

Graduate Medical Education Policies Index

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IDENT	GME1
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	President & CEO UVM MedicalGrp
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Graduate Medical Education Committee (GMEC)

POLICY STATEMENT: GMEC has oversight over all aspects of GME. The GMEC serves as a forum for and facilitate informed discussions on critical external and institutional administrative and educational aspects of GME, including such issues as GME financing, physician workforce planning, educational quality measures, institutional and program accreditation, and GME curriculum.

PROCEDURE:

- Committee members include
 - Committee chair person - GME Designated Institutional Official (DIO);
 - Program directors appointed by the DIO;
 - A minimum of 2 peer selected residents/fellows;
 - Vice President of Quality and Operational Effectiveness or his/her designee; and
 - Two peer selected GME Program Administrators.
- GMEC meets monthly except for July and/or August and the GME office is responsible for keeping the meeting minutes.
- GMEC subcommittees may be formed as needed.
 - 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 responsibilities include oversight of the:
 - ACGME accreditation status of UVM Medical Center and our ACGME accredited GME training programs;
 - Quality of the GME learning and working environment;
 - Quality of the educational experiences that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
 - GME training programs' annual evaluation and improvement activities; and,
 - All processes related to reductions and closures of GME training program.
- GMEC must review and approve:
 - Institutional GME policies and procedures;
 - Annual recommendations to the UVM Medical Center administration regarding resident/fellow stipends and benefits;
 - Application for ACGME accreditation of new programs;
 - Requests for permanent changes in resident/fellow complement;
 - Major changes in GME training structure or duration of education;
 - Additions and deletions of participating sites
 - Appointment of new program directors;
 - Progress reports requested by an ACGME Review Committee;
 - Responses to Clinical Learning Environment Review (CLER) reports;
 - Requests for exceptions to duty hours requirements;
 - Voluntary withdrawal of ACGME program accreditation;
 - Requests for appeal of an adverse action by an ACGME Review Committee; and
 - Appeal presentations to an ACGME Appeals Panel.
- Oversight of the Sponsoring Institution accreditation status for the UVM Medical Center through an Annual Institutional Review (AIR)

- The AIR must identify instructional performance indicators which must 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 GME programs' ACGME 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 UVM Medical Center Board of Trustees.
- GMEC must demonstrate effective oversight of underperforming program(s) through the 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.
- Direct and facilitate the development of a core curriculum and of shared educational resources, as might be appropriate, on such common issues as medical ethics, medical sociology medico-legal, medical economics, and practice management; and in such knowledge, skills and scholarly areas as communication skills, research design, epidemiology, teaching of medical student/junior residents, and quality assurance.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Mark Levine MD, Medical/Program Director

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Claude Deschamps, MD, President & CEO UVM MedicalGrp

Documents Status: **Approved**

IDENT	GME2
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Designated Institutional Official

SUBJECT: Designated Institutional Official (DIO) Designee

POLICY STATEMENT: The GMEC must appoint a designee when the DIO is absent.

PROCEDURE:

GMEC must establish and implement procedures to ensure that in the absence of the DIO a designee is identified who can review and cosign program information forms and any documents or correspondence submitted to ACGME by program directors.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

Documents Status: **Approved**

IDENT	GME3
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Restrictive Covenant Policy

TITLE: Restrictive Covenant Policy

POLICY: Programs cannot make or enforce any covenants intended to restrict the choice of practice location, practice structure, or the post-residency professional activity of individuals who have completed their post-graduate medical education programs. Any attempt to make or enforce such covenants will be grounds for sanction of the program.

DEFINITIONS: None.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME4
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	4/1/2017
Date of Next Review	4/1/2020



TITLE: Eligibility and Selection of Residents/Fellows

PROCEDURE:

- Programs should select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- Programs must provide equal employment opportunities to all applicants without regard to race, color, religion, sex, gender, gender identity, sexual orientation, national origin, age, physical or mental disability, genetic information, veteran status, ancestry, marital status, military service, unfavorable military discharge, or other legally protected status as required by applicable law. An applicant must meet one of the following qualifications as established by the ACGME:
 1. A graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME); or
 2. A graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA); or,
 3. A graduate of a medical school outside the United States or Canada, and meeting one of the following additional qualification:
 - Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
 - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
 - Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- MD applicants entering a residency training program at UVM Medical Center must have passed Step 1 and 2 (CK and CS) of USMLE prior to employment start date.
- DO applicants entering a residency training program at Fletcher Allen must have passed Step 1 and 2 (CE and PE) of COMLEX prior to employment start date.
 - Specific residency programs may require DO applicants to have passed Steps 1 and 2 of USMLE prior to employment start date. DO applicants should contact the UVM Medical Center residency program for further information.
- Residents shall not be re-appointed if s/he has not passed USMLE Step 3 (MDs) or COMLEX Part 3 (DOs) and be eligible for a full and unrestricted license to practice medicine in Vermont prior to the start of their PGY-3 year.
- Each program determines the appropriate maximum number of years allowable post medical school or completion of a previous residency training program.
- Anyone entering a UVM Medical Center fellowship must be eligible for a full and unrestricted license to practice medicine in Vermont.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson M.D., GMEC

IDENT	GME5
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: UVM Medical Center as the Sponsoring Institution for GME Training Programs

POLICY: UVM Medical Center is the sponsoring institution that assumes ultimate responsibility for all GME training programs at UVM Medical Center. Oversight of resident/fellow assignments and of the quality of the learning and working environment extends to all participating sites. GME training programs are conducted in alliance with the University of Vermont, College of Medicine (UVM-COM). The UVM Medical Center Board of Trustees maintains authority over the GME training programs at UVM Medical Center.

The UVM Medical Center has as its mission a commitment to integrate teaching and research into its health care services to ensure that learning occurs in a learning and working environment that facilitates patient safety and health care quality.

PROCEDURE

UVM Medical Center and UVM-COM are committed to and will support

- Education through active teaching and active learning;
- Research fostering inquiry and critical thinking which will ultimately lead to better clinical judgment and medical management; and
- Quality assurance for GME as measured by tracking our achievements against specific goals and objectives.

UVM Medical Center will sponsor GME Programs that are well-designed, accredited, monitored and evaluated regularly according to well described policies and procedures required by Accreditation Council of Graduate Medical Education (ACGME) and UVM Medical Center GME policies and procedures. All programs must meet or exceed all ACGME and Resident Review Committees (RRC) requirements.

The Graduate Medical Education Committee (GMEC) has oversight over all aspects of GME. The Associate Dean for GME serves as the chair of the GMEC and is the “Designated Institutional Official” (DIO) as defined in the ACGME Institutional Requirements, and reports to the UVM-COM Dean and the President and Chief Executive Officer UVM Medical Group. The GME DIO is co-appointed by both UVM Medical Center CEO and UVM-COM Dean and is financially supported through both institutions. The DIO, in collaboration with the GMEC, must have authority and responsibility for the oversight and administration of the GME training programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program requirements. Program directors and full time faculty members also have co-appointments to UVM Medical Center and UVM-COM with direct financial support.

UVM Medical Center assumes the responsibility to assure that residents and fellows in accredited programs receive salary, benefits, and other compensation that is competitive with national, regional and local benchmarks. UVM Medical Center and UVM-COM further assume the responsibility to assure adequate staff support as well as a comfortable and safe working environment.

UVM Medical Center GME Training Programs

ACGME Accredited

- Residency Programs
 - Anesthesiology
 - Dermatology
 - Family Medicine
 - Internal Medicine
 - Neurological Surgery

Neurology
Obstetrics and Gynecology
Orthopedic Surgery
Otolaryngology
Pathology-Anatomic and Clinical
Pediatrics
Psychiatry
Radiology-Diagnostic
Surgery
Urology
Fellowship Programs
Cardiovascular Disease
Child and Adolescent Psychiatry
Clinical Cardiac Electrophysiology
Clinical Neurophysiology
Cytopathology
Dermatopathology
Endocrinology, Diabetes, and Metabolism
Gastroenterology
Hematology and Oncology
Infectious Disease
Interventional Cardiology
Neonatal-Perinatal Medicine
Nephrology
Neuromuscular Medicine
Neuroradiology
Pain Medicine
Procedural Dermatology
Pulmonary Disease and Critical Care Medicine
Rheumatology
Sleep Medicine
Vascular and Interventional Radiology
Commission on Dental Accreditation
Dental Residency
American Board of Obstetrics & Gynecology
Maternal-Fetal Medicine Fellowship
Reproductive Endocrinology and Infertility Fellowship

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME6
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	12/21/2017
Date of Next Review	12/21/2020



TITLE: Resident/Fellow Transfer

POLICY:

Residents/Fellows are classified as a transfer resident/fellow under several conditions including:

- Moving from one program to another within the same or different sponsoring institution; or
- When entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs during the match).

Residents are not considered transfer residents if they have successfully completed a residency and are then accepted into a subsequent residency or fellowship program.

PROCEDURE

Documents Required Before Accepting a Transfer Resident/Fellow

- The program director of the receiving program must obtain written or electronic verification of prior education from the current program director. This verification must include:
 - USMLE Part 1 & 2 scores;
 - Rotations completed;
 - Procedural/operative logs; and
 - A summative competency-based performance evaluation.
- The program director must maintain documentation as part of the resident's/fellow's file.

The receiving program director at UVM Medical Center should provide a written statement to the current program director acknowledging receipt of documentation and acceptance of the resident/fellow.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME7
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	12/20/2018
Date of Next Review	12/20/2021



TITLE: Resident/Fellow Academic Remediation and Procedure for Academic Grievance

PURPOSE:

A resident/fellow at risk of achieving the GME training program goals/objectives and/or ACGME program milestones should be provided due process to give him/her an opportunity to remediate. Failure to remediate may result in non-promotion, non-renewal, or dismissal.

