receives an overall marginal or unsatisfactory evaluation for any rotation, semi-annual evaluation, or year of training should have one or more PARs on file documenting the performance concern(s).

B. Academic Deficiency and Remediation (ADR)

Academic Deficiency & Remediation is an action used in situations where a resident fails to comply with the academic requirements established by the residency training program, BMH GME, and / or participating institutions. Placement on ADR serves as an official notice to the resident of unsatisfactory performance. Typically, the deficiencies are associated with one or more of the core competencies. However, this may also include disruptive physician behaviors or violations of the institutional standards of conduct.

The residency program should establish written criteria and thresholds for placing residents on ADR. Examples include but are not limited to the following: poor academic performance as documented by unsatisfactory faculty evaluations, intramural examinations and / or written in-service examinations; failure to attend scheduled monthly departmental activities, performance of moonlighting activities in violation of policy, clinical performance of interventional or invasive skills which are below those expected for the level of training as documented by written evaluations by the faculty, unprofessional or inappropriate actions, disruptive behavior, failure to complete medical records in a timely manner, and failure to maintain duty hour, moonlighting, or procedure logs in a timely manner. Residency program requiring their residents to achieve a minimum score on an annual written in-service examination must publish this requirement at the beginning of each academic year.

The program director is required to provide the resident with a letter notifying him or her of ADR status and the area(s) of unsatisfactory performance, measures to improve performance, and time frame for completion. These measures may include, but are not limited to:

1. Suspension without pay;
2. Repeating one or more rotations;
3. Participation in a special program;
4. Continuing scheduled rotations with or without special conditions;
5. Supplemental reading assignments;
6. Attending undergraduate or graduate courses and/or additional clinics or rounds; and
7. Extending the period of training.

The program director or his or her designee shall determine the remediation measure(s) assigned and the period of time that such measures remain in place. The form(s) of remediation assigned is/are left to the discretion of the department and is/are not subject to the Due Process Procedure.

C. Repeat Academic Year

Repeating an academic year is a remediation action that may be used in limited situations such as: overall unsatisfactory performance during the entire academic year, overall unsatisfactory performance for at least 50% of rotations during the academic year, or failure to pass an annual written in-service examination. Each residency program is responsible for establishing specific written criteria for repeating an academic year. The resident will be notified of his / her requirement to repeat the academic year at least 6 weeks prior to the end of the academic year. This remediation action is not subject to the Due Process Procedure.

D. Non-Renewal of Agreement

At the request of the Program Director and the discretion of the GME administrator, an agreement may be allowed to lapse. Non-renewal of agreements is a serious consequence and may not be used arbitrarily.

The resident will be notified of the decision of non-renewal at least four (4) months prior to the end of the academic year. Non-renewal of agreements is not subject to the Due Process Procedure.

E. Denial of Certificate of Completion

A resident may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency training. This may include the entire year or overall unsatisfactory performance for at least 50% of all rotations during the final academic year. Additionally, some programs may deny a certificate of completion to a resident who fails to pass the annual written in-service examination during the final year of training. Each residency program is responsible for establishing specific written criteria for denial of certificate of completions.

Residents denied a certificate of completion must be notified in writing of unsatisfactory performance by the program director as soon as possible, but at least 6 weeks prior to scheduled completion of program. This action is subject to the Due Process Procedure.

F. Dismissal

If the program director determines a resident's deficiency to be of sufficient gravity to warrant immediate dismissal, the resident may be dismissed without first being offered an opportunity for remediation. However, the program director must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of remediation. In addition, during or following a period of remediation, any resident who fails to correct a deficiency may be dismissed. In either instance, the resident may obtain review under the Due Process Procedure.

Disciplinary Action (Other than Academic)

Residents in Baptist Memorial Hospital's Graduate Medical Education Program are employees of Baptist Memorial Health Care and therefore subject to Baptist Policies and Procedures. Copies of all applicable policies and procedures are available online and through the Baptist Memorial Hospital Human Resources Department. Violation of these policies will be subject to disciplinary action up to and including termination. These actions are not subject to the Due Process Procedure. Appeals for dismissal in these circumstances may be available if provided in the BMHCC policy.



**BAPTIST MEMORIAL HEALTH CARE
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Nonrenewal of Agreements Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a Nonrenewal of Agreements policy that complies with Accreditation Council for Graduate Medical Education and Baptist Memorial Hospital guidelines

POLICY: Nonrenewal of Agreements Policy

PROCEDURE: If a Residency Program decides not to renew a resident's agreement, the resident will be notified in writing no later than four months prior to the end of the resident's current contract. If the decision of nonrenewal occurs within four months prior to the end of the agreement, programs must provide the resident with as much written notice as possible.

If a resident cannot fulfill the requirements of the Program to advance to the next level, the resident's agreement may not be renewed. For example, if the resident cannot submit documentation of the successful completion of the USMLE Step III test before the end of his/her PGY-2 year, the resident's agreement may not be renewed.

Residents must be allowed to implement the institution's Due Process Procedure when they receive a written notice of intent not to renew their agreement.



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2015	Due Process Baptist-Employed Residents
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: This policy will identify and establish remediation actions to correct areas of marginal and/or unsatisfactory performance by a resident.

POLICY: Due Process Policy

PROCEDURE:

Residents may obtain review by Due Process by submitting a written request for review to the program director within (10) ten business days after being notified of one of the following:

- a. Denial of Certificate of Completion
- b. Dismissal from the Residency Program for academic deficiency

The steps of Due Process are as follows:

- a. Resident is notified in writing of the decision by the Program Director concerning denial of certificate or dismissal from the program.
- b. The resident may request a departmental review or waive this option and request a review by the Hospital specific Chief Medical Officer.
- c. If the results of the review are adverse to the resident, the resident may request a review by the reviewer at the next level of the chain listed below.
- d. The decision of the System Chief Medical Officer is final.

Review Chain

1. Program Director
2. Hospital specific Chief Medical Officer
3. System Chief Academic Officer
4. System Chief Medical Officer

Specific Procedures

A written request for review, if desired, must be submitted by the resident to the program director with a copy to the GME administrator within ten (10) business days of the resident's receipt of written notification as stated above. This request must include:

- a. all information, documents and materials the resident wants considered.
- b. the reason the resident believes denial of certificate of dismissal is not warranted. The resident may submit the names of fact witnesses whom the program director has discretion to interview as a part of the review process.

Upon receipt of a request for Departmental Review, the program director may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the program director shall be non-binding. The program director will notify the resident and the hospital's Chief Medical

Officer and Chief Academic Officer of the decision of the Departmental Review in writing within ten (10) working days of the decision. If the decision is adverse to the resident, the notice shall advise the resident of the right to review on the record by the hospital's Chief Medical Officer.

The resident may sign a Waiver of Departmental Review and submit a written request to the hospital's Chief Medical Officer if so desired. This waiver must be signed and submitted to the Program Director, hospital's Chief Medical Officer, and Chief Academic Officer within ten (10) days of the resident's receipt of the initial notification by the Program Director.

A written request for review, if desired, must be submitted by the resident to the hospital's Chief Medical Officer (or next level reviewer as applicable) within ten (10) business days of the resident's receipt of written notification from the resident. This request must include:

- a. all information, documents and materials the resident wants considered.
- b. the reason the resident believes denial of certificate or dismissal is not warranted. The resident may submit the names of fact witnesses whom the GME Administrator has discretion to interview as a part of the review process.

At the discretion of the hospital's Chief Medical Officer (or next level reviewer as applicable), a hearing may be allowed if requested by the resident. The hospital's Chief Medical Officer (or next level reviewer as applicable) shall determine whether a hearing or review on the record is appropriate. A review on the record may include a face-to-face meeting with the resident and interviews with witnesses by the hospital's Chief Medical Officer (or next level reviewer as applicable).

Upon reaching a decision, the hospital's Chief Medical Officer (or next level reviewer as applicable) will notify the resident in writing within five (5) working days and advise the resident concerning the next level of institutional review. If the process is taken to the System Chief Medical officer, that decision is final.

Additional Provisions

1. The resident has a right to obtain legal counsel at any level of the review process, but attorneys are not allowed at reviews.
2. Residents who have been dismissed will receive no remuneration during the review process.
3. Baptist Memorial Health Care cannot and will not compel participation in the review process by peers, medical staff, patients, or other witnesses, even if such is requested by a resident seeking review.



WAIVER OF DEPARTMENT-LEVEL REVIEW

I, _____, M.D., hereby waive the first level of review (department-level review) of my academic dismissal from the Baptist Memorial Hospital Graduate Medical Education Program. I understand that, under the hospital's graduate medical education due process policy, when a resident wishes to appeal a program director's adverse academic decision, the program director should first hear the resident's grievance. I elect to waive department-level academic review and commence the process with review by the hospital's Chief Medical Officer.

Resident signature

Print Name

Residency Program and Year

Date



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: 7/1/2015	Medical Records Policy
Last Review/Revision: March 2015	
Reference #: -	

PURPOSE: To establish a Resident Benefits policy that complies with Baptist Hospital guidelines

POLICY: Medical Records Policy

PROCEDURE: Resident physicians are expected to provide complete and appropriate patient care. Timely completion of documentation is a pivotal part of this phase of care and to that end all resident physicians are required to complete medical record documentation within seven (7) days of all patient care activity. Baptist-employed residents who fail to complete medical records within the required time frame will be subject to disciplinary action up to and including suspension or termination from the program.

- A. Initial warning: Residents with incomplete medical records that are seven (7) calendar days or more overdue will be notified via email. Records must be completed within seven (7) calendar days of this warning.
- B. Written warning: Residents with incomplete medical records that are fourteen (14) calendar days or more overdue will be notified via email. A copy of this email will be sent to the resident's Program Director and Program Coordinator and will be retained in the resident's file. Records must be completed within seven (7) calendar days of this warning.
- C. Suspension: Residents with incomplete medical records that are twenty-one (21) calendar days or more overdue will receive an automatic suspension of not less than one (1) working day without pay and may not return to work until all medical records are completed.
- D. Termination:
 - a. Residents with incomplete medical records that are twenty-eight (28) calendar days or more overdue and have served a suspension of five (5) working days will be considered to have resigned their position and will be terminated from the Program.
 - b. In the event that a resident has received three (3) received automatic suspensions during their residency period for overdue medical records, the Program Director or Graduate Medical Education will initiate Due Process for consideration of additional disciplinary actions up to and including termination.

ADDITIONAL INFORMATION:

Exceptions: In some cases, an exception for suspension and/or termination may be granted at the discretion of the Program Director or GME office and with the approval of one of more of the individuals listed below if circumstances warrant such consideration. Examples of reasons for exceptions include unavoidable absences such as pre-scheduled vacation, conference, and FMLA.

- Chief Academic Officer

- Director of Medical Education
- Chief Medical Officer (facility or system)

Faculty: In compliance with the Metro Medical Staff Policy for Medical Record Suspension (MS.6011), the attending physician (and/or surgeon) is ultimately responsible for timely completion of all medical record deficiencies assigned to a resident and will have clinical privileges suspended if the medical record components are not completed. In addition, fines will be assessed to a Member or ICP for each automatic suspension imposed for delinquent medical records assigned to residents.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: December 2013	Vendor Guidelines with GME Trainees
Last Review/Revision: November 2013	
Reference #: -	

PURPOSE: To establish a process and set guidelines that vendors are to follow for gaining access to Resident & Fellow Physicians and Medical & PA Students.

POLICY: Vendor Guidelines with GME Trainees Policy

PROCEDURE:

Vendors must follow the Vendor / Visitor Guidelines (S.AD.1017.05) contained in the Baptist Operations Policy, Procedure, and Guidelines Manual. Concerning visitation with GME trainees, Vendors must contact the Program Coordinator or Graduate Medical Education Coordinator to obtain approval to visit with Trainees. No other variations to the Vendor / Visitor Guidelines are applicable.