The resident/fellow has a right to grieve the outcome of a due process for remediation that results in non-promotion, non-renewal, or dismissal due to academic/training performance. Resident/Fellow performance evaluations and remediation plans cannot be grieved under this procedure. Reasonable use of this procedure by a resident/fellow shall not be grounds for dismissal, reprisal, or disciplinary action against the resident/fellow filing the grievance

PROCEDURE:

A. Resident/Fellow Academic Remediation

1. The program director, in consultation with the program's Clinical Competency Committee, is responsible for identifying the resident/fellow who may be at risk of not completing their training program due to academic reasons.
2. A remediation plan should be developed for the resident/fellow with a specific time frame for action that provides an opportunity to achieve the level of academic performance expected (opportunity to cure).
 - a. The program director should consult with the GME DIO prior to notifying the resident/fellow of the remediation plan.
 - i. The GME DIO may determine the need for UVM Medical Center GME Human Resource Partner's or Risk Management's involvement in the remediation plan.
3. The remediation plan should be implemented as soon as possible after meeting with the GME DIO but after the program director communicates the remediation plan to the resident/fellow.
4. The resident/fellow may successfully complete the remediation plan. Failure of the remediation plan may result in non-promotion, non-renewal, or dismissal. The program director must provide a written notification to the resident/fellow on the outcome of the remediation process.

B. GME Resident/Fellow Academic Grievance Process

1. Initiation of Grievance
 - a. The resident/fellow must submit a written grievance to the GME Office within ten (10) days after s/he knew or should have known that the grievance existed. The GME Office shall notify the GME Designated Institutional Official (DIO) of the grievance.
2. The DIO shall convene a five member Ad Hoc Academic Grievance Hearing Committee (the "Grievance Committee") consisting of the following members:
 - a. Two GME program directors who are voting members on the GMEC and not members of the grievant's department;
 - b. A resident/fellow who is a voting member on the GMEC and not a member of the grievant's program;
 - c. A resident/fellow or an attending chosen by the grievant filing the complaint; and
 - d. A Human Resource representative not involved in the remediation plan of the grievant.
2. Outside counsel will not be involved in the meetings of the Grievance Committee.

3. The Grievance Committee shall meet to hear testimony, receive evidence regarding the grievance, and render a decision.
 - a. The grievant shall first be permitted to present evidence regarding his/her allegation, then the program director involved in the grievance shall present evidence regarding the grievance.
4. The Grievance Committee shall issue written finding(s) and render a decision within five (5) business days. Said finding(s) and decision shall be furnished to the grievant. The decision of the Grievance Committee is final.

DEFINITIONS:

- Academic pertains to meeting the goals/objectives of the training program and the ACGME milestones in the six core competencies: Patient Care and Procedural Skills, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice
- Dismissal (Termination): Resident/Fellow is dismissed from training prior to the current year's contract end date.
- DIO: Designated Institutional Official
- GME: Graduate Medical Education
- GMEC: Graduate Medical Education Committee
- Non-Promotion: Resident/Fellow does not advance to the next level of training.
- Non-Renewal: Resident/Fellow completes the current year of training and is not offered a contract to continue their training.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson M.D., GMEC

IDENT	GME8
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Resident Fellow Professional Department

POLICY: Residents/Fellows will demonstrate conduct consistent with the dignity and integrity of the medical profession in all contacts with patients, their families, the faculty, all UVM Medical Center personnel, medical students and all third parties conducting business with UVM Medical Center.

PROCEDURE: Residents/Fellows will:

- Protect and respect the ethical and legal rights of patients;
- Abide by the policies and procedures governing graduate medical education;
- Clearly communicate all information relevant to the safe, effective and compassionate care of their patients as needed;
- Complete all assigned clinical, administrative and academic duties in a timely manner;
- Not provide medical care to, nor prescribe controlled or narcotic medications for members of their immediate families;
- Not accept fees for medical services from patients, patients' families, or other parties except under the provisions for moonlighting (GME 15 and 16 policies);
- Not charge or accept fees for expert testimony in medico-legal proceedings or for legal consultation;
- Promptly discharge any and all financial obligations to the UVM Medical Center and its affiliates throughout the duration of their appointment; and
- Immediately inform their program director and the GME office of any condition or change in status that affects her/his abilities to perform assigned duties.

DEFINITIONS: None

REFERENCES:

GME-15 Policy: Internal Moonlighting

GME-16 Policy: External Moonlighting

Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME9
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Standards for Professional Appearance

POLICY: The appearance of employees working in a health care environment impacts the perception of quality service and care for our patients and the community we serve. Care is enhanced when patients, families, visitors and staff feel a sense of trust and confidence in the care and the services being provided by staff at UVM Medical Center. The professional appearance of staff is key in promoting trust, comfort, and confidence while providing care and service in a safe environment.

PROCEDURE:

Residents/Fellows are expected to dress in a manner that conveys a sense of professionalism while working at UVM Medical Center. Residents/Fellows must adhere to the UVM Medical Center “Standards of Professional Appearance” policy. The detailed policy can be found on UVM Medical Center Intradoc.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME11
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	1/17/2016
Date of Next Review	1/17/2019



TITLE: Resident/Fellow Supervision

POLICY STATEMENT: The supervising physician of record is responsible for the quality of all of the clinical care services provided to his/her patients. The supervising physician must be privileged and have sufficient experience in caring for specific problems and/or performing specific procedures. All clinical services provided by residents/fellows must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education.

PROCEDURE: The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.

1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. For many aspects of patient care, the supervising physician may be a more advance resident or fellow.
 - a. This information should be available to residents/fellows, faculty members, and patients.
 - b. Residents/Fellows and faculty members should inform patients of their respective roles in each patient's care.
2. Levels of Supervision - To ensure oversight of resident/fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: Direct, Indirect, and Oversight
 - a. Direct Supervision
 - i. The supervising physician is physically present with the resident and patient.
 - b. Indirect Supervision:
 - i. 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.
 - ii. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
 - c. Oversight
 - i. The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
3. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the program director and faculty members.
 - a. The program director must evaluate each resident's/fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 - b. Faculty members functioning as supervising physicians should delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents/fellows.
 - c. Senior residents/fellows should serve in a supervisory role of junior residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.
4. Programs must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
 - a. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Documents Status: **Approved**

- b. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents' progress to be supervised indirectly, with direct supervision available.]
5. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME12
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Resident/Fellow Duty Hours

POLICY: Each program must have a written policy on resident/fellow duty hours. In developing the duty hour policy consideration should be given to the educational needs of the resident/fellow and the needs of the patient, including patient safety and continuity of care. This policy must be in compliance with institutional policies as well as with requirements of all relevant accrediting bodies (e.g., ACGME and RRC).

PROCEDURE:

The institutional requirements are as follows:

- Duty hours are limited to 80 hours per week, averaged over a four-week period.
- Residents/Fellows must be provided with one day in seven free from all clinical and academic activities, averaged over a four-week period. One day in seven is defined as a continuous 24-hour period.
- 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/fellows [as defined by the Review Committee] should have 10 hours free of duty and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - Residents/Fellows 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-hours maximum duty period length and one-day-off-in seven standards. While it is desirable that residents/fellows 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/fellows 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/fellows in their final years of education must be monitored by the program director.
- 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.
 - Residents/Fellows 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.
 - Residents/Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - In unusual circumstances, residents/fellows, 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/fellow 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.

- 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).
- Residents/Fellows must not be scheduled for more than six consecutive nights of night float.
 - [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]
- Time spent in the hospital by residents/fellows 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”.
- Time spent by residents/fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.
 - Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
 - PGY-1 residents are not permitted to moonlight

All residents/fellows must participate in the Fatigue Management training.

DEFINITIONS:

Duty hours are defined as all clinical and academic activities and includes; patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, home call, scheduled academic activities (e.g., conferences, morning report, lectures, etc.), research that is a required part of the residency program, and moonlighting. Duty hours do not include reading and preparation time spent away from the duty site.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME13
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Monitoring Duty Hours

POLICY: Graduate Medical Education (GME) program directors are responsible for ensuring their residents/fellows adhere to all duty hours requirements. The Graduate Medical Education Committee (GMEC) must oversee the adherence of all GME training programs to ACGME duty hours requirements.

PROCEDURE:

To meet the duty hour requirements, the GMEC developed and implemented a process to assure duty hour compliance.

- Each residency/fellowship program must have a duty hours policy and all faculty and residents/fellows must comply with it at all times.
- All residents/fellows must document their duty hours in New Innovations unless the GMEC grants a program an exception.
- The GMEC reviews duty hours trending reports quarterly.
- Programs not in full compliance are expected to implement action plan(s) to bring their program into compliance. The GMEC may develop corrective action plan(s) for programs that fail to develop and implement action plans to resolve duty hours non-compliance.
- Violations caused by residents/fellows who continuously fail or refuse to document their work hours could result in their dismissal of the resident/fellow.

DEFINITIONS:

Duty hours are defined as all clinical and academic activities and includes; patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, home call, scheduled academic activities (e.g., conferences, morning report, lectures, etc.), research that is a required part of the residency/fellowship program, and moonlighting. Duty hours do not include reading and preparation time spent away from the duty site.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME14
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Duty Hours Exception

Policy: Some ACGME Resident Review Committees (RRC) may grant exceptions for up to 10% or a maximum of 88 hours to individual program based on a sound educational rationale.

PROCEDURE:

The UVM Medical Center Graduate Medical Education Committee (GMEC) must approve any duty hours exception requests prior to submission to the ACGME RRC.

- The program director must submit the request for the 80 hour exception to the GMEC in the letter format that will be sent to the ACGME RRC for approval.
- Approval for duty hours exception by the GMEC must be based on a sound educational justification. All hours in the extended work week must contribute to the resident education.
- Upon GMEC approval, the GME Designated Institutional Official signs the request letter.
- The program director is responsible for submitting the request letter to the RRC.
- The exception is only valid per the RRC decision.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME15
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	9/18/2018
Date of Next Review	9/18/2021



TITLE: Internal Moonlighting

POLICY: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident/fellow is in training. Internal moonlighting may be permitted for UVM Medical Center residents/fellows who are PGY-2 or higher. PGY-1 residents are prohibited from doing internal moonlighting.

PROCEDURE:

- Internal moonlighting is strictly voluntary.
- Residents/Fellows interested in participating in an internal moonlighting opportunity must:
 - Be in good standing within their program, and
 - Obtain a written statement of permission from their program director. This statement must be kept in the resident's/fellow's file in New Innovations.
- All internal moonlighting activities must be reviewed and approved by the Graduate Medical Education Committee (GMEC) prior to being instituted.
- Upon approval by the GMEC, the program director must provide the names of any residents/fellows doing internal moonlighting to the UVM Medical Center Compliance Officer and to the Professional Revenue Department (PRD). Internal moonlighting may not begin until PRD has implemented appropriate billing edits so that internal moonlighting services are not billed to any payer that provides GME funding. Per Medicare rules, professional billing for internal moonlighting is only permitted in the Emergency Department and outpatient clinics for billable services. Medicare will not reimburse UVM Medical Center for residents/fellows who do internal moonlighting in the inpatient setting. Therefore, internal moonlighting in the inpatient setting will not generate claims to Medicare or Medicaid, or any other payer that funds GME.
- The services performed when moonlighting must be separately identified from those services that are required as part of the approved GME program. The work performed cannot be part of the residents/fellows curriculum or counted towards required minimums. It does, however, count toward total hours worked during the week
- After obtaining approval from the GMEC and prior to participating in internal moonlighting activities, residents/fellows must:
 - Obtain a valid Vermont State Medical License; a temporary license does not suffice
 - Only exceptions are Radiology residents moonlighting on MRI service and Pediatric residents doing NICU transports who remain under attending physician supervision.
 - Obtain a certificate of malpractice insurance. UVM Medical Center malpractice insurance will cover residents for internal moonlighting.
- Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program. The program director must monitor resident's/fellow's training performance for any evidence of negative impact from participating in moonlighting activities. Adverse effects in resident/fellow performance will lead to withdrawal of permission.
- Residents/Fellows must log all time spent doing internal moonlighting activities in New Innovations as "internal moonlighting".
 - Time spent completing internal moonlighting activities counts toward the total hours worked during the week. No other duty hours requirements apply.

DEFINITIONS:

Internal moonlighting is voluntary, compensated, medically-related work external to the educational program that occurs at sites under the governance of UVM Medical Center.

Documents Status: **Approved**

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Mike Barewicz, Director, Professional Revenue Department, Jennifer Parks, Chief Compliance and Privacy Officer, GMEC

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson, MD, GMEC

IDENT	GME16
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	10/18/2018
Date of Next Review	10/18/2021



TITLE: External Moonlighting

Policy: Voluntary, compensated, medically-related work performed outside the resident's/fellow's employment at UVM Medical Center. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.

PROCEDURE:

- External moonlighting is strictly voluntary.
- Resident/Fellow who are prohibited from external moonlighting include:
 - PGY 1 resident
 - Resident/Fellow on J-1 and H1B visas
 - Resident/Fellow whose program prohibits external moonlighting
- All programs must have a program-specific moonlighting policy that may be more restrictive than this institutional policy. Programs may prohibit external moonlighting.
- Residents/Fellows interested in participating in external moonlighting activities must:
 - Be in good standing within their program,
 - Complete all administrative responsibilities (submitting duty hours, ACLS status, mandatory training, etc.), and
 - Obtain a written statement of permission from their program director. This statement must be kept in the resident's/fellow's file in New Innovations.
- It is the resident's/fellow's responsibility to ensure proper licensing, work authorization, and obtain malpractice coverage for external moonlighting activities.
- The program director must monitor resident's/fellow's performance for any evidence of negative impact from participating in moonlighting activities. Adverse effects in resident/fellow performance will lead to withdrawal of permission.
- All external moonlighting experiences must be reported in the monthly duty hours form logged in New Innovations as time spent in "external moonlighting".
- Time spent completing external moonlighting activities counts towards the total hours worked during the week. No other duty hours requirements apply.

DEFINITIONS:

External moonlighting is voluntary, compensated, medically-related work external to the education program that occurs at sites not under the governance of UVM Medical Center.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements.

REVIEWERS: GMEC

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson, MD, GMEC

IDENT	GME17
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Program Letters of Agreement (PLA), Required External Rotations

POLICY: Rotations required by ACGME or the GME training program that cannot be provided by the UVM Medical Center must be completed at external sites and require Program Letters of Agreement (PLA). The GMEC must initially review and approve PLAs prior to the DIO signing the initial PLAs and thereafter at the time the PLAs are renewed which is every 5 years.

PROCEDURE:

Requirements for PLA

- All required external rotations regardless of the length of the rotation or regardless of the number of residents require a PLA if the external site is not under the governance of the UVM Medical Center Board of Trustees or the supervising physician at the site is not a member of the UVM Medical Center teaching faculty/medical staff.

Requirements for Entering External Site into ACGME Accreditation Data System (ADS)

- If the external rotation lasts at least 4 weeks over the length of the training program (not necessarily a continuous 4 weeks, one month = 20 days, one month = half-day per month across 40 months), then the external rotation site must be listed in ACGME ADS.

PLA Addendums

- The PLA must include an addendum identifying the residents/fellows completing the rotation.
- One addendum can be used for all the residents/fellows completing the required external rotation for the academic year meaning more than one name can be used on the addendum.
- The addendum must be signed annually by the program director and the supervising physician from the external site.

DEFINITIONS:

A required external rotation is a rotation that residents/fellows in a GME training program must complete and the site of the rotation (called the participating site) is not under the governance of UVM Medical Center Board of Trustees or the supervising physician is not a member of the UVM Medical Center teaching faculty/medical staff.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME18
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	3/15/2018
Date of Next Review	3/18/2021



TITLE: Elective External Rotations

POLICY: All requests for external rotations that are not required by ACGME or the GME training program are considered elective rotations and must be approved by the Graduate Medical Education Committee (GMEC).

PROCEDURE:

Eligibility

- An elective external rotation will be considered only if the proposed elective rotation enhances the educational experience of the resident/fellow and the experience is not available at UVM Medical Center.
- Time away for elective external rotations should be no more than 4 weeks total per training year.
- The resident/fellow must be in good standing with the program and all their administrative responsibilities.
- The resident/fellow and the program must be in compliance with duty hours.

Elective External Rotation Request Process

- Requests for elective external rotations should be submitted a minimum of three (3) months in advance of the first day of the elective.
- The resident/fellow initiate the elective request by submitting the "Request for External Experience" form located in New Innovations. Their program director must sign the form prior to review by GMEC.

Approval

- The GMEC considers the requests and votes whether to allow or disallow the experience.
- If the elective rotation is allowed, the program director and the supervisor at the external site must sign a Program Letter of Agreement and upload into New Innovations.

DEFINITIONS:

An elective external rotation is a rotation that residents/fellows complete to augment their education. This type of rotation is not a required rotation by ACGME RRC or the GME training program, and the site of the elective external rotation is not under the governance of UVM Medical Center Board of Trustees.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME19
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	12/21/2017
Date of Next Review	12/21/2020



TITLE: Institutional Policy on Pain Medicine

POLICY: UVM Medical Center sponsors only one ACGME accredited Pain Medicine fellowship. This fellowship is multidisciplinary in nature. Faculty from these medical disciplines shall contribute to the didactic education, clinical training, and evaluation of the Pain Medicine Fellows. The primary medicine disciplines include:

- Anesthesiology
- Neurology
- Psychiatry
- Physical Medicine and Rehabilitation (PM&R)

PROCEDURE:

UVM Medical Center will have a single multidisciplinary Pain Medicine Fellowship Committee that includes the following members:

- Fellowship program director (Anesthesiology);
- Faculty from Neurology, PM&R and Psychiatry; and
- Fellow representative.

This committee meets at least twice a year to review the program's resources and the attainment of stated goals and objectives. The Pain Medicine Fellowship Committee will recommend any changes necessary for program improvement, and these changes will be circulated to the program's faculty.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME20
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Employee and Family Assistance Program

POLICY: The UVM Medical Center Employee & Family Assistance Program (EFAP) is available to assist residents and their families with the following problems:

- Financial
- Legal
- Emotional
- Substance abuse
- Interpersonal
- Work-related

PROCEDURE:

- Services available through EFAP include assessment, brief counseling, and referral services.
- All referrals are confidential.
- There is no charge for the assessment and follow-up appointments with the UVM Medical Center EFAP counselors.
- Counselors at EFAP are licensed and certified social workers and certified employee assistance professionals.
- For an appointment or assistance call EFAP 847-2827
- Off-shifts call the switchboard and request the on-call social worker's beeper #72827 or Long Distance Code 888-329-EFAP

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME21
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Integrity and Compliance

POLICY: UVM Medical Center has adopted a voluntary compliance plan to promote full compliance with all legal duties applicable to it, to foster and assure ethical conduct and to provide guidance to its employees. A Code of Conduct has also been adopted which is meant to encourage and give guidance to all UVM Medical Center employees so that every day, everyone conducts themselves with unqualified integrity as we do our work for our patients, our community and our colleagues.

PROCEDURE:

- All employees have an affirmative duty to report in good faith any actual or suspected activities that violate any law, statute, regulation, UVM Medical Center policy, or constitute improper quality of patient care.
- Reports can be made by contacting the Integrity and Compliance Office at 847-2667 or by calling the compliance hotline at 847-9430 or 8-800-466-7131.
- Hotline calls can be made anonymously, or callers can ask that their information be kept confidential.

Employees should enjoy a level of confidence when reporting issues of non-compliance or activities that constitute improper quality of patient care. To further these goals, it is the policy of UVM Medical Center that any action taken by an employee to retaliate against anyone making a good faith report alleging suspected improper activities is strictly prohibited. UVM Medical Center's Chief Integrity and Compliance Officer is responsible for investigating and resolving concerns and can be reached at 847-0627.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME22
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Process for Resolution of Resident/Fellow Issues

POLICY: UVM Medical Center supports an atmosphere that allows residents/fellows to raise and resolve issues without fear of intimidation or retaliation.