PROGRAM AND RESIDENT ENVIRONMENT



BAPTIST MEMORIAL HEALTH CARE GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: December 2013	GME Trainee Work Environment Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy that clarifies the established requirements of all Work Environments for Fellows, Residents, and Students participating in Graduate Medical Education Programs or Rotations at Baptist facilities

POLICY: GME Trainee Work Environment Policy

PROCEDURE: In accordance with ACGME requirements, Baptist has established the following standards to ensure a safe and productive work environment for all GME Trainees.

- Each Program Director, with the assistance of his faculty, will be responsible for oversight and maintenance of the Work Environment for his/her program. Baptist Graduate Medical Education will be responsible for general oversight of all GME Trainees. The Chief Academic Officer and Graduate Medical Education department will maintain an “Open Door” policy for working with fellows, residents, students, facilities, and schools.
- Program and Baptist are committed to and responsible for promoting patient safety and resident well-being and to that end, will educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- Program and Baptist will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- Program and Baptist will ensure and monitor effective, structured hand-over processes by utilizing standardized Transitions of Care checklists and minimizing the number of transitions of patient care.
- In order to ensure a healthy and safe learning and working environment, Baptist will provide:
 - Access to food while on duty at all participating sites;
 - Safe, quiet, and private sleep/rest facilities available and accessible for residents/fellows
 - Security and safety measures appropriate to the participating site,
 - Additional resources which may include Internet, electronic medical record access, access to library resources, a locked room or lockers for student personal items, and reasonable access to patients.
 - Biannual Resident Forums during which any resident/fellow employed by Baptist must have the opportunity to raise a concern to the forum. Resident Forums are conducted at least in part, under the guidance of the Chief Resident(s) and without the DIO, faculty members, or other administrators present.
 - Communication resources and technology: Faculty members and residents/fellows have ready access to adequate communication resources and technological support. Specifically, this will include:
 - 24/7/365 IT Support
 - 24/7/365 EMR Access and Support
 - Access to medical literature: Faculty members and GME Trainees have ready access to specialty/subspecialty-specific electronic medical literature databases and other current reference material in print or electronic format. This is provided with a combination of resources including the

Baptist Medical Staff Library, online research capabilities, and Program –level libraries. Online Educational Resources includes UpToDate, PubMed, OPAC, OVID Nursing Online, etc.

- Support Services and Systems: In order to ensure that the ACGME-accredited programs' educational goals and objectives are met, and the residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations, Baptist will provide support services and systems which include:
 - Peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; and,
 - Electronic medical records are available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities.
- Baptist shall provide immediate emergency health care for Trainees if needed for illness or injury suffered during participation in the Program and for initial response to exposure to blood borne pathogens or other hazardous materials onsite. Rotating Trainees will then be referred to School for follow up at the earliest convenience provided such referral can be lawfully made under the Emergency Medical Treatment and Labor Act (EMT ALA) and/or any applicable similar state law.

Baptist (for Programs sponsored by Baptist) or Baptist and School (for Programs sponsored by School) will monitor Trainees' learning environment to identify positive and negative influences. Concerns regarding possible mistreatment of Trainees or failure of Trainees to abide by the highest standards of professionalism shall be addressed by Chief Academic Officer (Baptist residents/fellows) or reported to School (Rotating residents/fellows/students).

Baptist and School shall require its Faculty and Trainees providing services hereunder to refrain from conduct that may be reasonably considered offensive to others or disruptive to the workplace or patient care ("Inappropriate Conduct"). Examples of Inappropriate Conduct include, but are not limited to, the following:

- The use of threatening or abusive language directed at patients, patient families, visitors, colleagues, physicians, and any and all employees of Baptist;
- Making degrading or demeaning comments regarding patients, patient families, visitors, colleagues, physicians, and any and all employees of Baptist;
- The use of profanity or similarly offensive language while at Baptist and/or while speaking with or referring to patients, patient families, visitors, colleagues, physicians, and any and all employees of Baptist;
- Having physical contact with another individual that may be interpreted as threatening, intimidating or offensive;
- Making public derogatory comments or making similar entries in medical records about the quality of care being provided at Baptist or by Baptist's employees rather than directing such concerns through appropriate peer review or quality assurance channels; and
- Sexual harassment which, for purposes of this contract and not to the exclusion of any definition provided by law or Baptist's Medical Staff Bylaws, is defined as any unwelcome advance, request for sexual favors, or other verbal, written or physical conduct of a sexual nature that interferes with work performance or that creates an intimidating, offensive or hostile work environment.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: January 2015	Handoffs / Transitions of Care Policy
Last Review/Revision: May 2016	
Reference #: -	

HANDOFFS AND TRANSITIONS OF CARE

I. Rationale

To assure continuity of care and patient safety, both the ACGME and AOA requires a minimum number of patient care transitions, a structured and monitored handoff process, training for competency by residents in handoffs, and readily available schedules listing residents and attending physicians responsible for each patient's care. In addition to resident-to-resident patient transitions, residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

II. Policy

- A. Each training program should review call schedules at least annually to minimize transitions in patient care within the context of the other duty hour standards. Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion. Documentation of the process involved in arriving at the final schedule should be included in the minutes of the annual program review meeting.
- B. Each residency training program that provides in-patient care is responsible for creating a templated patient checklist and is expected to have a documented process in place to assure complete and accurate resident-to-resident patient transitions. At a minimum, key elements of this template should include:
 - Patient name
 - Age
 - Room number
 - ID number
 - Contact info for the primary resident and attending physician
 - Diagnoses
 - Allergies
 - Overnight care issues including a "to do" list with follow-up lab/ rad pending
 - Code status
 - Other items as necessary
- C. There must be a structured face-to-face, phone-to-phone, or secure intra-hospital electronic handoff that occurs with each patient care transition. At a minimum this should include a brief review of each patient by the transferring and accepting residents with time for interactive questions. All communication and transfers of information should be provided in a manner consistent with protecting patient confidentiality. ED and Outpatient transitions should be performed face-to-face as appropriate.

- D. In compliance with the Graduate Medical Education Trainee Supervision Policy, communication with appropriate supervising faculty must occur in the following situations:
- ICU admissions to the inpatient service
 - Transfer of patients to a higher level of care, e.g. from the floor to the ICU or a critical change in the patient's status, e.g. cardiac or respiratory arrest
 - Change in code status (DNR)
 - Patient or family dissatisfaction
 - Patient requesting AMA discharge
 - Patient death
- E. Each training program is responsible for notifying the hospital telephone operators about its call schedule so that the entire health care team (staff physicians, residents, medical students, and nurses) know how to immediately reach the resident and attending physician responsible for an individual patient's care.
- F. Each residency training program is responsible for assuring its residents are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective interprofessional teams that are appropriate to the delivery of care as defined by their specialty residency review committee. Methods of training to achieve competency may include GME orientation sessions, annual review of the program-specific policy by the program director with the residents, departmental and GME conferences, and on-line training activities.

III. GME Monitoring and Evaluation

- A. To evaluate the effectiveness of transitions, monitoring will be performed quarterly using information obtained from interviews and phone surveys of health care team members and electronic surveys in New Innovations. The GMEC will also review annual program meeting minutes for documentation that clinical assignments are designed to minimize the number of transitions in patient care and that residents are serving as members of effective interprofessional teams.
- B. The following items will be reviewed each quarter: use of a program-specific templated patient list at each hospital; interview of two residents, two nurses, and two telephone operators to determine their knowledge of compliance with patient care transitions; and certification by the program director that the number of daily patient care transitions is a minimum number. The interview of the health care personnel should use patients from a current templated list to assess the residents' knowledge of the proper transition procedure (location of the list, templated content, feedback about any poor transitions), the nurses' knowledge about how to reach the correct resident and attending, and the telephone operators' ability to reach the correct resident and attending.
- C. The results of the monitoring will be reported to the GME quarterly. The GMEC will review elements of the hand-over process and make appropriate recommendations in order to continuously improve quality of care and patient safety. Repeated deficiencies will result in a more detailed monitoring review which could result in direct intervention by the GME.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: January 2014	Trainee Supervision Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a process and set guidelines for the purpose of standardization of supervision of trainees under the oversight of the Graduate Medical Education department.

POLICY: Trainee Supervision Policy

PROCEDURE: Supervision Standards for Resident Physicians and Students in the Patient Care Settings

General Requirements:

Fellow Physicians are supervised by appropriately credentialed and privileged attending physicians. Each program may provide a list of specific procedures and/or clinical tasks which may be performed by the fellow under indirect supervision or oversight (see definitions below). The program is responsible for maintaining a current accounting of procedural competencies and level of supervision required and for ensuring that all supervising physicians comply with these guidelines.

Resident Physicians are supervised by appropriately credentialed and privileged attending physicians. Each program may provide a list of specific procedures and/or clinical tasks which may be performed by the resident without direct supervision. The program is responsible for maintaining a current accounting of procedural competencies and level of supervision required and for ensuring that all supervising physicians comply with these guidelines.

Medical Students are supervised by appropriately credentialed and privileged attending physicians. Procedures performed by medical students must be directly supervised by the student's supervising physician. Specific clinical skills may be performed without direct supervision at the discretion of the supervising physician once competency by the student has been established. The school is responsible for ensuring that all supervising physicians comply with these guidelines.

Physician Assistant Students are supervised by appropriately credentialed and privileged attending physicians or other approved, credentialed, and privileged allied health professional (AHP). Procedures performed by Physician Assistant students must be directly supervised by the student's supervising physician or allied health professional. However, the following specific clinical skills may be performed without direct supervision at the discretion of the supervising physician or AHP:

- Review of the patient record
- Patient interviews to obtain history
- Physical examination of the patient (Exams of the breast, genital and/or rectal area must be performed with the accompaniment of a witness in accordance with common practice.)

The school is responsible for ensuring that all preceptors comply with these guidelines.

Definitions:

- Direct Supervision – the supervising physician is physically present with the resident and patient
- Indirect 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
- With direct supervision available – the supervising physician is not physically present within the hospital or other site or patient care, but is immediately available by 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

***** Please see attached grid for specific guidelines *****

Additional guidelines for residents and fellows:

Progressive Authority and Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members:

- The Clinical Competency Committee (CCC) and program director must evaluate each resident’s abilities according to ACGME Milestones.
- Supervising faculty members will delegate patient care activities to residents based on the needs of the patient and the demonstrated abilities of the resident.
- Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to them the appropriate level of patient care authority and responsibility.
- There are circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. These circumstances include:
 - ICU admissions to the inpatient service
 - Transfer of patients to a higher level of care, e.g. from the floor to the ICU, or critical change in a patient’s status, e.g. cardiac or respiratory arrest
 - Change in DNR status
 - Patient or family dissatisfaction
 - Patient requesting AMA discharge
 - Patient death
- All residents are expected to progress during their residency period. Residents failing to demonstrate satisfactory progression will be subject to guidelines contained in the BMH GMEC policy for “Non-Renewal of Agreements.”

Responsibilities

General

- All patient care must be supervised by qualified faculty with appropriate credentials and privileges.
- PGY-1 level residents must be supervised either directly or indirectly, with direct supervision immediately available. If indirect supervision is provided, such supervision must be consistent with RRC policies. PGY-1 residents must meet established advancement criteria, with approval of the program director and faculty, in order to be eligible for indirect supervision.

Faculty Responsibilities

- Routinely review resident documentation in hospital and clinic medical records.
- Provide resident physicians with appropriate and constructive feedback.

- Serve as role models to residents, demonstrating professionalism and exemplary communication skills in patient care.
- Round daily on inpatients being cared for by residents or urgently, as dictated by circumstances or at the request of residents.
- Write or dictate daily notes on the above patients.
- Follow Medicare rules and regulations regarding documentation and billing.

Resident / Fellow Responsibilities

- Residents and Fellows are responsible for knowing the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.
- Residents and Fellows must write or dictate daily notes on patients under their care as appropriate. All orders must have dates and times.
- Residents must discuss patient care decisions with the attending physician as appropriate.