PROCEDURE:

- All residents/fellows should, if possible, attempt to resolve issues within their department through their chief resident, program director, program administrator, or Chairman.
- Residents/Fellows are encouraged to bring issues to the GME Program Representative Committee for discussion and suggested solutions.
 - This committee is attended by residents/fellows from the GME programs and its purpose is to enhance resident communication by exchanging information on education, work environment and patient care.
 - This committee votes to appoint an ombudsman for the residents/fellows and selects 2 resident/fellow representatives.
 - Two representatives selected by this committee are GMEC voting members and regularly report to the GMEC any issues or topics that need review or action by the GMEC.
- The institutional ombudsman, the GME DIO, or GME office personnel are available to residents/fellows to assist in resolving issues or concerns.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME23
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	11/27/2016
Date of Next Review	11/27/2019



TITLE: Program Evaluation Committee

PURPOSE: To provide ACGME accredited GME programs details in conducting an annual program review and guidelines for submitting the Annual Program Evaluation report.

POLICY STATEMENT: GME residency and fellowship programs must have a Program Evaluation Committee (PEC) that functions in compliance with both the common program and program-specific requirements and oversees curriculum development and program evaluations for its respective GME program.

PROCEDURE: Residency/Fellowship GME program directors must appoint the PEC. Each PEC must be composed of at least two program faculty members and one resident/fellow (unless the GME program lacks a resident/fellow). Faculty members may include physician and non-physicians core faculty members identified in ACGME Accreditation Data System. The PEC membership may include the residency/fellowship program administrator where appropriate.

Each PEC must have a written description of its responsibilities. At a minimum, the PEC must meet at least annually even if there are no residents/fellows enrolled in the training program and meeting minutes must be taken. The PEC responsibilities are to:

- Plan, develop, implement, and evaluate educational activities of the program;
- Review and make recommendations for revision of competency-based curriculum goals and objectives;
- Evaluate the quality of the clinical learning environment in the following area:
 - Patient safety;
 - Health care quality;
 - Care transitions;
 - Supervision;
 - Duty hours, fatigue management and mitigation; and
 - Professionalism.
- Review the effectiveness of the program using annual program evaluations submitted by faculty, residents/fellows, and others;
- Monitor and track each of the following:
 - Resident performance;
 - Faculty development;
 - Graduate performance, including performance on certifying examinations;
 - Program quality; and
 - Progress in achieving previous year's action plan.
- Address areas of non-compliance with ACGME standards; and
- Submit the Annual Program Evaluation (APE) report.
 - The program director is responsible for submitting the APE form in New Innovation no later than September 30.

The program director is ultimately responsible for the work of the PEC. The program director must assure the annual action plans are reviewed and approved by the program's teaching faculty. The approval must be documented in the meeting minutes. The program's action plans and report of the program's progress on initiatives from the previous year's action plans must be submitted via New Innovations APE form.

Documents Status: **Approved**

MONITORING PLAN: The GMEC must annually review all ACGME accredited programs APE reports and determine if a program requires a Special Review. Data collected from the APE reports will be used in the Annual Institutional Review report.

DEFINITIONS: NA

RELATED POLICIES: ACGME GME Residency and Fellowship GMEC Special Review Process and GMEC Annual Institutional Review Process

REFERENCES: ACGME Institutional Requirements I.B. and ACGME Common Program Requirements V.B.

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME24
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	1/18/2018
Date of Next Review	1/18/2021



TITLE: Extraordinary Circumstances- Disaster or Interruption of Patient Care

SUBJECT: Extraordinary Circumstances - Disaster or Interruption of Patient Care

POLICY STATEMENT: This policy addresses support for GME residents/fellows in the event of an “Extraordinary Circumstance” that significantly alters the ability of the UVM Medical Center and its programs to support resident/fellow education. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

PROCEDURE:

1. As quickly as possible and in order to maximize the likelihood that residents/fellows can complete their GME training as scheduled, the DIO and GMEC will determine if transfer to another ACGME accredited program is necessary.
2. Once the DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents/fellows, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer of the residents/fellows to other ACGME accredited programs until such time as the UVM Medical Center is able to resume providing the training experience. As resources are available, academic counseling, financial assistance and secretarial services will be provided to the impacted residents/fellows during the transfer to other programs.
 - a. Residents/Fellows who transfer to other programs as a result of an extraordinary circumstance will be provided an estimated time for the relocation. Should that initial time estimate require extension, residents/fellows will be notified by their program director either by letter or email the estimated time of the extension.
3. If the extraordinary circumstance prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time, permanent transfers will be arranged.
4. The DIO is the primary institutional contact with the ACGME and the Institutional Review Committee Executive Directors regarding extraordinary circumstances.
5. In the event of a disaster affecting other ACGME accredited sponsoring institutions; the program directors at UVM Medical Center will work collaboratively with the DIO and GMEC to accept transfer residents from other institutions. This includes the process for GMEC approval and requests for complement increases with ACGME if needed. Programs currently under a proposed or adverse accreditation decision by the ACGME are not eligible to participate in accepting transfer residents.
6. Programs are responsible for establishing procedures to protect the academic and personnel files of all residents/fellows from loss or destruction. This should include a plan for storage of either paper or digital data files in a separate geographic location away from the sponsoring institution.

DEFINITIONS: Extraordinary Circumstance: circumstances that significantly alter the ability of a sponsor and its programs to support resident education. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

Documents Status: **Approved**

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME25
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	4/19/2018
Date of Next Review	4/19/2021



TITLE: Advance Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS)

SUBJECT: Advance Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS)

POLICY STATEMENT: The purpose of this policy is to identify the need for ACLS and/or PALS certification of GME residents/fellows prior to the start of their GME training and the expectation for maintaining certification as advised by this policy, hospital policy (ANES2) and when applicable by ACGME Review Committee requirements.

PROCEDURE:

1. Requirements

- a) Incoming GME residents/fellows in the following programs must be ACLS certified prior to the start of their GME training.
 - o Residencies
 - Anesthesiology
 - Dental
 - Family Medicine
 - Internal Medicine
 - Neurology
 - Orthopaedic Surgery
 - Otolaryngology
 - Radiology
 - Surgery
 - o Fellowships
 - Cardiology
 - Gastroenterology
 - Interventional Cardiology
 - Neuromuscular Medicine
 - Procedural Dermatology
 - Pulmonary Disease & Critical Care Medicine
 - Vascular Surgery
- b) Incoming GME residents in the Pediatrics program must be PALS certified prior to the start of their GME training. During the onboarding process, PGY-1 residents requiring initial PALS certification are provided the option to register for the UVM Medical Center course which occurs prior to the start of orientation.
- c) Ongoing maintenance of ACLS and/or PALS certification is the responsibility of the GME training programs.

2. Process Renewal of certification

- a) GME office notifies the program director (PD) and program administrator (PA) of residents/fellows requiring renewal of certification.
- b) GME office provides dates/times for these renewals. ACLS sessions take place at the main campus in the GME conference room. PALS sessions take place at Fanny Allen.
 - o Programs are expected to enroll their residents/fellows into renewal sessions to avoid lapse in certification.
- c) Residents/Fellows are expected to keep their scheduled renewal session or communicate in advance the need to change to another session within the renewal window

- d) Residents/Fellows who laps in certification are removed from clinical duty and reading/research experiences until their renewal is completed. They must use their vacation days until they complete their recertification.
3. Fee Payment
- a) GME Office pays the fee for the incoming PGY-1 residents who require initial ACLS certification per policy and who take the course identified by the GME Office.
 - o Residents can obtain certification elsewhere, but the GME Office will not reimburse ACLS training taken outside of UVM Medical Center.
 - b) Renewal of ACLS certification is not reimbursable by the GME office. Renewal fees must be paid by the program or resident/fellow. GME office provides the appropriate form for completion which is required prior to enrollment.
4. Registration
- a) During the onboarding process, PGY-1 residents requiring initial ACLS certification are provided the option to register for the UVM Medical Center course which occurs prior to the start of orientation.
 - b) GME office enrolls and registers residents/fellows into the HealthStream system for ACLS and PALS renewal.

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

Documents Status: **Approved**

IDENT	GME26
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	10/15/2018
Date of Next Review	10/15/2021



TITLE: Housing for External Required Rotations

POLICY:

Residents/Fellows in ACGME accredited training programs who must complete required external rotations at sites 60 miles or greater from UVM Medical Center or greater than one hour of driving time under normal traffic conditions from UVM Medical Center must be provided housing financed by the residents'/fellows' training department or by external funding acceptable to the training department.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson, MD, GMEC

IDENT	GME28
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	4/1/2018
Date of Next Review	4/1/2021



TITLE: Resident/Fellow Disciplinary Process

POLICY STATEMENT:

This policy is applicable if a resident/fellow wishes to appeal a decision to terminate his/her appointment due to disciplinary reasons.

This policy does not apply if a resident/fellow wishes to appeal a decision of non-promotion, non-renewal, or dismissal based on academic/training reasons. In these cases, the resident/fellow must follow the “Resident/Fellow Academic Remediation and Procedure for Academic Grievance” (GMEC policy7).

PROCEDURE: A resident/fellow may be subject to corrective or disciplinary action, up to and including termination of appointment. Evidence of behavior meriting corrective or disciplinary action may include, but is not limited to: unprofessional behavior toward colleagues, patients or staff; drug or alcohol abuse; criminal activity; violation of UVM Medical Center rules, regulations, bylaws, personnel policies, or the “Resident/Fellow Appointment and Training Agreement”; any of the activities constituting unprofessional conduct under the Medical Practice Act of the State of Vermont, 26 V.S.A. Section 1354; conduct representing lack of competence, skill, judgment, and/or specific knowledge; and for immoral, illegal, unprofessional or unethical behavior.

1. The program director must notify the GME Designated Official (DIO) and/or GME Director about the disciplinary violation(s) and provide the date and time for the meeting with the resident/fellow to discuss the violation(s) identified.
2. The program director and either one faculty member and/or the program’s GME program administrator shall meet with the resident/fellow to present the evidence of the disciplinary violation(s) and provide an opportunity for the resident/fellow to present their perspective.
3. The program director can dismiss the charges made, require a disciplinary action plan, suspend the resident/fellow while further investigation occurs, or terminate the resident’s/fellow’s training contract.
 - a. The program director’s decision should be provided in writing to the resident/fellow within three (3) business days after meeting with the resident/fellow.
4. The resident/fellow may appeal the decision by submitting a written request to the GME DIO within ten (10) days from the date the decision notification was sent stating that the resident/fellow would like a hearing and providing a written objection to the statement of causes.
5. Upon receipt of a written request, the DIO shall appoint a Hearing Committee, which shall consist of the following specified members:
 - a. DIO or his/her designee;
 - b. Human Resource representative;
 - c. GME Program Director who is a voting member on the GMEC and not members of the grievant’s department;
 - d. Resident/Fellow who is a voting member of the GMEC; and
 - e. A resident/fellow or faculty member chosen by the resident/fellow who has brought the appeal.
6. The hearing shall occur no later than two (2) weeks following the resident’s/fellow’s written request to the DIO for a hearing, unless the resident/fellow and the DIO mutually agree to an extension of the four week period.
7. At his/her sole discretion, the Program Director may place the resident/fellow on unpaid suspension until the Hearing Committee renders its decision. If the termination decision is reversed, the resident/fellow will be paid retroactively..
8. The format for the hearing shall be as follows:

Documents Status: **Approved**

- a. The Program Director, or the director's designee, shall present evidence of the conduct against the resident/fellow, which is believed to warrant the termination of appointment.
 - b. The resident/fellow shall have an opportunity to present relevant evidence.
 - c. The hearing will be conducted without the presence of outside counsel and is not required to follow the rules of evidence.
9. The Hearing Committee shall issue written finding(s) and render a decision within five (5) business days. Said finding(s) and decision shall be furnished to the resident/fellow. The decision of the Hearing Committee is final and binding.

DEFINITIONS:

- DIO – Designated Institutional Official
- GME – Graduate Medical Education
- GMEC – Graduate Medical Education Committee

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS:

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson M.D., GMEC

IDENT	GME29
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	2/15/2018
Date of Next Review	2/15/2021



TITLE: Family and Medical Leave Act and Vermont's Parental and Family Leave Law

PURPOSE: To ensure compliance with state and federal laws and to provide support to residents/fellows requiring family/medical leave consistent with the federal Family and Medical Leave Act (FMLA) and Vermont's Parental and Family Leave Law (VPFL).

POLICY STATEMENT: Residents/Fellows must adhere to UVM Medical Center policy titled "Family and Medical Leave" (HR-D-01 policy). Subject to the definitions and requirements provided in the policy, residents/fellows may request and may take up to 12 weeks of time off each year for the following reasons:

- The birth and subsequent care of a newborn;
- Placement of a child for adoption or foster care;
- Care for a spouse, child, parent, or parent-in-law with a serious health condition; or
- Their own serious health condition.

During the family/medical leave, residents/fellows receive specified benefits and job protections. Family/Medical leave is unpaid. However, residents/fellows may use vacation time or and/or may receive disability or Workers' Compensation payments, if eligible

PROCEDURE:

1. Eligibility
 - a. To be eligible for these benefits, residents/fellows must have worked at UVM Medical Center for at least 12 months and at least 1,250 hours during the 12-month period immediately preceding the beginning of the leave.
2. Unpaid Leave
 - a. Leave is unpaid but can be taken along with Short-Term Disability (GME-31 policy). In addition, residents/fellows can use all or a portion of their Vacation Time Off (GME – 30 policy). Use of paid leave does not extend the leave available under FMLA/ VPFL.
3. Notice Requirements
 - a. Residents/Fellows must give reasonable notice to their program director of his/her intent to take a leave of absence. Residents/Fellows must follow UVM Medical Center process for requesting family/medical leave.
 - b. As soon as reasonable, the program director or his/her designee must inform the GME office of the leave. The GME office requires the following actions related to a leave of absence.
 - i. eMail the GME office with resident's/fellow's name, leave type, and best estimate for leave dates;
 - ii. On the 'Block Schedule' in New Innovations, assign the resident/fellow to the GME LOA rotation for the duration of their absence;
 - iii. In the 'Confidential Notes' section in New Innovations, summarize the following information:
 1. Leave type,
 2. Start and end date for the leave, and if applicable
 - a. Dates for paid time off and/or
 - b. Unpaid leave dates
 3. State whether an extension of training is necessary or unnecessary;
 - iv. Update the 'Training Record' in New Innovations with 'Add Leave of Absence'; and
 - v. Update termination date in the New Innovations (if applicable).

Documents Status: **Approved**

- c. When the resident/fellow returns from leave of absence, email the GME office with the resident/fellow name, return date, and, if applicable, the revised training end date.

DEFINITIONS: N/A

RELATED POLICIES:

Termination of Employment, Policy A-10
Short Term Disability Benefits, Policy C-03
Long Term Disability Benefits, Policy C-04
Supplemental Family and Medical Leave, Policy D-08
On-The-Job Injuries, Policy G-05

REFERENCES: Vermont and Federal Family and Medical Leave Acts.

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME30
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	10/18/2018
Date of Next Review	10/18/2021



TITLE: Paid Time Off

POLICY STATEMENT: A resident/fellow is entitled to at least 3 weeks (a week equals 5 work days plus 2 weekend days) per GME academic year. Each academic year a resident/fellow is given 5 sick or personal days. During the appropriate year of training, a resident/fellow is allowed at least 5 work days to participate in post graduate interviews. Additional interview days may be granted at the discretion of the program director.

The number of allowed days away from a program may vary depending on the Accreditation Council for Graduate Medical Education and certifying Board requirements. Off-cycle resident/fellow follows the start and end date of their academic year.

PROCEDURE:

1. The timing of Paid Time Off (PTO) is governed by the GMEC and GME training program policies and requires prior approval of the resident's/fellow's program director. Extended leave of absences may require the resident/fellow to extend their training program to satisfy their program's certifying Board and Accreditation Council for Graduate Medical Education requirements.
2. PTO for vacation and sick/personal days is granted annually and does not roll over to a new academic year. If a resident/fellow does not use their PTO during an academic year, he/she loses this allocated time off and is not reimbursed for unused PTO.
3. Interview days granted are not transferable to vacation or sick/personal days.
4. A resident who leaves their GME training program prior to completion of their program or upon graduation is not reimbursed for any unused PTO.
5. A resident/fellow is not required to use any portion of their annual PTO to sit for exams required to maintain their status in their training program.
6. A resident/fellow is not required to use their PTO for recognized UVM Medical Center holidays.

REFERENCES: N/A

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson, MD, GMEC

IDENT	GME31
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	2/15/2018
Date of Next Review	2/15/2021



TITLE: Paid and Unpaid Leave of Absence

PURPOSE: To provide an opportunity for residents/fellows to be granted leave of absence for family/medical needs and for other leave types.

POLICY STATEMENT: Leave is unpaid unless the resident/fellow chooses to use Vacation Time Off (GME-30) or other paid leave available to them. Residents/Fellows may qualify for short-term and long-term disability. Salary continuance is in accordance with UVM Medical Center Short-Term and Long-Term Disability benefit, which may be amended from time to time (Resident Benefits Guide).

UVM Medical Center provides support to residents/fellows requiring family/medical leave consistent with the federal Family and Medical Leave Act (FMLA) and Vermont's Parental and Family Leave Law (VPFL). Residents/Fellows must adhere to UVM Medical Center policy titled "Family and Medical Leave" (HR-D-01) and the GME Family and Medical Leave Act and Vermont's Parental and Family Leave Law (GME-29). FMLA is unpaid. However, residents/fellows may use Vacation Time Off (GME-30 policy) and/or may receive disability benefit or Workers' Compensation payments, if eligible (Residents Benefits Guide).

Extended leave of absence may require the resident/fellow to extend their training program to satisfy their program's certifying board and Accreditation Council for Graduate Medical Education requirements.

PROCEDURE:

Short-Term Disability Benefit

1. Eligibility - Date of hire or benefits-eligibility date
2. Income replacement - 100% salary continuation for up to 90 days (may be amended from time to time, Resident Benefits Guide)

Long-Term Disability Benefit

1. Eligibility - must exhaust 90 days of short-term disability
2. Income replacement - 66²/₃% of base monthly earnings up to a monthly benefit maximum of \$8000 (may be amended from time to time, Resident Benefits Guide)

Notice Requirements for Short-Term and Long-Term Disability

1. Residents/Fellows must give reasonable notice to their program director of his/her intent to take a leave of absence.
2. Residents/Fellows must follow UVM Medical Center process for requesting short-term (HR-C-03 policy) and long-term disability (HR-C-04 policy).
3. As soon as reasonable, the program director or their designee must inform the GME office of the leave. The GME office requires the following actions related to a leave of absence.
 - a. eMail the GME office with resident's/fellow's name, leave type, and best estimate for leave dates;
 - b. On the 'Block Schedule' in New Innovations, assign the resident/fellow to the GME LOA rotation for the duration of their absence;
 - c. In the 'Confidential Notes' section in New Innovations, summarize the following information:
 - i. Leave type,
 - ii. Start and end date for the leave, and if applicable

1. Date range for Vacation Time Off; and/or
2. Date range for disability benefit; and/or
3. Date range for unpaid leave of absence.
- iii. State whether an extension of training is necessary or unnecessary;
- d. Update the 'Training Record' in New Innovations with 'Add Leave of Absence'; and
- e. Update termination date in the New Innovations (if applicable).

Return to Work for Short-Term and Long-Term Disability

1. Residents/Fellows must follow UVM Medical Center process for returning to work from short-term (HR-C-03 policy) and long-term disability (HR-C-04 policy).
2. When the resident/fellow returns from leave of absence, the program director or their designee must email the GME office with the resident/fellow name, return date, and, if applicable, the revised training end date.