Direct Supervision – the supervising physician is physically present with the learner and patient	Indirect 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 or patient care, but is immediately available by 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
SUPERVISION GUIDELINES	Fellow	Resident Physician	Medical Student or Physician Assistant Student
OPERATING / DELIVERY ROOM	Indirect Supervision with Direct Supervision <i>Immediately Available</i> . Fellows may advance to Indirect Supervision with Direct Supervision Available upon approval by attending physician.	Direct Supervision. Residents may advance to Indirect Supervision with Direct Supervision <i>Immediately Available</i> upon approval by attending physician.	Direct Supervision by Supervising Physician
NON-ROUTINE, NON-BEDSIDE, NON-OR PROCEDURES (e.g., Cardiac Cath, Endoscopy, Interventional Radiology, etc.)	Indirect supervision with Direct Supervision <i>Immediately Available</i> . Fellows may advance to Indirect Supervision with Direct Supervision Available upon approval by attending physician.	Direct Supervision. Residents may advance to Indirect Supervision with Direct Supervision <i>Immediately Available</i> upon approval by attending physician.	Direct Supervision by Supervising Physician
EMERGENCY DEPARTMENT	Indirect Supervision with Supervision Available.	Indirect Supervision with Direct Supervision <i>Immediately Available</i>	Direct Supervision by Supervising Physician
EMERGENCY CARE - Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted.	Indirect Supervision with Direct Supervision Available	Direct Supervision. Residents may advance to Indirect Supervision with Direct Supervision <i>Immediately Available</i> upon approval by attending physician.	Direct Supervision by Supervising Physician
INPATIENT CARE / New Admissions	Indirect Supervision with Direct Supervision Available	Indirect Supervision with Direct Supervision <i>immediately Available</i>	Direct supervision. Students may advance to Indirect Supervision with Direct Supervision <i>Immediately Available</i> upon approval by attending physician

INPATIENT CARE / Continuing Care	Indirect Supervision with Direct Supervision Available	Indirect Supervision with Direct Supervision Available	Direct supervision. Students may advance to Indirect Supervision with Direct Supervision <i>Immediately</i> Available upon approval by attending physician
INPATIENT CARE / Intensive Care	Indirect Supervision with Direct Supervision Available	Indirect with Direct Supervision <i>Immediately</i> Available	Direct Supervision
INPATIENT CARE / Hospital Discharge and Transfers	Indirect Supervision with Direct Supervision Available	Indirect Supervision with Direct Supervision Available	Direct Supervision
OUTPATIENT CARE	Indirect Supervision with Direct Supervision available Oversight supervision may be allowed for fellows or senior residents in the continuity clinic (primary care exceptions)	Indirect Supervision with Direct Supervision Available. Oversight Supervision may be allowed for fellows or senior residents in the continuity clinic (primary care exceptions)	Direct supervision. Students may advance to Indirect Supervision with Direct Supervision <i>Immediately</i> Available upon approval by attending physician
CONSULTATIONS - Inpatient, Outpatient, and Emergency Department	Indirect Supervision with Direct Supervision Available	Indirect Supervision with Direct Supervision <i>Immediately</i> Available	Direct supervision. Students may advance to Indirect Supervision with Direct Supervision <i>Immediately</i> Available upon approval by attending physician
RADIOLOGY / PATHOLOGY	Indirect Supervision with Direct Supervision Available	indirect Supervision with Direct Supervision Available. Procedures require Direct Supervision.	Direct supervision
ROUTINE BEDSIDE and CLINIC PROCEDURES	Indirect Supervision with Direct Supervision Available	Direct Supervision. Residents may advance to Indirect Supervision with Direct Supervision <i>Immediately</i> Available upon approval by attending physician.	Direct supervision
DOCUMENTATION: Notes	Fellows may write notes in the medical records but these notes must be attested to by the attending physician daily for billing purposes	Residents may write notes in the medical records but these notes must be attested to by the attending physician daily for billing purposes	May write notes in the medical records but student notes do not meet daily documentation requirements
DOCUMENTATION: Orders	Can place orders	Can place orders	May pend orders but these must be signed by an attending physician, fellow, or resident before these orders may be acted upon



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Duty Hours Policy Baptist-Employed Residents
Last Review/Revision: May 2013	
Reference #: -	

PURPOSE: To establish a policy for Resident Duty Hours that complies with the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) guidelines. To that end, the information below has been taken from both the ACGME and AOA Requirements.

POLICY: Duty Hours Policy

PROCEDURE: The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment. The learning objective of the program must not be compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

SUPERVISION: See the GME Supervision Policy

COMBINED ACGME/AOA-SPECIFIC REQUIREMENTS*:

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Duty Hour Exceptions

BMHCC does not permit exceptions to the Duty Hour policy.

Moonlighting

Residents must not be required to participate in moonlighting activities. Program Directors must evaluate each resident’s academic performance before granting permission for a resident to moonlight. Program Directors must continue to monitor each resident’s academic and clinical performance when moonlighting is served. If at any time, the Program Director believes that the resident should not participate in moonlighting activities because of declining academic or clinical performance, permission to participate in moonlighting may be withdrawn.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

PGY-1 residents are not permitted to moonlight.

See the GME Moonlighting policy for additional guidance.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. All Duty Hour instances in excess of twenty-four (24) hours must be reported by the resident/ fellow in writing with rationale to the DME/ Program Director and reviewed by the GMEC for monitoring individual residents and Programs.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

- PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- Intermediate-level residents [as defined by the Review Committee] should have ten hours free of duty, and must have eight hours between scheduled duty periods. They must have at least fourteen hours free of duty after twenty-four hours of in-house duty.
- Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.
- Following a shift of twenty to twenty-four (20-24) hours, all residents must have at least fourteen (14) hours off before being required to be on duty or on call again.
- Following a shift of greater than twelve (12) but less than twenty (20) hours, residents must have at least ten (10) hours off before being required to be on duty or on call again.
- All residents shall have forty-eight (48) hours off on alternate weeks, or at least one twenty-four (24) hour period off each week and shall have no call responsibility during that time. At-home call cannot be assigned on these days.
- All off-duty time must be totally free from clinical or assigned classroom educational activity.

Emergency Department Duty

Residents assigned to Emergency Department duty shall work no longer than twelve (12) hour shifts with no more than thirty (30) additional minutes allowed for transfer of care. In the event that any resident works more than twelve and one-half (12 ½) hours, he/she shall be required to submit documentation to the DME/ Program Director an explanation for the excessive time. Such documentation shall be reviewed the GMEC for monitoring of individual residents and Programs.

Interruption of Patient Care

Each Program shall include provisions for continuity of patient care in the event that a resident has met or exceeded his/her duty hour limits. Such provisions may include reassignment of patient care to faculty or appropriate additional residents. Patient care responsibility is not precluded by this duty hours policy.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour 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 duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

* From ACGME Common Program Requirements NAS 2015 and AOA Res. No. B-8 – M/2015



**BAPTIST MEMORIAL HEALTH CARE
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Duty Hours Exception Request Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for requesting and endorsing exceptions to standard resident duty hours that complies with the Accreditation Council for Graduate Medical Education guidelines

POLICY: Duty Hours Exception Request Policy

PROCEDURE: Baptist does not allow resident duty hours to exceed the limits set by the ACGME.

Should it become necessary for a program to increase the standard for resident duty hours up to 10% above the level approved by the ACGME or a maximum of 88 hours per week, the effected program's director should submit a written request to the Graduate Medical Education Committee at the next meeting. This request must include the current duty hour standard, the requested increase, reason(s) for the request, anticipated benefits/ramifications for the residents and patients, and monitors for effects on resident performance, and emotional/physical health issues. If the GMEC approves the increase, the request will be submitted to the Medical Staff Leadership Committee (MSLC) at their next quarterly meeting. If approved, the request will be submitted to the Medical Executive Committee (MEC) for their approval. If approved, the request will be sent to a Residency Review Committee (RRC).



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Resident Moonlighting Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for resident moonlighting that complies with the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) guidelines. This policy should be considered to be in addition to the GME Duty Hour Policy and the Baptist Secondary Employment Policy.

POLICY: Resident Moonlighting Policy

PROCEDURE: External Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. External Moonlighting must be considered part of the eighty (80) hour weekly limit on duty hours.

Internal Moonlighting is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. Residents will not be required to participate in Internal Moonlighting activities. Internal Moonlighting must be considered part of the eighty (80) hour weekly limit on duty hours.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. PGY-1 residents are not permitted to moonlight.

Programs will monitor resident duty hours, including moonlighting, with a frequency sufficient to ensure compliance with ACGME requirements. If necessary, the program will adjust schedules to mitigate excessive service demands. At no time will residents be permitted to work more than eighty (80) hours per week inclusive of scheduled residency hours, external and internal moonlighting. All residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided.

To that end and to ensure that professional activities outside the program do not interfere with a resident's performance, the program director must review and at his / her discretion, issue written approval for all extramural professional activities. Residents are required to complete a duty hour log and submit these to the Residency Coordinator biweekly. Programs will submit a summative moonlighting report to the GMEC on a semiannual basis.

Practice activities permitted outside the educational program vary with the academic performance level of each resident.

Each resident is responsible for attaining and maintaining the appropriate state medical license where moonlighting occurs. In addition, each resident is responsible for attaining and maintaining the appropriate

separate liability insurance. The Baptist liability trust does not cover residents during external moonlighting activities.

Violation of this moonlighting policy could result in disciplinary actions up to and including dismissal from the Baptist Memorial Hospital Residency Program.



Baptist Memorial Health Care Corporation
Graduate Medical Education Residency Program

I, _____, Program Director of the
_____ Program, do hereby acknowledge that
_____, is engaging in extracurricular moonlighting activities at
_____. This resident has reviewed and
agrees to abide by the Resident Duty Hours Policy. Resident has been advised to limit his moonlighting to
_____ hours / week. Further, the resident is required to submit monthly a duty log for all
moonlighting hours worked. It is also stipulated that moonlighting activity is not covered under the Baptist
Memorial Hospital Malpractice Liability Insurance Policy. Finally, the resident understands and agrees that
he/she must have an employment agreement with the facility where the moonlighting will occur.

Program Director

Date

Resident

Date

BAPTIST MEMORIAL HEALTH CARE CORPORATION

Graduate Medical Education Residency Program
Extracurricular (Moonlighting) Duty Hour Log

MOONLIGHTING LOCATION: _____

Month _____ Year _____ Dr. _____

Include External Moonlighting Hours ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Work Hours	-	-	-	-	-	-	-	
Time Worked								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Work Hours	-	-	-	-	-	-	-	
Time Worked								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Work Hours	-	-	-	-	-	-	-	
Time Worked								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Work Hours	-	-	-	-	-	-	-	
Time Worked								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Work Hours	-	-	-	-	-	-	-	
Time Worked								

The hours reflected in this log have been recorded accurately to the best of my ability.

Signature: _____

Date: _____



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: December 2013	Resident Health Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a process and set guidelines for the purpose of assisting residents and fellows in retaining their educational status during situations which may impair the resident's health status. For the purpose of these guidelines, health includes, but is not limited to physical, mental, emotional or personality disorders, deterioration through the aging process, loss of motor skill, or excessive use or abuse of drugs including alcohol.

POLICY: Resident Health Policy

PROCEDURE: In compliance with ACGME requirements and to ensure residents are adequately prepared and advised concerning this policy and health issues the risk of which may be amplified by the highly stressful lifestyle of residency, Baptist and the Program will provide annual training concerning fatigue management and health issues to all residents employed by Baptist. Additionally, Baptist has created an Employee Assistance Program (EAP) called CONCERN that is provided to all Baptist employees without cost. CONCERN offers confidential assistance with many issues including:

- Marital/ family relationships
- Alcohol or drugs
- Emotional concerns
- Grief
- Gambling
- Elder care
- Financial problems

If the issue requires assistance from a specialist, CONCERN counselors will provide informed referrals.

Baptist Graduate Medical Education acknowledges the Practitioner Health Policy (MS.6004) contained in the Baptist Metro Medical Staff Policy Manual as the primary source for establishing guidelines concerning Physician Impairment. Additional clarifications for the unique circumstances of resident/fellow training are listed below:

1. This GME policy identifies the individuals and committee responsible for oversight, evaluation, and recommendations for treatment if warranted. For the purpose of this policy, oversight may be provided by any of the following individuals:

- Program Director
- Chief Medical Officer (facility specific) Chief Academic Officer

A committee of at least three (3) of the following individuals will review all situations and offer recommendations to the resident for resolution.

- Program Director
- Human Resources Director
- Chief Medical Officer (facility specific)
- Chief Academic Officer
- System Chief Medical Officer

Should the resident opt to refuse the recommendation of the committee, he/she will be terminated from the program immediately.

2. Upon determination that a health related situation may exist which could impair the resident's performance or capacity to perform, the resident will be placed on paid leave until a recommendation has been issued from the committee as described above.
3. As an employee of Baptist Memorial Health Care, resident physicians are entitled to confidential use of CONCERN: Employee Assistance Program (EAP).

No other variations to the Practitioner Health Policy are applicable.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Medical License Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for Medical Licenses that complies with the Accreditation Council for Graduate Medical Education and Baptist Memorial Hospital

POLICY: Medical License Policy

PROCEDURE:

ARKANSAS Licensure

Baptist will request and fund licensure exemption expenses for residents who are required to have a license to participate in the Program in the State of Arkansas.

MISSISSIPPI Licensure

Residents who are required to obtain a medical license in the State of Mississippi during their first six months of residency must complete USMLE Step III exam. To that end, residents should submit written verification of successful completion of the USMLE Step III exam before end their PGY-1 year at Baptist. Consequences for failure to complete Step III by that time are discussed in the GME Resident Salary Policy. Those residents must complete USMLE Step III by the end of their PGY-2 year. Consequences for failure to complete Step III by that time are discussed in the GME Non-Renewal of Agreements policy.

All fees associated with the Mississippi licensure and application will be the responsibility of Baptist. The Program will work with the resident to complete all necessary documentation for the Mississippi license, but ultimate responsibility to obtain this license remains with the resident.

TENNESSEE Licensure

Baptist will request and fund licensure exemption expenses for residents who are required to have a license to participate in the Program in the State of Tennessee.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Pager Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy for pager use and requirements that complies with the Accreditation Council for Graduate Medical Education and Baptist Memorial Health Care Corporation guidelines

POLICY: Pager Policy

PROCEDURE: Pagers are provided for Program-required resident use by Baptist. Pagers are the property of Baptist, but will be assigned to each resident individually. Pagers are the financial responsibility of the resident to whom they were issued. Maintenance and repairs will be provided by Baptist in accordance with the following policy. Please refer to policy number S.AD.1026.01, "Paging Devices Provided by Baptist Information Systems" for additional information.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Radiation Monitoring
Last Review/Revision: May 2016	
Reference #:	

Objective: To ensure the safety of resident physicians by monitoring radiation exposure throughout all facilities in which they rotate.

Policy: Residents of the Radiology Program at Baptist may be subject to an increased risk of exposure to radiation. To monitor exposure to those residents, a cumulative radiation exposure report will be compiled so as to include job-related radiation exposure to Baptist resident physicians from all Baptist facilities. Evaluation of this report will be performed by the Radiation Safety Officer. Graduate Medical Education will oversee residency programs' radiation exposure levels.

I. Resident Responsibilities

Resident Physicians are required to fulfill the following expectations concerning Radiation Monitoring:

1. It is the responsibility of the resident to request Personal Monitoring badges, Fetal Monitoring Badges, and Monitoring Rings as appropriate at each facility before the rotation begins. One badge will be issued at BMH-Memphis that residents will use at every Baptist facility at which they rotate during the two-month period.
2. The resident is responsible for ensuring that all monitoring equipment is received by the resident and worn as required. NO EXCEPTIONS.
3. Badges must be turned in on time at the facility in which they were issued.
4. Resident physicians are not to wear the monitoring badges during their personal radiologic examinations. For example, residents may not wear radiation badges or rings during an X-ray of the resident's wrist after an injury.

II. Radiation Safety Officer Responsibilities

The Radiation Safety Officer (RSO) for Baptist Memorial Hospital – Memphis will assist the Graduate Medical Education (GME) Department as follows:

5. The RSO will act as liaison between GME and the Radiation Monitoring Vendor.
6. The RSO will review all cumulative Radiation Exposure Reports to ensure that residents maintain safe exposure levels.
7. If a resident's exposure rate reaches ALARA I, the RSO will alert the GME Department in writing within 5 working days.
8. If a resident's exposure rate reaches ALARA II, the RSO will verbally notify the Graduate Medical Education manager immediately. The RSO will follow this notification with a written notice within 5 working days.

III. Graduate Medical Education Responsibilities

The Graduate Medical Education office will monitor the Radiation Exposure Reports received from the Radiation Safety Officer. If the GME office receives notification from the RSO that a resident has achieved ALARA I of the bimonthly exposure limit, the GME office will alert the program director and program coordinator who will evaluate the need to alter the resident's future rotations in radiation areas. If the GME office receives notification from the RSO that a resident has achieved ALARA II of the bimonthly exposure limit, the GME office will alert the program director and program coordinator who will immediately remove the resident from radiation areas until such time as it has been determined by the RSO and the program director that the resident may safely return to normal duties.

IV. Residency Program Director Responsibilities

The program director is ultimately responsible for the safety of all residents enrolled in the residency program.

9. If the program director is notified by the GME office that a resident has achieved ALARA I of the bimonthly exposure limit, the program director will communicate directly with the resident to ensure that he is aware of this status.
10. If the program director is notified by the GME office that a resident has achieved ALARA II of the bimonthly exposure limit, the program director will meet with the resident and Radiation Safety Officer within five (5) business days to discuss the meaning of ALARA II status and ensure completion of page 2 of the notification letter by the resident.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: 7/1/2013	Resident Salary Policy Baptist-employed Residents
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy clarifying resident requirements for advancement in salary level.

POLICY: Resident Salary Policy

PROCEDURE: Residents will be paid according to post-graduate year (PGY) level with exceptions made only as described in this policy or in the policy concerning Due Process. It is the intent of this policy that actual salary amounts will be adjusted to include health / dental insurance premiums so that net income will be equivalent for each resident in that PGY level after insurance premiums are deducted. Some minor variance in net paid amounts may result.

REQUIREMENTS FOR ADVANCEMENT:

Incoming Residents

Incoming residents must submit a signed Residency Agreement to the program at least thirty (30) days before the beginning of the residency period. Incoming residents must present copies of their official USMLE Step or COMLEX scores, medical school and intern completion certificates (or letter of completion), and current BLS certification to the GME Office by the first day of residency. Fire Safety documentation and Employee Handbook acknowledgement will be completed during Program Orientation. Residents who do not comply with these requirements will be paid at a lower PGY level until such time as they are current. For example, residents at PGY-2 level who do not present this documentation will be paid at the PGY-1 level until they fulfill these requirements. Pay level increases for residents who are late submitting this information will start at the beginning of the pay period following receipt of all documentation.

- Thirty days before beginning residency
 - Residency Agreement
- Two weeks before beginning residency
 - USMLE Step or COMPLEX scores
 - Medical School Graduation Certificate
 - Current BLS certificate
 - Pre-employment health screening as determined by Employee Health
- First day of program orientation
 - BMHCC and Program required documentation
 - Employee Handbook acknowledgement
- Within thirty days after beginning of residency (NOTE: Residents who fail to fulfil these requirements are subject to disciplinary action up to and including dismissal)

- Intern-year Completion Certificate or Program Completion Letter from the previous program's Program Director if appropriate
- Completion of Mandatory Education Modules (HealthStream) and Respiratory Fit Testing
- Second (2nd) TB skin test if appropriate

Returning Residents

Returning residents must submit a signed Residency Agreement to the program at least thirty (30) days before the beginning of the residency period. An annual TB skin tests or chest X-Ray, as determined by Employee Health, is required. Completion of annual training requirements as stated below is also required for salary advancement. Residents who do not comply with these requirements will be paid at a lower PGY level until such time as they are current. For example, residents at PGY-3 level who did not complete the annual mandatory HealthStream modules will be paid at the PGY-2 level until these modules are completed. Pay level increases for residents who complete all requirements within the appropriate time frame will be effective on July 1 or at the beginning of the pay period preceding the beginning of the new academic year. Pay level increases for residents who are late submitting this information will start at the beginning of the pay period following receipt of all documentation. NOTE: In addition to the consequences included in this policy, residents who are delinquent in the fulfillment of these requirements are subject to disciplinary action up to and including dismissal.

Osteopathic residents cannot and will not enter OGME-3 without the successful completion of COMLEX part 3.

Additionally, each resident must demonstrate successful achievement of most ACGME Milestones appropriate for the resident's current Post-Graduate Year level as determined by the Clinical Competency Committee and documented in the resident's file.

All residents are required to be in compliance with all hospital policies concerning the following:

- BLS / ACLS certification
- Computer-based learning activities (HealthStream)
- TB skin test (when available)
- Flu vaccinations or completion of declination form
- Employee Handbook acknowledgement
- Residency Agreement
- Annual respiratory Fit Testing
- Radiation Safety

Residents whose BLS certification has expired or who are found to be delinquent in the completion or maintenance of the above requirements including Milestones will not be eligible for the annual PGY-level pay increase until such time as all requirements have been fulfilled. For residents who are delinquent in any of the above requirements, PGY level pay increases will start at the beginning of the pay period following completion of these requirements and receipt of all supporting documentation.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: 7/1/2013	Benefits Policy: Baptist-employed Residents
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a Resident Benefits policy that complies with Accreditation Council for Graduate Medical Education and Baptist Hospital guidelines

POLICY: Benefits Policy

PROCEDURE: The following pages provide a brief summary of the benefits program available to Baptist’s Residents. Most of these benefits are identical to those provided to other BMH employees. The use of the word “employee” refers to all BMH employees, including residents. Some benefits identify “residents” and are specific to physicians employed in Graduate Medical Education. More detailed information on each of these plans is available in the Human Resources Department or the Graduate Medical Education Office. Changes to BMHCC benefits may be made at any time and will be communicated to residents as soon as possible.

Health, Dental, & Vision Benefits

Baptist offers residents, their spouses and dependent children the opportunity to participate in the Health, Dental & Vision Plan. Coverage is effective the first day of the month if the resident begins his/her residency on the first day of the month or on the first day of the month following the month during which employment begins if the resident begins his/her residency after the first day of the month. To clarify:

- Resident A began her residency on July 1st so her health, dental, and vision benefits began on July 1st.
- Resident B began her residency on July 2nd so her health, dental, and vision benefits began on August 1st.

Residents’ health insurance premiums are paid by Baptist Memorial Hospital in the following manner. The amount of the basic insurance premiums required by each resident based on employee only, employee and spouse, employee and children, and family plan rates are added into the residents’ base salaries as taxable income. In this way, each PGY-level resident should net approximately the same income. If available, plans other than the basic coverage may be purchased from Baptist. In such cases, any additional expense will be the sole financial responsibility of the resident.

Initial insurance coverage requests and changes to Health, Dental, and Life Insurance policies due to a “qualifying change in family status” must be received by a Human Resources representative within thirty (30) days of employment or of the change. Any additional expenses incurred due to the late submission of required documentation will be the sole financial responsibility of the resident.

Annual adjustments to this benefit may be made during “Open Enrollment” and will be effective on January 1st of the following year.

If an employee terminates his / her employment for reasons other than gross misconduct the employee may continue this coverage. Health, Dental, & Vision Benefits are not subject to the Consolidated Omnibus Reconciliation Act (COBRA) of 1985, as amended.