Jury Duty

Residents/Fellows selected for jury duty will be excused from work with continued salary support.

1. Resident/Fellow is not required to use Vacation Time Off.
2. If the needs of the court do not require a full workday to fulfill jury obligations, the resident/fellow is expected to contact his/her program director about returning to work.
3. Hours spent on jury duty do not count towards their GME duty hours.
4. Days used for Jury Duty may need to be counted as absences from the program by individual specialty boards. It is the responsibility of the program and resident to know and apply their board requirements for certification.

Bereavement Leave

Bereavement leave of absence is offered to provide continued salary support during time off from work as a result of a death in the family.

1. A resident/fellow may be granted up to three paid scheduled workdays following a death in the immediate family that does not count towards Vacation Time Off days. Immediate family is defined as spouse, civil union partner, parent, step-parent, child, step-child, sibling, step-sibling, grandparent, grandchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law or brother-in-law and corresponding relatives of a civil union partner. Paid absence for the death of other members of the employee's household or close family members may be granted at the discretion of the program director.
2. If additional time is needed after a death in the family, the resident/fellow can discuss the situation with his/her program director to assess whether additional time off can be granted using Vacation Time Off days.

Personal Leave of Absence

Up to six (6) months of unpaid leave may be granted to a resident/fellow with one (1) year of service in the event of unusual circumstances and personal emergencies.

1. Program director must approve unpaid personal leave of absences and may deny requests based on training requirements set by the program's certifying board or the Accreditation of Graduate Medical Education.
2. Unpaid absence will not be allowed unless all Vacation Time Off has been used, except in cases of approved medical and/or family leave.
3. Extended leave of absences may require an extension of the resident's/fellow's training.
4. The program director or their designee must notify the GME office per steps 3 to 8 listed in the section titled "Notice Requirements for Short-Term and Long-Term Disability".
5. Benefit status while on unpaid leave of absence
 - a. If unpaid leave is 30 days or less, UVM Medical Center will continue paying its portion of the benefit cost for residents/fellows covered under its medical, dental, vision, reimbursement accounts and/or life and disability programs. The resident/fellow must continue to pay his or her portion of the applicable benefit cost during the leave as instructed by Human Resources. Coverage may be canceled if their portion of the benefit cost is not received as instructed. Coverage ends the first day of the month that follows the month in which the leave began.
 - b. On the thirty-first (31st) day of an approved leave of absence, UVM Medical Center sponsored life insurance and short and long-term disability programs cease. If the resident/fellow wishes to retain coverage, can assume full cost of continued life insurance and long-term disability through life portability and long-term disability conversion options. Beginning the first of the month following the end of thirty (30) days of leave, the resident/fellow can continue medical, dental, vision and healthcare reimbursement

Documents Status: **Approved**

- accounts through COBRA as instructed by Human Resources. The resident/fellow is responsible for the full COBRA cost. Coverage may be canceled if the resident's/fellow's payment for the benefit coverage is not received as instructed.
- c. No 403(b) contributions are made while on unpaid leave.

DEFINITIONS: N/A

REFERENCES: N/A

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME32
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	5/1/2017
Date of Next Review	5/1/2020



TITLE: Identification and Treatment of Impaired Physicians in Training Policy

Identification and Treatment of Impaired Physicians in Training Policy

PURPOSE: To establish guidelines to assist in the early identification, treatment, and rehabilitation of Physicians in Training who are impaired or at risk of impairment due to the excessive use of drugs or alcohol, a psychiatric disorder, or other medical condition.

POLICY STATEMENT: University of Vermont Medical Center Care (UVMCC) is committed to providing a safe working environment for the residents and fellows affiliated with UVMCC’s graduate medical education programs. University of Vermont Medical Center is also committed to ensuring that the residents and fellows enrolled in UVMCC graduate medical education programs are physically and mentally competent to provide high quality patient care.

Physician’s ethical responsibilities to colleagues who are impaired by a condition that interferes with their ability to engage safely in professional activities include timely collegial intervention to ensure that these colleagues cease practicing and receive appropriate assistance. If collegial intervention is not successful, the physician or any other individual who has cause to believe that a Physician- in-Training (PIT) is impaired should report their concerns to the PIT’s Program Director.

This policy is intended to provide clear guidelines in regard to identifying impaired Physicians in Training in order to facilitate their treatment. The policy allows confidential reporting or self-reporting of substance abuse problems and psychiatric disorders or other medical conditions of sufficient magnitude to affect a physician’s competence. The policy also provides for confidential investigations, when appropriate, and for interventions to encourage impaired PITs to receive appropriate evaluation and treatment.

This policy shall apply to all issues of impairment due to substance abuse, psychiatric disorders, or other medical conditions. The procedures described in this policy concerning intervention, monitoring, and treatment are to be used for all Physicians in Training who are impaired due to substance abuse. When a psychiatric disorder or other medical condition is of sufficient magnitude to impair a physician’s competence, the PIT’s Program Director may elect to use these same procedures for monitoring the PIT’s treatment or he/she may tailor the monitoring contract described in this Policy to better meet the needs of the impaired physician.

DEFINITIONS

Physician in Training (PIT) means any physician who is enrolled in a graduate medical education program sponsored by University of Vermont Medical Center.

Substance Abuse means a medical illness that involves the excessive use of any chemical substances, including alcohol, known to interfere with cognitive or motor function immediately prior to work or during work or at other times, that in the judgment of the Residency Program Director and/or the UVMCC Professional Wellness Committee impairs an individual’s ability to provide high quality patient care or compromises his/her safety or the safety of others.

Psychiatric Disorder means any disease of mental health as defined by the guidelines established by the American Psychiatric Association. For purposes of this policy, such psychiatric disorders should be significantly contributing to impairment of a physician’s performance.

Program Director means the physician who is responsible for supervising the residents/fellows enrolled in a specific UVMCC training program.

Professional Wellness Committee means a standing committee of the UVMCC Medical Staff responsible for coordinating the early identification, treatment, and rehabilitation of physicians who are impaired or at risk of impairment due to substance abuse, psychiatric disorders, or other medical conditions.

Intervention means an organized encounter in which a group of concerned individuals confront a potentially impaired physician in order to motivate that individual to accept immediate evaluation and treatment of a suspected substance abuse and/or psychiatric disorder.

Monitoring Contract means an agreement which outlines a structured program of recovery, rehabilitation, and monitoring for each individual. The contract is entered into before an impaired PIT can return to work at UVMHC following treatment. The contract is considered a binding contract between the individual, his/her training program, and the health care professional(s) coordinating the monitoring program. An example of a monitoring contract used by the Vermont Health Practitioner Program (VPHP) for individuals who are being treated for chemical dependency can be found at <http://www.vtmed.org/vphp>.

Monitoring means the process used to follow the recovery of the impaired physician. This includes follow-up visits and scheduled or random drug testing as deemed necessary. Monitoring of Physicians-in-Training who are impaired due to substance abuse shall be coordinated by the Vermont Practitioner Health Program (VPHP). Monitoring of physicians who are impaired due to a psychiatric disorder or other medical condition shall be coordinated by the UVMHC Professional Wellness Committee. Regular reports about the individual's compliance and progress with his/her recovery/rehabilitation program shall be communicated to the Chair of the Professional Wellness Committee. The Chair shall communicate with the individual's Program Director as needed.

Vermont Health Practitioner Program (VPHP) is a service of the Vermont Medical Society (VMS), developed in conjunction with the Vermont Board of Medical Practice, to serve as a peer review program of the Vermont Medical Society. Its primary purpose is to protect the public by the early identification, treatment and rehabilitation of physicians who are impaired or at risk of impairment by the excessive use of drugs, including alcohol. VPHP provides ongoing, confidential support for recovery from alcoholism and substance abuse, including referral, liaison with colleagues, recovery monitoring, and documentation. Communications with VPHP are confidential under state law. VPHP is independent of the Vermont Board of Medical Practice. VPHP is not required to disclose to the Board the identity of participants, except to the extent where there is an injury, or the risk of injury to a patient, a criminal act, relapse to the use of alcohol or drugs, or other failure by the participant to comply with their monitoring contract. More information about VPHP is available at <http://www.vtmed.org/vphp>.

GUIDELINES:

I. REFERRALS

Self-Referral

Any PIT may seek treatment for substance abuse, a psychiatric disorder or other medical condition that interferes with their ability to engage safely in professional activities from a health care provider of their choice or the UVMHC Employee Assistance Program. Individuals who are seeking treatment for substance abuse may also seek treatment through VPHP. In cases of self-referral, the health care provider, the UVMHC Employee Assistance Program, or the VPHP will not advise the individual's Program Director of the individual's impairment unless the PIT authorizes the release of this information.

If a PIT is charged with a criminal or civil offense involving alcohol or drugs, the PIT must immediately notify their Program Director of the circumstances of the charge. Likewise, if a PIT is convicted of a criminal or civil offense involving alcohol or drugs, the PIT must immediately notify their Program Director of the conviction.

Referrals by Colleagues/Co-workers

Colleagues or co-workers who have cause to believe that a PIT is impaired are strongly encouraged to report their concern to the PIT's Program Director. Sufficient cause for concern and subsequent reporting will include, but not be limited to:

- Evidence of misuse of prescribed or non-prescribed medications;
- Evidence of use of alcohol while on duty or immediately prior to duty;
- Information that a PIT has been charged with or convicted of a criminal or civil offense involving the alcohol or drugs;
- Deteriorating quality of work, including documentation;
- Repeated absences/tardiness;
- Personality/behavior changes;

- Bizarre or disruptive behavior;
- Any performance that is overtly negligent;
- Physical or verbal abuse toward a colleague, co-worker, or patient;
- Any other factual circumstances reasonably suggesting that the PIT is impaired.

II. PROFESSIONAL WELLNESS COMMITTEE

All allegations/concerns that a PIT is impaired shall be promptly communicated by the Program Director to the Chair of the Professional Wellness Committee.