Health Savings Account

Any employee who enrolls in the Consumer-Driven Health Plan (CDHP) is also eligible for a Flexible Savings Account. For information about a Flexible Savings Account, please contact the Human Resources or Employee Benefits office.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) offer employees a tax-free way to reimburse themselves for health care and dependent care expenses. Contributions to accounts are deducted from pay before taxes are withheld, so taxable income and taxes paid are lower.

Employees may deposit up to a designated dollar amount in a Health Care Spending Account and/or a Dependent Care Spending Account. Dollars set aside in a FSA must be used in that same calendar year or they will be lost. Please read the Flexible Spending Account handbook available in the Human Resources department before enrolling in an FSA.

Social Security

Baptist shares equally with our employees in contributions toward the United States Social Security Program. This provides retirement as well as death and disability benefits for employees and their dependents. Details on contribution amounts as well as available benefits may be obtained from the Human Resources Department.

Basic Life / AD&D Insurance

Life insurance and accidental death and dismemberment insurance are available to all full-time employees after ninety (90) days of continuous service. The entire premium for this coverage is paid by the Organization. Your beneficiary will receive a benefit in the event of your death. The amount of coverage provided is one and one-half times the employee's base annual salary up to \$50,000.00. The coverage amount doubles in the event death is due to an accident.

The Basic Life Insurance Plan includes an Accelerated Life Benefit, which allows terminally ill employees to receive up to one-half of their life insurance benefit before death. To receive this benefit the employee must submit a statement from a physician certifying that he / she is expected to live less than one (1) year.

An employee's coverage will cancel if he/she goes from full-time status to part-time status. Upon termination, an employee may choose to continue this policy on an individual basis. The Basic Life benefit contains an option that allows an employee who terminates to continue coverage at the rate in effect at the time of termination.

Voluntary Life Insurance

Full time employees have the opportunity to purchase additional life insurance coverage for themselves as well as coverage for their spouse and/or dependent children. Coverage may be purchased to cover the employee at one, two, three, four, or five times their base annual salary rounded to the next higher \$1,000 to a maximum of \$500,000 (guaranteed issue amount \$200,000 without physical examination). A spouse may be covered for one half of the employee's coverage amount not to exceed \$250,000. Dependent children up to six (6) months may be covered at \$1000 and six (6) months to twenty-three (23) years may be covered at \$10,000.

The Voluntary Life Insurance Plan includes an Accelerated Life Benefit, which allows terminally ill employees to receive up to one-half of their life insurance benefit to a maximum of \$250,000 before death. To receive this benefit the employee must submit a statement from a physician certifying that he/she is expected to live less than one (1) year.

Upon termination of employment or completion of residency, an employee may continue coverage at the rate in force when he or she terminates.

Survivor Support

Both the Basic Life and Voluntary Life coverage offer “Survivor Support” which is a personalized counseling service that provides survivors and terminally ill employees with support counseling relative to their immediate and future financial needs. Survivor Support Service develops strategies needed to protect resources, preserve current lifestyle, and build future security.

Accident Insurance

Employees and their families may elect to enroll in the Accident Indemnity Advantage Plan. Benefits are payable when a covered person received treatment for off-the-job injuries sustained in a covered accident. This plan pays benefits directly to the employee, unless you choose otherwise, to help you with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. A wellness benefit is available after the policy has been in effect for twelve (12) months. This policy is available at an additional charge. Once residency has been completed, this coverage may be continued through AFLAC.

CONCERN : Employee Assistance Program / Mental Health Services

Employees have access to CONCERN: Employee Assistance Program. This program allows the employee and family access to confidential, cost-free problem solving help. CONCERN is a resource funded by Baptist to provide assistance for many issues including:

- marital and family relationships
- alcohol or drugs
- emotional concerns
- grief
- gambling, elder care and financial problems. When employees are effectively managing personal issues, they are generally more productive.

If help is needed, CONCERN counselors will provide informed referrals. Baptist Health Insurance can help defray treatment costs. CONCERN counselors are licensed or certified seasoned professionals and multiple office locations are available.

Physician Impairment

In certain circumstances, Baptist will work with the Tennessee Medical Foundation (TMF) to assist residents with chemical dependency or behavioral issues. All employees must comply with the Drug and Alcohol Free Workplace policy. Consequences of this policy are strictly enforced up to and including termination. (See also “Resident Health Policy”)

EMMA (Employee Minor Medication Assistance / BMH-Memphis only)

Employees on duty at Baptist Memorial Hospital – Memphis may obtain a dose of seven over-the-counter medications to relieve discomfort relating to headache/ minor pain, diarrhea, musculoskeletal discomfort, gas/ indigestion/ heartburn, sinus, allergies, or cramps. The need for medications will be evaluated and medications dispensed by Employee Health Services or BMH-Memphis Emergency Department Triage. Employees will be required to sign a waiver before receiving medications.

Employee Wellness (Humana Vitality)

Employees and their families are automatically eligible to participate in Humana Vitality and Vitality Kids. This wellness initiative encourages employees and their families to gain a better understanding of their current health and set appropriate goals. Points are awarded when health-related goals are achieved. Points can be used to decrease the cost of health insurance premiums or to purchase or receive discounts at the Humana Vitality Mall.

Cancer Insurance

Employees and their families may elect to enroll in a Cancer Protection Plan. The Cancer Protection Plan pays benefits directly to the employee when a covered dependent is diagnosed with cancer. The Cancer Protection Plan also includes a wellness benefit that pays covered persons for wellness screenings each year (i.e. mammogram, chest x-ray, Pap smear). This policy is available at an additional charge. Once residency has been completed, this coverage may be continued through AFLAC.

Pet Health Insurance

Employees may elect to enroll in VPI (Veterinary Pet Insurance Company) Pet Insurance. A variety of coverage plans are available and rates vary depending on the breed, gender, health and age of the pet. This policy is available at an additional charge. Once residency has been completed, this coverage may be continued through VPI.

Liability Insurance

Baptist is self-insured for professional liability coverage up to \$5 million retention and \$25 million aggregate per claim at all Baptist Metro facilities. This coverage will provide legal defense and protection against awards from claims reported or filed after the completion of your residency if the alleged acts or omissions were within the scope of the education program.

Disability Insurance

Disability insurance is provided for all residents beginning on the first day of employment. Residents may elect additional coverage at your expense.

Transitional Duty Program

Baptist provides Transitional Duty whenever practicable as a benefit to employees who sustain injuries that are work related. This program allows employees to return to work as quickly as possible in a temporary assignment designed in accordance with the employee's physical abilities, as determined by the physician. Transitional duty facilitates a speedy recovery, while allowing the employee to receive their full salary and remain productive. This benefit is limited to ninety (90) days.

Workers' Compensation

Workers' Compensation benefits may be provided to employees who sustain injuries / illnesses in the course of employment. Work related incidents should be reported to management immediately so that timely reporting can occur and instructions regarding medical treatment can be obtained, when appropriate.

Once an incident is reported, it is the responsibility of management to investigate each situation to determine the nature/cause of the injury or illness so that future occurrences can be avoided.

The Organization adheres to all Federal and State regulatory guidelines concerning workers' compensation. Employees and managers should contact their designated Human Resources / Employee Health representatives to ensure appropriate compliance with said guidelines. If employees are unable to work as a result of an on-the-job injury / illness, benefits will be provided in accordance with state regulations. Sick leave should be used if available, during the workers' compensation eligibility determination period.

Bereavement (Funeral) Leave

Please see the GME Leaves of Absence Policy

Credit Union

Employees may elect to participate in the Employee Credit Union, owned, controlled and managed by its members in compliance with state and federal laws. The Credit Union offers a convenient way to save money and obtain

loans. In addition, the Credit Union offers major credit cards, Christmas Club, auto loans, home loans, IRA's, and a number of other services patterned to individual needs.

Meals

Each hospital will provide a meal plan for residents in compliance with ACGME requirements.

- Baptist Golden Triangle: Resident meals are provided free of charge when the resident presents his/ her Baptist ID as follows:
 - 6a-10a Hospital Cafeteria
 - 11a-2p Hospital Cafeteria
 - 11a-8p Corner Café (within the hospital)
- Baptist Memphis: Meals are provided free of charge for residents in the Physicians Dining Room (PDR) for breakfast (6a – 10a) and lunch (11a-2p) Monday through Friday excepting holidays. Residents must sign the “Residents’ Meals” book located in the PDR After hours, meal cards redeemable in the Willows Café are provided for each resident. The resident will receive a monthly card indicating the number of meals allotted.
- Baptist Women’s: Resident meals are provided in the cafeteria free of charge when the resident presents his/her Baptist ID identifying him/her as a physician.

Uniforms

Each resident has the opportunity to receive two (2) lab coats per academic year. These coats are available in specific styles and with specific embroidery options through Landau Uniforms only. Residents should work with their Program Coordinator to ensure that their purchases are eligible for this benefit.

On call / Living Quarters / Laundry

Currently, Baptist does not require 24/7 in-house call coverage and therefore, on-call quarters are not necessary. Call hours are assigned so that no one resident spends the entire night without daytime hours off. A small number of private and secure sleeping rooms are provided for strategic napping and in case of inclement weather. Residents are responsible for laundering of their lab coats.

Parking

Parking is provided free in areas specified by the individual hospital. All Baptist employees are required to comply with the Baptist Parking Policy and to display a parking decal on their vehicles that are parked on the premises.

Public Voting Rights

Employees are encouraged to vote in all municipal, state, or federal elections and referendums. Residents should consider early voting options in order to help ensure their ability to participate in elections. If the employee does not have sufficient time prior to the shift start or after shift end to vote in compliance with all applicable regulations, then time off may be granted without loss of wages or benefits for a specified period. Application for leave must be made at least 24 hours before the day of election and the Organization may specify the hours of absence.



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Leaves of Absence Policy
Last Review/Revision: September 2016	
Reference #: -	

PURPOSE: To establish a policy for Leaves of Absence that complies with the Accreditation Council for Graduate Medical Education and Baptist Memorial Hospital guidelines. All GME policies must comply with BMHCC policies. In case of a conflict that is not specifically addressed as differing from the BMHCC policy, the BMHCC policy will be considered accurate.

POLICY: Leaves of Absence Policy

PROCEDURE: As employees of BMHCC, residents are entitled to the provisions of the Family and Medical Leave Act. The Program Director and resident are responsible for establishing a make-up schedule to comply with the individual’s educational program for Board requirements. While on leave, residents may not hold other gainful employment except with prior approval from the Program Director and the appropriate Human Resources representative.

It is the responsibility of the Program Director to determine the effect of absence from training for any reason on the individual’s educational program and if necessary to establish make-up requirements that meet Board requirements of the specialty.

All Leaves listed below indicate whether Paid Time Off (PTO), Short Term Disability (SPB), or Long Term Disability (LTD) may be used. To clarify, PTO and SPB are front-loaded in to each resident’s accounts on the first day of each academic year. Once PTO and SPB are exhausted, leaves that allow the use of PTO and/or SPB may be taken without pay when requested by the resident and ONLY when approved by the Program Director and in accordance with then-current Baptist policies/ guidelines. (See GME Benefits Policy for additional information about PTO, SPB, and LTD.)

While employed by Baptist Memorial Hospitals as a resident, the following leaves of absence are available:

Family Medical Leave / State Maternity Leave

FMLA policies for residents are identical to those for other Baptist employees. Please refer to Human Resources Policy HR.5033.02, Leaves of Absence, for additional information.

Military Leave

Please refer to Human Resources Policy HR.5033.02 (Leaves of Absence) for information including the use of PTO.

Professional Leave

Residents are allowed paid professional / educational leave for up to three, five-day radiology board reviews / meetings during the course of their training period. All professional leave times must be approved by the Program Director.

Jury Duty Leave

Please refer to Human Resources Policy HR.5067.01 (Civic Responsibilities: Jury Duty and Voting Rights). This is a paid leave with special provisions discussed in this institutional policy.

Bereavement (Funeral) Leave

The loss of a member of the family can be a difficult time. Residents who experience a death in their immediate family are granted up to three (3) regularly scheduled workdays off with pay. If additional time is required, unpaid leave or the use of PTO may be granted. Employees must contact the Program Director or his designee to schedule the designated leave.

Immediate family is defined as husband, wife, father, mother, son, daughter, brother, sister, mother-in-law, father-in-law, son/daughter-in-law, step-parents, step-children, grandparents, and grandchildren.

Paid Time Off (PTO)

Residents may take up to one-hundred eighty-four (184) hours (i.e. twenty-three work days) of PTO per academic year. Use of this time must be approved by the Program Director in advance. Unused PTO is not carried over into the following academic year. PTO is “front-loaded” in to each resident’s account on the first day of each academic year. NOTE: The exact number of PTO hours will be reduced if appropriate so as to ensure that time off does not exceed the maximum number of days off permitted to meet Board requirements for that specialty.

Sick Pay Benefit (SPB)

Residents are allowed one-hundred twenty (120) hours of sick pay benefits (SPB) per academic year. SPB includes loss of work due to hospitalization, outpatient surgery, illness or injury. Residents are eligible to use SPB in combination with PTO, if available, for personal surgery or time off due to personal injury/illness. SPB may not be used to care for others. SPB is “front-loaded” in to each resident’s account on the first day of each academic year.

SPB will be paid in accordance with the then-current Attendance Standards from the Baptist Operations Policy, Procedure, and Guidelines Manual available via the Baptist Intranet (S-HR-5018-07). SPB may not be used to supplement vacation time. Unused SPB is not carried over into the following academic year and residents are not paid for unused SPB.

Residents who work another job, attend school, or engage in any activity which is inconsistent with the medical condition for which the employee is receiving SPB benefits, will be subject to disciplinary action up to and including discharge, unless prior approval is obtained from the entity CEO or Vice President and the Director of Human Resources or designee.

Nothing in this policy eliminates the resident’s obligation to provide the medical certification and/ or return to work/ fitness for duty documentation regarding FMLA requested absences even if the FMLA absence is less than forty (40) scheduled work hours. For information concerning FMLA-approved leaves and requirements for returning to work following FMLA-approved leaves, please refer to Human Resources policy HR.5033.02 (Leaves of Absence) and HR.5049.07 (Sick Pay Benefit (SPB)) available on the Baptist Intranet. For the purpose of Medical Education Residents, the forty (40) hour elimination period is based upon an absence of five (5) work days.

Long Term Disability (LTD)

Baptist’s Long Term Disability (LTD) benefits will be determined by the contract policy provisions in effect with the insurance carrier, beginning on the one hundred, eighty-first (181st) consecutive day of any eligible disability.

In order to ensure prompt payment of LTD benefits, eligible employees must begin the application process, if applicable, after sixty (60) calendar days of SPB. This provides the carrier with ample opportunity to review each case prior to the completion of the 180-day elimination period.

Please refer to Human Resources Policies HR.5033.02 (Leaves of Absence) and HR.5049.05 (Sick Pay Benefit (SPB) / Long Term Disability (LTD)) for additional information.

Workers' Compensation

Residents are covered beginning on the first day of employment by Workers' Compensation Insurance for disabilities resulting from activities that are part of the educational program. Please refer to Human Resources Policy HR.5049.05 (Short Term Disability (SPB) / Long Term Disability (LTD)) for additional information.

Personal Leave

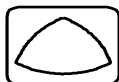
Request for a personal leave of absence (unpaid) may be granted at the discretion of the Program Director and appropriate Human Resources representative. Time off during Personal Leave will be included when determining the number of days missed during the residency period in accordance with the specialty's Board eligibility requirements.

Holidays

Residents are scheduled off when appropriate during the hospital-approved holidays. PTO, if available, will be used during this time to ensure continuation of pay.

Effect of Leave for Completion of Program

It is the responsibility of the Program Director to determine the effect of absence from training for any reason on the individual's educational program and, if necessary, to establish make-up requirements that meet Board requirements of the specialty. Graduate Medical Education will track resident attendance and communicate any potential issues concerning board eligibility to the Program Director when appropriate.



BAPTIST MEMORIAL HEALTH CARE CORPORATION GRADUATE MEDICAL EDUCATION

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: December 2013	Graduate Medical Education: Fellow Policy
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE: To establish a policy outlining the requirements for requesting Medical Staff Privileges for physician trainees who have completed their initial residency period.

POLICY: Fellow Privileges Policy

PROCEDURE:

Baptist Memorial Health Care Corporation (BMHCC) recognizes the value of subspecialty Graduate Medical Education (GME) and the need for Fellowship level physicians and dentists to perform patient care as a part of their assigned curriculum. Baptist also recognizes the value of graduate medical and dental fellows performing patient care outside of the fellowship program (moonlighting). In order to perform at this level at BMHCC facilities, a Fellowship level physician or dentist must fulfill the following criteria:

- A. Fellows performing patient care within the curriculum of a Fellowship Training Program
 1. Must meet specialty/program specific criteria for fellowship position as presented by the Program to the BMHCC GME office, approved by the Graduate Medical Education Committee (GMEC), and commemorated by the execution of a current affiliation agreement between the Sponsoring Institution and Baptist.
 2. Must have a permanent state medical or dental license or qualify for a physician-in-training exemption in all states where the fellow has academic patient care assignments at Baptist facilities.
 3. Medical Fellows must have either:
 - a. completed an ACGME/AOA accredited residency program and be American Board of Medical Specialties (ABMS) certified or eligible in their primary specialty or
 - b. if the fellow has completed all training outside of the United States, he/she must be ECFMG certified (including successful completion of language competency and USMLE Step 1 and both parts of Step 2. The fellow must take USMLE Step 3 within six (6) months of attainment of eligibility for this exam.
 4. Dental Fellows must have completed education at an accredited dental school or college.
 5. The Program must submit evidence of and maintain liability insurance coverage with minimal limits of for all fellows who are assigned to Baptist having minimum limits as follows: \$1,000,000 per occurrence (\$1,000,000 per claim for professional liability) and \$3,000,000 in the aggregate, for bodily injury, personal injury and property damage for which Program is responsible.
- B. Fellows performing patient care outside of the curriculum of a Fellowship Training Program (moonlighting) are required to have medical staff privileges at the applicable Baptist facility, a permanent license, and submit evidence of and maintain liability individual insurance coverage with minimal limits of \$1M/\$3M. (see Moonlighting Policy)

Fellows must have no history of licensing issues in other states. Baptist participates in the Office of Inspector General (OIG) and General Services Administration (GSA) Exclusion Programs. All names of prospective fellows will be checked through the OIG and GSA to ensure that those individuals are not listed on the OIG "List of Excluded Individuals / Entities" or the GSA "List of Parties Excluded from Federal Procurement and Non-procurement Programs." The OIG list contains the names of parties convicted of "program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans." The GSA list provides an up to date source of information on those firms and individuals that have been suspended, debarred or otherwise excluded from Federal Procurement and Non-procurement Programs. Anyone who has been suspended, debarred or excluded from these programs will not be allowed to participate in patient care at any Baptist facility.

COMPETENCIES, EVALUATIONS, AND REVIEWS

Baptist Memorial Hospital - Jonesboro
4800 East Johnson Avenue
Jonesboro, Arkansas 72401
Jeffery Barber, M.D. / DME
870-936-0100 (ofc) / 870-936-0101 (fax)

AOA Institutional Core Competency Plan

Academic Year 2015- 2016

Baptist Memorial Hospital - Jonesboro is committed through both its' financial and personnel resources to the implementation of the seven AOA Core Competencies. The goal of incorporating the competencies into the evaluation process of the interns and residents is to ensure that each trainee will attain a level of proficiency appropriate for their level of training in each competency that will be regularly monitored. Each Intern and Resident will be expected to consistently strive for an above average on each competency with a minimum of an average rating being acceptable. The competencies are:

1. Osteopathic Principles and Osteopathic Manipulative Medicine
2. Medical Knowledge and its Application into Osteopathic Medical Practice
3. Osteopathic Patient Care
4. Interpersonal and Communication Skills in Osteopathic Medical Practice
5. Professionalism in Osteopathic Medical Practice
6. Osteopathic Medical Practice Based Learning and Improvement
7. System-Based Osteopathic Medical Practice

This Institutional Core Competency Plan will be inclusive of all AOA approved programs at Baptist Memorial Hospital – Jonesboro.

- Family Medicine
- Internal Medicine

The role of the **Osteopathic Director of Medical Education** is to oversee all aspects of Osteopathic Medical Education at Baptist Memorial Hospital - Jonesboro and its affiliated training sites. He is responsible for the development of an institutional core competency plan and will work with the program directors at the hospital to develop this plan and implement it upon the approval of the Graduate Medical Education Committee. The plan will be reviewed and updated annually by the DME. In addition to initiating core competency discussions at the hospital GME meetings, the ODME will also be responsible for providing an annual written progress report of the Core Competency Plan to the Medical Education Committee at Baptist Memorial Hospital - Jonesboro and to NYCOMEC (OPTI). The report will include:

- Summary of the progress that has been made in the implementation of the Institutional Core Competency Plan (until fully implemented)
- Effectiveness of methods chosen by the institution to achieve compliance and evaluate Core Competencies.
- Report on each trainee's progress in learning and development in each Core Competency as reported on their respective annual report (e.g. Program Director's Annual Evaluation Report).
- Summary report for each trainee who is completing his/her respective program with an attestation that a minimal level of performance has been achieved in all competencies (e.g. Program Complete Summary-Final Resident Assessment as required by the specialty college).
- Outcomes measures and report of success in achieving institutional goals.

The **Graduate Medical Education Committee** will be responsible for initially approving the Core Competency Plan then monitoring both the implementation and outcome of it. Core Competencies will be discussed at the Graduate Medical Education Committee meetings. The committee will monitor the trainee's progression with the competencies and to ensure that he/she is progressing appropriately in their program according to their training level. Both the Graduate Medical Education Committee and DME will be responsible for reviewing and enhancing the Institutional Core Competency Plan on an annual basis

The **Program Director** for each program will be responsible for reviewing with the trainees the core competency objectives for that specialty and incorporating the core competencies in educational activities. Each Program Director will assess the trainees' progress regarding the competencies on a quarterly basis (with the aid of hospital faculty assessments) and implement any remediation that is necessary. The Program Director will provide an annual evaluation report to the Institution's DME and complete all AOA and specialty college required core competency reports in a timely manner to both the Graduate Medical Education office and AOA and specialty colleges. At the hospital GMEC meetings, the Program Directors will discuss core competency plan issues for their specialty.

The **Hospital Faculty** will be responsible for ensuring that the rotation objectives include core competencies, will assess trainees fairly according to their level of training, complete and submit the evaluation paperwork for the trainees on schedule.

The **Resident Remediation** plan is a necessary and important tool that we use with due consideration. Highlights from policy are included below:

Academic Deficiency and Remediation (ADR)

A. Performance Alert and Review (PAR)

The PAR is the process by which the program director will formally notify residents regarding areas of marginal / unsatisfactory performance noted by the faculty and / or the program director. The PAR may include letters of warning and / or counseling sessions. Performance alerts and reviews are not to be used as a substitute for the ongoing assessment and evaluation of residents during training. Instead, they should be used as the FIRST NOTICE to the resident that his or her current performance is marginal or unsatisfactory. A PAR should be initiated as soon as the faculty member identifies an area of concern. The resident should be informed within 7-10 working days. Placement in PAR status is not subject to the Due Process Procedure.

Any resident who receives an overall marginal or unsatisfactory evaluation for any rotation, semi-annual evaluation, or year of training should have one or more PARs on file documenting the performance concern(s).