III. CONFIDENTIALITY

All information disclosed to the Program Director shall be held in confidence and will not be disclosed to others unless the Program Director and/or the Professional Wellness Committee determine that certain individuals in the PIT's clinical department have a legitimate need to know in order to facilitate proper treatment for the PIT and/or provide safe patient care.

The Chair of the Professional Wellness Committee shall communicate with the other members of the Committee and its advisors as needed. The Chair will make a good faith effort to protect the confidentiality of the PIT by providing information that is blinded as to the name of the PIT and the training program.

IV. INVESTIGATION/FOLLOW-UP

1. All allegations/concerns shall be investigated in a timely manner by the Program Director with the advice and counsel of the Professional Wellness Committee.
2. If the investigation confirms that the PIT is impaired due to substance abuse, a psychiatric disorder or other medical condition, the Program Director shall immediately relieve the impaired PIT of any patient care responsibilities.
3. If necessary, an intervention shall be coordinated by the Program Director with the advice and counsel of the Professional Wellness Committee. The goal of the intervention is to encourage the PIT to voluntarily submit to an evaluation. The PIT shall be provided a choice of evaluation options as approved by the Professional Wellness Committee. The PIT shall not be allowed to design his or her own course of action. He/she, upon request, must obtain an evaluation by a health care professional approved by the Professional Wellness Committee.
4. If a PIT who has been identified as impaired or at risk for impairment, refuses to voluntarily submit to an evaluation, the Program Director shall immediately consult with the Professional Wellness Committee. If, in the opinion of the Program Director, in consultation with the Professional Wellness Committee, the individual's continued activity as a PIT could endanger the health and/or safety of patients or others, the Program Director shall recommend the immediate suspension of the PIT from his/her training program. All decisions to suspend or terminate a PIT from a training program shall be subject to the review process described in the UVMMC House Staff Employment Contract and House Staff Handbook.
5. If the PIT refuses to submit to a requested evaluation, the refusal shall be considered grounds for termination of training for "due cause" as "due cause" is defined in the UVMMC House Staff Employment Contract and House Staff Handbook.
6. If the PIT agrees to an evaluation, the PIT, no disciplinary action shall be taken. The PIT shall be placed on a medical leave of absence. All leaves of absence to obtain a medical evaluation or treatment will be governed by UVMMC policies regarding medical leave.
7. Long-term follow-up of impaired PITs shall be coordinated by the VPHP (for impairment due to substance abuse) or the Professional Wellness Committee (for impairment due to anything other than substance abuse). The follow-up shall be governed by the terms of the monitoring contract agreed to by the PIT. The impaired PIT must agree to sign the necessary release forms authorizing the VPHP and/or

the Professional Wellness Committee to report compliance or non-compliance with the terms and conditions of the monitoring contract to the PIT's Program Director.

8. If the VPHP staff, the Professional Wellness Committee, the Program Director, or the health care professional responsible for monitoring the PIT's compliance with the monitoring contract, believes that the PIT is relapsing or is not complying with the terms of his/her monitoring contract, the Program Director shall consider a recommendation for suspension of training. If training is suspended, the recommendation for termination or reinstatement will be determined by the Program Director, in consultation with the Professional Wellness Committee. Any decision to terminate training will also result in termination of employment. Any actions to suspend, terminate, or reinstate a PIT shall be governed by the terms and conditions described in the UVMMC House Staff Employment Contract and House Staff Handbook.

RETURN TO WORK PROCEDURE

1. Following successful treatment, the PIT must be specifically authorized to return to work by the VPHP or the treating provider. A copy of the PIT's monitoring contract shall be provided to the PIT's Program Director and the Professional Wellness Committee. The final decision to allow the PIT to return to work following treatment shall be made by the Program Director, in consultation with the Professional Wellness Committee.
2. If the Program Director, in consultation with the Professional Wellness Committee, determines that a return to clinical duties is incompatible with recovery or that a return to the training program poses an unacceptable risk to patients or others, the PIT will be provided the opportunity to resign from the training program. If the PIT does not resign, he/she shall be terminated from the program. Any termination will be subject to the terms and conditions described in the UVMMC House Staff Employment Contract and House Staff Handbook.

Note: *In the event that the Program Director is unavailable, the Chair of the applicable Health Care Service shall be authorized to make decisions of an urgent nature concerning impaired PITs.*

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

IDENT	GME33
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	10/15/2015
Date of Next Review	10/15/2018



TITLE: Resident/Fellow Meal Cards

Resident/Fellow Meal Cards

POLICY:

Residents/Fellows in ACGME accredited training programs receive an annual meal card allowance for use at UVM Medical Center dining venue.

PROCEDURE

1. Based on duty hours recorded in 2014 – 2015 the GME Office uses the duty hours data from New Innovations to calculate the total number of hours residents/fellows worked in the previous academic year and then the percentage of each program's contribution to the total number of hours worked.
2. The GME amount budgeted for meal cards is multiplied by each program's percentage of hours worked to determine the program's allocation amount.
3. The program's allocated amount is divided by the number of FTEs identified in step 1 to get the average amount allocated per resident/fellow in the program.
4. The average amount allocated per resident/fellow is multiplied by the current number of residents/fellows in the program to get the program's total allocated amount.
5. The distribution of the total allocated amount to residents/fellows in a program is determined by the program director.
6. The program director provides the GME Office with the allocated amount for each resident/fellow in their program.
7. GME Office submits the allocation requests to Nutrition Service.
8. Nutrition Service puts the allocated amount on the resident's/fellow's UVM Medical Center ID badge.

GME programs that historically received \$100 per resident/fellow for their meal card allowance per academic year will continue to receive this funding.

If resident/fellow loses their ID badges, s/he must contact Nutrition Services (7-3642) to inactivate their account.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC

IDENT	GME34
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	4/20/2016
Date of Next Review	4/20/2020



TITLE: Verification of Graduate Medical Education

PURPOSE: The purpose of this policy is to establish a standardized best practice and process for verifying completion of Graduate Medical Education (GME) training at the UVM Medical Center. A standardized form is to be completed at the end of GME training for each resident/fellow or at the first request for verification of GME training. This process will reduce the burden on programs with multiple requests for verification of training.

POLICY STATEMENT: All verification of GME training will be documented using the Verification of Graduate Medical Education and Training (VGMET) form approved nationally by ACGME, AHA, NAMSS, OPDA.

PROCEDURE:

1. Prior to the completion of GME training, GME programs will complete the VGMET form via the New Innovations for each graduating resident/fellow.
 - a. GME Programs use Section 2 of the VGMET form for additional comments as needed, clarification of conditions or restrictions, and notations for attachments provided (such as procedure logs).
 - b. Program Director reviews the VGMET form for each graduating resident/fellows and signs the form verifying accuracy of the information provided.
2. GME Program Administrators upload the signed VGMET form into the resident's/fellow's personnel file in New Innovations.
3. Program Directors provide the signed VGMET form to their residents/fellows as part of their exit interview process.
4. For request for verification of residents and fellows in training prior to implementation of this policy, previously completed forms can be used.

MONITORING PLAN: N/A

DEFINITIONS: Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association of Medical Staff Services (NAMSS), Organization of Program Directors Associations (OPDA).

RELATED POLICIES:

REFERENCES: <http://www.aha.org/advocacy-issues/tools-resources/advisory/2016/160412-quality-adv.pdf>

REVIEWERS:

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Mark Levine MD, GMEC



IDENT	GME35
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	8/1/2017
Date of Next Review	8/1/2020

TITLE: Business Continuity Plan for Information Services (IS) Systems Template

I. ORGANIZATION WIDE INFORMATION

- IS Business Continuity Policy is EPrep00035 located on the [Emergency Preparedness Policies and Procedures page](#).
- To contact the IS Service Center call (802) 847-1414

II. PLANNED AND UNPLANNED DOWNTIME & RECOVERY PROCEDURES

Application:	New Innovations
How is the application used:	Web based Residency Management System
Department Locations where the application is used:	Used by residents/fellows, GME program directors and administrators, and other healthcare providers throughout UVMHC.
Departmental Contact:	Linsey Greenwood (System Administrator), Shepardson 564, 847-3889
IS Key Contacts:	N/A
External Support:	New Innovations 330-899-9954
What Paper Forms will be utilized and where are they located?	N/A
Downtime Procedures Actions to Take:	<ol style="list-style-type: none"> 1. GME New Innovations System Administrator or staff member contacts UVMHC IS to confirm outages with the internet. 2. GME New Innovations System Administrator or staff member contacts New Innovations directly to confirm any service outages. 3. GME New Innovations System Administrator or staff member notifies New Innovations users via email application status.
Recovery (return to normal operations) Actions to take:	GME notifies New Innovations users via email that New Innovations is operational.

REVIEWERS: Melissa Davidson, MD DIO

OWNER’S NAME: Karen Miller, Dir GME

APPROVING OFFICIAL’S NAME: Melissa Davidson MD, GMEC

IDENT	GME36
Type of Document	Policy
Applicability Type	Department-Level
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TITLE: Fatigue Management

PURPOSE: The purpose of this policy is to promote patient safety and resident/fellow (trainee) learning and well-being by providing guidelines to prevent, identify and manage fatigue in regard to graduate medical education trainees.

POLICY STATEMENT: UVM Medical Center is committed to providing an environment that provides trainees with a high quality learning experience and promotes patient safety and trainee well-being. Trainees and faculty should adhere to the following guidelines to prevent, identify and counteract the potential negative effects of fatigue.

PROCEDURE:

Identification

Restricting duty hours alone may not preclude fatigue. Fatigue may be due to a variety of factors. These factors may exist on their own or in combination and include:

- Too little sleep
- Fragmented sleep
- Disruption of the circadian rhythm
- A myriad of other conditions which may masquerade as fatigue, such as anxiety, depression, thyroid disease or other medical conditions, or medication side effects
- Primary sleep disorders

Trainees and faculty members should be aware of the characteristic symptoms of sleep deprivation. These include:

- Repeatedly yawning and nodding off during conferences
- "Micro-sleeps" - a few seconds of "sleep" the "awake" resident may not even recognize
- Increased tolerance for risk
- Passivity
- Inattention to details
- Decreased cognitive functions
- Irritability
- Increased errors

Trainees and faculty members who recognize that they may be exhibiting signs of sleep deprivation should attend to their own health and wellness. Likewise, trainees and faculty members who identify that a colleague may be exhibiting signs of sleep deprivation should discuss the matter in a collegial manner with their colleague and encourage them to attend to their health and wellness.