B. Academic Deficiency and Remediation (ADR)

Academic Deficiency & Remediation is an action used in situation where a resident fails to comply with the academic requirements established by the residency training program, BMH GME, and/ or participating institutions. Placement on ADR serves as an official notice to the resident of unsatisfactory performance. Typically, the deficiencies are associated with one or more of the seven AOA core competencies. However, this may also include disruptive physician behaviors or violations of the institutional standards of conduct.

The residency program should establish written criteria and thresholds for placing residents on ADR. Examples include but are not limited to the following: poor academic performance as documented by unsatisfactory faculty evaluations, intramural examinations and/ or written in-service examinations; failure to attend scheduled monthly departmental activities, performance of moonlighting activities in violation of

policy, clinical performance of interventional or invasive skills which are below those expected for the level of training as documented by written evaluations by the faculty, unprofessional or inappropriate actions, disruptive behavior, failure to complete medical records in a timely manner, and failure to maintain duty hour, moonlighting, or procedure logs in a timely manner. Residency program requiring their residents to achieve a minimum score on an annual written in-service examination must publish this requirement at the beginning of each academic year.

The program director is required to provide the resident with a letter notifying him or her of ADR status and the area(s) of unsatisfactory performance, measures to improve performance, and time frame for completion. These measures may include, but are not limited to:

1. Suspension without pay;
2. Repeating one or more rotations;
3. Participation in a special program;
4. Continuing scheduled rotations with or without special conditions;
5. Supplemental reading assignments;
6. Attending undergraduate or graduate courses and/or additional clinics or rounds; and
7. Extending the period of training.

The program director or his or her designee shall determine the remediation measure(s) assigned and the period of time that such measures remain in place. The form(s) of remediation assigned is/are left to the discretion of the department and is/are not subject to the Due Process Procedure.

C. Repeat Academic Year

Repeating an academic year is a remediation action that may be used in limited situations such as: overall unsatisfactory performance during the entire academic year, overall unsatisfactory performance for at least 50% of rotations during the academic year, or failure to pass an annual written in-service examination. Each residency program is responsible for establishing specific written criteria for repeating an academic year. The resident will be notified of his / her requirement to repeat the academic year at least 6 weeks prior to the end of the academic year. This remediation action is not subject to the Due Process Procedure.

D. Non-Renewal of Agreement

At the request of the Program Director and the discretion of the GME administrator, an agreement may be allowed to lapse. Non-renewal of agreements is a serious consequence and may not be used arbitrarily. The resident will be notified of the decision of non-renewal at least four (4) months prior to the end of the academic year. Non-renewal of agreements is not subject to the Due Process Procedure.

E. Denial of Certificate of Completion

A resident may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency training. This may include the entire year or overall unsatisfactory performance for at least 50% of all rotations during the final academic year. Additionally, some programs may deny a certificate of completion to a resident who fails to pass the annual written in-service examination during the final year of training. Each residency program is responsible for establishing specific written criteria for denial of certificate of completions.

Residents denied a certificate of completion must be notified in writing of unsatisfactory performance by the program director as soon as possible, but at least 6 weeks prior to scheduled completion of program. This action is subject to the Due Process Procedure.

F. Dismissal

If the program director determines a resident's deficiency to be of sufficient gravity to warrant immediate dismissal, the resident may be dismissed without first being offered an opportunity for remediation. However, the program director must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of remediation. In addition, during or following a period of remediation, any resident who fails to correct a deficiency may be dismissed. In either instance, the resident may obtain review under the Due Process Procedure.

The **Graduate Medical Education Support Staff** will be responsible for maintaining accurate records (evaluations, procedure logs, competency, etc.) pertaining to all trainees. They will also be responsible for paperwork regarding the competencies and sending notices regarding educational programs pertaining to the core competency to both faculty and interns and residents.

The OPTI, NYCOMEC (New York Colleges of Osteopathic Medicine Educational Consortium) is committed to working in collaboration with Baptist Memorial Hospital - Jonesboro with regard to the AOA core competencies. As per AOA Basic Standards, NYCOMEC is the Academic Sponsor for its member institution programs. Each member's Institutional Core Competency Plan will be reviewed annually through a NYCOMEC Education Committee- Sub-Committee. NYCOMEC will be available to assist in the implementation of the plan. During each Education Committee meeting, each DME will have an opportunity to report core competency issues at their institution. The NYCOMEC Academic Officer will be notified by the institution's DME about any trainee who is not progressing appropriately with the core competencies and the remediation program that will follow.

The Core Competencies will be incorporated in the training program through the following ways:

1. Osteopathic Principles and Osteopathic Manipulative Medicine- Teaching will be incorporated with Competencies 2-7.
2. Medical Knowledge and its Application into Osteopathic Medical Practice
 - Clinical Rotations
 - Hospital Didactic Programs
 - Hospital Grand Rounds
 - NYCOMEC live lectures, lectures via web casting, workshops
 - National Conferences
 - Journal Club
 - Case Conferences
 - OMT Computer based educational modules
 - ACOFP Educational/Video Resource for Teaching OMT Procedures
3. Osteopathic Patient Care
 - Hospital In-service
 - Case Conferences
 - Hospital Didactic Conferences
 - Hospital Grand Rounds
 - Clinical Rotations
 - ACOFP Educational/Video Resource for Teaching OMT Procedures
4. Interpersonal and Communication Skills in Osteopathic Medical Practice
 - Clinical Rotations
 - Hospital Didactic Conferences
 - Journal Club

5. Professionalism in Osteopathic Medical Practice
 - Hospital Didactic Conferences
 - Clinical Rotations
 - Journal Club

6. Osteopathic Medical Practice-Based Learning and Improvement
 - Clinical Rotations
 - Hospital Didactic Seminar
 - Journal Club
 - NYCOMEC Grand Rounds

7. Systems Based Osteopathic Medical Practice
 - Clinical Rotations
 - Hospital Didactic Seminars
 - Case Conferences
 - NYCOMEC Grand Rounds
 - Journal Club

Evaluation Modality to be used for each core competency:

1. Osteopathic Principles and Osteopathic Manipulative Medicine- Evaluation modality is incorporated into the evaluation of Competencies 2-7.

2. Medical Knowledge and its Application into Osteopathic Medical Practice
 - In- Service Exam
 - Rotation Evaluations
 - 360 Degree Evaluation
 - Chart Stimulated Recall Oral Examinations
 - Objective Structured Clinical Examination (OSCE)
 - Portfolio
 - Direct Observation

3. Osteopathic Patient Care
 - In- Service Exam
 - Rotation Evaluations
 - Procedure Logs
 - 360 Degree Evaluation
 - Objective Structured Clinical Examination (OSCE)
 - Chart Stimulated Recall Oral Examinations
 - Direct Observation
 - Simulation/Models
 - ACOFP Educational/Video Resource for Teaching OMT Procedures

4. Interpersonal and Communication Skills in Osteopathic Medical Practice
 - Rotation Evaluations
 - Objective Structured Clinical Examination (OSCE)
 - 360 Degree Evaluation
 - Portfolio

- Direct Observation
5. Professionalism in Osteopathic Medical Practice
- Rotation Evaluations
 - Attendance at educational programs
 - 360 Degree Evaluation
 - Objective Structured Clinical Examination (OSCE)
 - Portfolio
 - Direct Observation
6. Osteopathic Practice-Based Learning and Improvement
- Chart Stimulated Recall Oral Examinations
 - Objective Structured Clinical Examination (OSCE)
 - Portfolio
 - Research projects
 - Rotation Evaluation
 - In-service Examinations
 - Direct Observation
7. Systems Based Osteopathic Medical Practice
- 360 Degree Evaluation
 - Chart Stimulated Recall Oral Examinations
 - Objective Structured Clinical Examination (OSCE)
 - Portfolio
 - Research projects

This annual plan has been submitted and accepted by the DME and Baptist Memorial Health Care Graduate Medical Education Committee.

Jeffery Barber, D.O., Director of Medical Education, BMH-Jonesboro

Date

Anne Sullivan, M.D., FAAFP, Chief Academic Officer & GMEC Chair

Date



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Annual Program Evaluation / Internal Review
Last Review/Revision: May 2016	
Reference #: -	

PURPOSE:

The purpose of this policy is to outline the process for Annual Program Evaluations of all ACGME- and AOA-accredited training programs based at Baptist Memorial Hospital (BMH).

POLICY:

- A. RESIDENTS: Residents must be given the opportunity to evaluate their program and teaching faculty at least annually. This evaluation must be confidential and in writing or by utilizing online evaluations through New Innovations.
- B. FACULTY: Faculty must be given the opportunity to evaluate their program at least annually. This evaluation must be confidential and in writing or by utilizing online evaluations through New Innovations.
- C. PROGRAM DIRECTOR: The Program Director must evaluate and provide feedback to the teaching team at least annually.
- D. ANNUAL PROGRAM EVALUATION: Each Program must establish and maintain a Program Evaluation Committee (PEC) to participate in the development of the Program’s curriculum and related learning activities, to evaluate the Program to assess the effectiveness of the curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

The Graduate Medical Education Committee (GMEC) of Baptist Memorial Hospital requires that the educational effectiveness of a program must be evaluated at least annually in the systematic manner described herein. Representative GMEC personnel must be organized to conduct an annual review of each program. This group must conduct a formal documented meeting annually for this purpose.

Members of the Program Evaluation Committee (PEC) must include at a minimum:

- One faculty member from within the sponsoring institution, if possible, but not from within the program being evaluated
- One resident / fellow from within the sponsoring institution, if possible, but not from within the program being evaluated.
- AOA programs must include a representative of the OPTI academic sponsor
- Additional internal and/or external reviewers and administrators not affiliated with the program as appointed by the GMEC.

In the evaluation process, the group must review the following documents where applicable:

1. ACGME Common Program Requirements
2. ACGME Specialty / Subspecialty Specific Program Requirements
3. ACGME Institutional Requirements

4. Most Recent ACGME Accreditation Letters and Progress Reports
5. Most Recent Annual Program Evaluation Report
6. Most Recent GMEC Special Reviews of the Program if applicable
7. Results from ACGME Resident / Fellow, Faculty Surveys
8. Results from Patient Surveys
9. Annual Performance Data provided by the ACGME
10. Completed APE Self-evaluation report completed and signed by the Program Director

The PEC committee will draft a report using the approved format in order to evaluate the effectiveness of the program. The report should be given to the Director of Graduate Medical Education (DME), Designated Institutional Official (DIO), and OPTI representative at least two (2) weeks prior to the next GMEC meeting. That report will be presented at the next GMEC. During that GMEC meeting, the DME / DIO will determine if deficiencies were found and warrant a GMEC Special Program Review. This information will be recorded in the GMEC minutes.

See *GMEC Special Review Policy* for additional information on this procedure.

Annual Program Evaluation / Internal Review Template to follow

The remainder of this page has been left intentionally blank.



GRADUATE MEDICAL EDUCATION

Annual Program Evaluation / Internal Review

Program Name: _____

Academic Year ending date: _____

Program Director:	Name	Email Address	Phone
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Department Chair:	Name	Email Address	Phone
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Assoc. Prog Dir:	Name	Email Address	Phone
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Prog Coordinator:	Name	Email Address	Phone
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TRAINEES	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6
Approved						
Filled						

Other Learners	Total # last 12 months	Maximum # at any time
Residents from other programs		
Medical students		
Subspecialty fellows		

Policies:

Do you have:

	Yes	No
1. Written supervision policy for each activity and PGY-level?	<input type="checkbox"/>	<input type="checkbox"/>
2. Written specialty-specific selection guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
3. Documentation of prior training for each trainee?	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Competency Committee (CCC):

	Yes	No
1. Does the Program have a CCC?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| 2. Is the Program Director also the Chair of the CCC? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the CCC met to evaluate appropriate individual trainee progression? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the CCC comprised of faculty from all rotation sites and services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the CCC provide feedback and mentorship to trainees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the CCC satisfied with current 360* evaluation methods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do all CCC members participate in at least 50% of all discussions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the CCC evaluate the Supervision Policy at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the CCC evaluate the trainee schedule at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the CCC evaluate the curriculum / goals & objectives at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |

Changes:

Describe any changes that have occurred since the previous APE/IR.

Performance:

Discuss briefly Trainee Performance during the past twelve (12) months:

- In-Service Exams (include “on target” expectations)

- Resident Portfolios

- Case Logs

- Radiation Safety Training

- Conference Presentations

- Minimal participation requirements and compliance for residents in each of the following activities:

a. Organized Clinical Discussions

b. Patient Rounds

c. Journal Clubs

d. Daily Conferences

- Quality & Safety Committee Attendance and Interaction

- Duty Hour compliance

Research:

During the last twelve (12) months:

Number of Accepted Publications by Trainees	
Number of Regional Presentations by Trainees	
Number of National Presentations by Trainees	

Describe any additional resident research outcomes:

Quality & Safety:

Describe trainee involvement in quality & safety initiatives:

Discuss Program Quality & Improvement efforts resulting from the most recent Program Evaluation and Resident Surveys

Discuss trainee, faculty, and program compliance with established policies and guidelines including:

1. Supervision

2. Transitions in Care

3. Evaluation (360* Trainee, Faculty, Program, Annual)

4. Duty Hours

5. Moonlighting

Graduate Performance:

Discuss Board Scores including pass, fail, and condition (if applicable) percentages

Discuss employment, fellowship, and other paths taken

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Faculty Development:

Describe Faculty Development activities for the previous twelve (12) months

--

Participating Sites:

List the Participating Sites hosting required rotational assignments and the date of the most recent Program Letter of Agreement (PLA) for each. Identify if the PLA is in compliance with all Common Program Requirements.

Participating Site	Date of PLA	In Compliance (Yes/No)

Program Director (PD) / Faculty:

1. Is there one Program Director with authority and accountability for this program?	
2. Is the PD qualified for this position per ACGME RC standards?	
3. What is the Core Faculty to Resident ratio?	
4. Is the Core Faculty qualified per ACGME RC standards?	
5. How often does each Core Faculty member participate / present in organized clinical discussions, rounds, journal clubs, and conferences?	
6. What percentage of Core Faculty has contributed to one of more of the follow (peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or textbook chapter(s); publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations?	

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Attach to this Document:

- Current Program Letters of Agreement
- Goals & Objectives (may include ACGME competencies and Milestones) based on educational level of progression for each rotation
- Individualized resident evaluation form for ACGME Competencies and Milestones if not included above
- Didactic Calendar for the past year including identification of Fatigue Mitigation and Impaired Physician presentations
- Most recent Program and Faculty Evaluation Summaries
- Most recent Program Evaluation of the Curriculum (ACGME Common Program Requirements V.C.1.)
- Action Plan, if applicable, resulting from previous Annual Program Evaluation, Program Self-Evaluation, Resident Survey, or GMEC Special Review
- Current Program Specific Supervision Guidelines if applicable

Self-Study Summary

Accreditation Council for Graduate Medical Education



Use this template for aggregating information from the self-study for submission to the ACGME.

After completing the self-study, answer narrative Questions 1-8.

The deadline for uploading the self-study summary is the last day of the month the Review Committee indicated for the program's first site visit in the Next Accreditation System. (For example, if the Review Committee indicated **July 2015** as the date of the first site visit, the document must be uploaded by **July 31, 2015**.)

Notes:

The documents will be used to assess the program's aims and environmental context, as well as the process used for the self-study and how this facilitates program improvement.

*Do **NOT** provide information on areas for improvement identified during the self-study. A separate document to be submitted 12 to 18 months after initiating your self-study will request information on improvements realized in areas identified in the self-study.*

The materials provided for the self-study include a blank Annual Program Evaluation Summary (AnnualEvalSummary.doc), and a form for tracking action plans across successive Annual Program Evaluations (AnnualEvalLongitudinal.doc). You are not required to use these forms, and may develop your own or adapt other existing forms.

Program Description and Aims

Describe the program and its aims, using information gathered during the self-study.

Question 1: Program description

Provide a brief description of your residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about this program. (Maximum 250 words)

Question 2: Program aims

Based on information gathered and discussed during the self-study, what are the program's aims? (Maximum 150 words)

Question 3: Program activities to advance the aims

Describe current activities that have been or are being initiated to promote or further these aims. (Maximum 250 words)

Environmental Context

Summarize the information on the program's environmental context that was gathered and discussed during the self-study.

Question 4: Opportunities for the program

Based on the information gathered and discussions during the self-study, what are important opportunities for this program? (Maximum 250 words)

Question 5: Threats facing the program

Based on the information gathered and discussions during the self-study, what are real or potential significant threats facing this program? (Maximum 250 words)

Annual Program Evaluation and Self-Study Process

Provide a brief description of the process for the Annual Program Evaluation, including action plan tracking, and the self-study process for this program.

Question 6: Annual Program Evaluation Process

Describe the Annual Program Evaluation. How is information from the Annual Program Evaluation aggregated? How are action plans tracked? What follow-up occurs? (Maximum 250 words)

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Question 7: Self-study process

Provide information on your program’s self-study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 450 words)

Individuals involved in the self-study (by title)	
Data used in the self-study (including information on sources)	
How were the data analyzed?	
How were conclusions reached?	
How were areas prioritized for improvement?	
Any other information relevant to understanding the self-study process for this program	

Question 7a: Self-study process for dependent subspecialty programs

Note: If this is a solo core program or a dependent or “grandfathered” freestanding subspecialty program, skip and move to Question 8.

Describe the core program’s role in the self-study(ies) of all dependent subspecialty program(s)? (Maximum 250 words)

--

Question 8 (OPTIONAL): Learnings that occurred during the self-study

Describe any other relevant learning that occurred as a result of the program’s self-study. The ACGME intends to use this information to identify best practices for conducting a self-study for dissemination to the medical education community. (Maximum 250 words)

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**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Special Program Review Procedure
Last Review/Revision: NEW – May 2013	
Reference #: -	

PURPOSE:

The purpose of this policy is to outline the process for a **Special Program Review (SPR)** for all ACGME-accredited training programs at Baptist Memorial Health Care (BMHCC).

POLICY:

In the event that the Director of Medical Education (DME) or Designated Institutional Official (DIO) find that, upon examination of the Annual Program Evaluation Report, there is sufficient cause, the DME / DIO may request a Special Program Review.

The special review process is designed to assess the program's compliance with the following parameters:

- a) Compliance with the Institutional, Common Program, and Specialty-specific Program Requirements;
- b) Educational Objectives and effectiveness in meeting those objectives;
- c) Educational and financial resources;
- d) Effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- e) Effectiveness of educational outcomes in the ACGME general competencies (a description of the six general competencies is attached);
- f) Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies and,
- g) Annual program improvement efforts in resident performance (using aggregated resident data), faculty development, graduate performance, including performance of program graduates on the certification examination, and program quality.

Following the Annual Program Evaluation (APE), the Director of Medical Education (DME) and Designated Institutional Official (DIO) will determine the degree to which the Program has satisfied the expectations of Baptist and the ACGME. If the DME / DIO are not satisfied with the performance and progress of the Program, he or she will require a Special Program Review.

PROCEDURE:

1. ACGME-accredited training programs sponsored by Baptist Memorial Hospital may undergo a special review if determined as necessary by the DME / DIO. If a special review is required, the Program Director must complete and initiate an action plan within thirty (30) days based on the annual program review report.
2. The special review will be scheduled for no less than five (5) months and no more than seven (7) months from the date the determination of the special review was required.
3. The special review will be conducted by an ad hoc review committee which has been selected by the GMEC. The ad hoc committee must include the DME, DIO, or CMO to act as Chair, at least one faculty member and at

least one resident, both of whom shall be from within the sponsoring institution if possible, but not from within the program being reviewed. If the institution has only one residency program, the ad hoc committee must include at least one faculty member and at least one resident from an affiliated institution. Additional internal or external reviewers and/or administrators may also be included. The ad hoc review committee customarily includes the DIO, DME, or CMO, two faculty members from the GMEC (at least one of these being a program director), and a resident. Members on the ad hoc committee must not be affiliated with the program under review.

4. Materials and data to be used in the review process must include:
 - a) The current ACGME Institutional, Common, and Program Requirements;
 - b) Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RC;
 - c) Reports from previous special reviews of the program;
 - d) Previous annual program reviews;
 - e) Data Collection Systems and the Accreditation Data System (ADS) surveys, if available;
 - f) Action Plans resulting from any of the above.
5. The ad hoc review team will conduct interviews with the program director, key faculty members, and at least one peer-selected resident from each level of training in the program. Upon the completion of the interviews, the ad hoc review team will meet privately in a debriefing session.
6. Within two (2) weeks of the review, a written report stating the name of the program reviewed, the date of the review, the status of the GMEC's oversight, the names and titles of the ad hoc review team members, the individuals interviewed and documents reviewed, documentation to demonstrate that the review followed the GMEC's protocol, and a list of citations, concerns, or areas of noncompliance from the previous ACGME accreditation letter along with a summary of how each was addressed by the program will be drafted by the Chair of this committee. This Special Review Report (SRR) will be submitted to the ad hoc committee for review within thirty (30) days of the review and prior to its presentation to the Program Director. The ad hoc committee will draft a recommendation to the GMEC which will become a part of the SRR.
7. The report must be presented to the GMEC. Concerns raised or actions recommended during the Special Review must be addressed by the Program Director in the form of a response detailing the action plan implemented to correct the identified deficiencies. This response must be presented to the GMEC at the next GMEC meeting. A copy of the summary report and program's response will be kept in the Department of Graduate Medical Education. It is recommended for the Program to keep a copy of the SPR to use during subsequent Annual Program Evaluations and site visits.

EDUCATIONAL PROGRAM STANDARDS:

- Review of Program Director including qualifications
- Faculty qualifications
- Resources
- Access to Medical Information
- Educational Program including goals
- General Competencies

**CHECKLIST OF DOCUMENTATION TO BE PROVIDED
FOR THE SPECIAL REVIEW**

	<u>Documentation</u>	<u>Attached</u>
<input type="checkbox"/>	Policy regarding resident supervision.	
<input type="checkbox"/>	Didactic program for residents.	
<input type="checkbox"/>	Composition and meeting schedule for program's Clinical Competency Committee (CCC).	
<input type="checkbox"/>	Copy of Resident Evaluation.	
<input type="checkbox"/>	Copy of Faculty Evaluation.	
<input type="checkbox"/>	Copy of Program Evaluation.	
<input type="checkbox"/>	Copy of didactic conference schedule with summary to identify specifically required topics and resident attendance.	
<input type="checkbox"/>	Copy of policy for resident duty hours and on-call schedules.	
<input type="checkbox"/>	Copy of policy regarding moonlighting.	
<input type="checkbox"/>	Copy of policy regarding resident eligibility and selection process.	
<input type="checkbox"/>	Copies of any affiliation agreements.	
<input type="checkbox"/>	Copy of ACGME letter of accreditation.	
<input type="checkbox"/>	Copy of last internal review report if applicable.	
<input type="checkbox"/>	Copies of annual program review	
<input type="checkbox"/>	Duty hour logs or documentation	
<input type="checkbox"/>	Competency evaluation matrix	
<input type="checkbox"/>	Competency-based, level-specific, rotation specific goals and objectives	
<input type="checkbox"/>	Copies of all program action plans identifying progress toward goals.	



**BAPTIST MEMORIAL HEALTH CARE CORPORATION
GRADUATE MEDICAL EDUCATION**

DEPARTMENTAL POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	Deleted Policies
Last Review/Revision: April 2013	
Reference #: -	

PURPOSE: This policy will identify the location and process for viewing of deleted policies.

POLICY: Deleted Policies Policy

PROCEDURE: Any policy that has been in use and deleted from the Graduate Medical Education Policy Manual will be maintained in the GME Office.