Management

It is probably inevitable that there will be some sleep loss and fatigue in the course of medical training. The implementation of strategies to minimize the effects of sleep loss and fatigue is a shared responsibility of UVM Medical Center, the faculty, and trainees.

Strategies that can be employed by faculty to manage trainee sleep loss and fatigue so it doesn't interfere with patient care and safety, education, and trainee well-being, include the following:

- Adhering to the UVM Medical Center duty hour requirements (Policy GME 12, Resident/Fellow Duty Hours)
- Minimizing prolonged work (greater than 24 hours of clinical duties)

- Protecting periods designed to address sleep debt (i.e. providing trainees a minimum of at least twenty-four (24) hours off each week free from all clinical responsibilities)
- Critically apprising the best way to implement shift work
- Assisting trainees to identify co-existent medical issues which impair their sleep (e.g., undiagnosed sleep disorder, depression, stress)
- Include specific discussions regarding the management of fatigue in their regular discussions with trainees

Strategies that can be employed by trainees to manage sleep loss and fatigue include the following:

- Adhering to the UVM Medical Center duty hour requirements
- Setting priorities for "time off"
- Utilizing UVM Medical Center napping resources (sleep rooms)
- Utilizing the practical strategies discussed below

Practical Strategies

Naps

Naps can prevent and ameliorate some degree of fatigue. However, there are some caveats that should be observed:

- Brief (1-2 hours) napping prior to a prolonged period of sleep loss, such as twenty-four (24) hours on-call, can enhance alertness.
- To be therapeutic during a shift, naps should be frequent (every 2-3 hours) and brief (15-30 minutes).
- Naps work best the "earlier" they are in a period of sleep deprivation.
- Naps should be timed during the circadian window of opportunity, between 2-5 a.m. and 2-5 p.m.
- Longer naps, such as those more than thirty (30) minutes in duration may be counterproductive.

Caffeine

Using caffeine, a central nervous system stimulant, "strategically" can help manage fatigue. It is not a sleep substitute. Tolerance quickly develops. If caffeine is intended to be used to counteract fatigue, minimize the regular use of caffeine so that it will be more effective when consumed. The effects of caffeine generally occur within 15-30 minutes. 200 mg (1-2 cups of brewed coffee) is a usual dose.

Resources

If a trainee or faculty member has a question or would like additional information about the prevention, identification, and management of fatigue, please contact a sleep disorders specialists at UVM Medical Center.

DEFINITIONS:

Duty hours are defined as all clinical and academic activities and includes; patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, home call, scheduled academic activities (e.g., conferences, morning report, lectures, etc.), research that is a required part of the GME program, and moonlighting. Duty hours do not include reading and preparation time spent away from the duty site.

RELATED POLICIES: GME 12, Resident/Fellow Duty Hours

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson MD, GMEC

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TITLE: Resident/Fellow File Retention

PURPOSE:

This policy provides guidelines concerning the management and maintenance of resident/fellow personnel files.

POLICY STATEMENT

Resident/Fellow files shall be managed and maintained in accordance with the following guidelines. Files may be retained either in paper or electronic format, as appropriate, and may be stored at remote locations, if on-site retention is not needed for administrative convenience.

The resident/fellow file consists of 8 possible sections: Application, Transfer Resident, Human Resource, Rotation/Training, Evaluation, Other, Confidential - Resident Access, and Confidential – No Resident Access. Access to the content in these sections is listed in Table 1.

Section	Resident	Faculty ^a	Program Administration ^b	UVMMC HR ^c	GME Administration
Application	Yes	Yes	Yes	No	Yes
Transfer Resident	Yes	No	Yes	No	Yes
Human Resource	Yes	No	Yes	Yes	Yes
Rotation/Training	Yes	No	Yes	No	Yes
Evaluation	Yes	No	Yes	No	Yes
Other	Yes	No	Yes	No	Yes
Confidential – Resident	Yes	No	Yes	No	Yes
Confidential – No Resident Access	No	No	Yes	No	Yes

a. At the discretion of the Program Director, additional access by faculty is possible.
b. Program administration includes the Department Chair, Program Director, Associate Program Director, and Program Coordinator.
c. At the discretion of the Program Director and/or GME Administration, additional access by HR may be required.

All resident/fellow files either paper or electronic should be kept in a secure location. Although residents/fellows have the right to review sections of their file, the review shall occur while in the presence of an appropriate

individual as designated by the Graduate Medical Education (GME) administration or the Program Director.

Residents/Fellows may request copies of all sections of their file except the Confidential - No Resident Access section. Such requests shall be approved or disapproved by the Program Director. Residents/Fellows may not add or remove documents from their file.

Residents/Fellows may request that responses to evaluations or disciplinary actions or other relevant information be inserted and made part of their file. Residents/Fellows may request that documents be removed from their file. Any such requests for the addition or deletion of information shall be approved or disapproved by the Program Director or GME Administration.

Disclosure of resident/fellow information to third parties shall require an appropriate signed release from the resident/fellow specifying what information UVMMC is authorized to disclose. Exceptions to this policy apply to disclosures that are mandated by a valid court order and/or requests from federal and state agencies where UVMMC is legally required to respond to requests for information.

Material Retention

Resident/Fellow files are considered both academic records and personnel records. Each time a physician requests hospital privileges at a new hospital, or applies for a medical license, all previous training and employment must be verified. Resident/Fellow files are the one method of verification of past training and employment. Table 2 provides a guide to the possible content in the file sections, whether the content can be purged 7 years after the resident/fellow completes their training, and who maintains the file section.

File Content Retention Specifics

1. Resident/Fellow with no issues during residency: After 7 years, all file information can be purged except:
 - a. Dates of training
 - b. Rotation schedules
 - c. Procedure and/or operative logs
 - d. Final summative evaluation
 - e. Certificate of Graduation/Completion with Program Director signature
2. Resident/Fellow who has successfully remediated and allowed to sit for certifying boards: treat exactly like 1 above except that all information relating to the remediation process should be purged from the file 7 years after the resident/fellow completes the program.
3. Resident/Fellow who is terminated: save the entire file indefinitely.

Table 2: Possible Content for File Sections and Material Retention 7 Years After Completing Training		
File Section	Keep After 7 Years^a	Maintained By
Application^b		
ERAS/equivalent application form	No	Program
Personal statement	No	Program
Medical school transcript (if provided)	No	Program
Offer letter	No	Program
USMLE/similar transcripts	No	Program
ECFMG, Visa/immigration, etc.	No	Program
CV	No	Program
Interviewer applicant evaluation forms	No	Program
Applicant/program director correspondence	No	Program
Transfer Resident		
Written or print out of electronic verification of previous educational experiences	Yes	Program
Summative competency-based performance evaluation	Yes	Program
Human Resources		
Contracts	No	Program
License applications and renewals	No	Program
Copies of licenses	No	Program
Lab coat information	No	Program
Family and medical leave request form if a resident/fellow voluntarily discloses the nature of his/her illness	No	UVMMC HR
Visa information	No	UVMMC HR
I-9 files or any other records that disclose ethnicity, national origin, or citizenship or other protected	No	UVMMC HR
Notices of leaves of absence	No	UVMMC HR
Return to work releases	No	UVMMC HR
Information about disabilities being accommodated under the Americans with Disabilities Act	No	UVMMC HR
Any medical records	No	UVMMC HR
Worker's compensation records	No	UVMMC HR
Request for vacation time	No	UVMMC HR

Rotation / Training		
Program dates	Yes	Program
Rotation and on-call schedules	Yes	Program
Case/experience logs	Yes	Program
Procedure credentialing forms	Yes	Program
Conference attendance logs/dates	No	Program
Residents engaged in moonlighting, a prospective, written statement of permission from the program director	No	Program
BLS and ALS certifications	No	Program
Scholarly activities	No	Program
Certificate of Graduation/Completion with Program Director signature	Yes	Program
Evaluations		
Programs using Paper Evaluation System		
Written evaluations from the faculty and others	No	Program
Written periodic evaluations (at minimum every six months) by the Program Director	No	Program
Written final summative evaluation	Yes	Program
Programs using Electronic Evaluations ^c		
Print out or written periodic evaluations (at a minimum every six months) by the Program Director	No	Program
Print out or written final summative evaluation completed by the program director	Yes	Program
Other		
Correspondences, awards, etc.	No	Program
Confidential - Resident Access		
In-training exam results	No	Program
Board scores	Yes	Program
Grievance and appeals material	Yes	Program
Remediation plans	No	Program
Notice of termination	Yes	Program
Disciplinary actions (e.g., warnings, letters of understanding, probation)	Yes	Program
Promotion recommendations	No	Program
Confidential - No Resident Access		
Application Process		

Medical school performance evaluation (dean's letter)	No	Program
Faculty letters of recommendation	No	Program
Others' letters of recommendation	No	Program
<p>a. All file content must be saved indefinitely for resident/fellow who is terminated.</p> <p>b. Programs do not need to keep applications for the 3 types of applicants listed below but it is strongly suggested that each program keep a yearly profile of interview season statistics to include: number of applicants, number invited for interview, number actually interviewed and number ranked. Other statistics of the applicant pool that should be part of the profile, if available are: gender percentage, race, national origin, medical schools represented.</p> <p>(1) Applicants who apply but are not interviewed. (2) Applicants who apply and are interviewed but are not ranked. (3) Applicants who apply, interviewed, and ranked but do not match.</p> <p>c. The electronic evaluation system, New Innovations, allows residents to view completed evaluation of them by faculty at any time.</p>		

OWNER: Karen Miller, Dir GME

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