

APPENDIX E – NCH GME Policies

(Access the Latest Versions of The Policies on: <http://policies/default.aspx>)

A. Hurricane Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE



Nicklaus
Children's
Hospital

ISSUED BY: Dept of Medical Education

POLICY NUMBER:

PAGE: 1 of 2

REPLACES POLICY DATED: 7/12

EFFECTIVE DATE: 8/13/2018

DISTRIBUTION: Department wide

APPROVED BY: Graduate Medical Education Committee

POLICY DESCRIPTION: Hurricane Policy

SCOPE:

The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.

PURPOSE: [why this policy and procedure was created and the intent of the policy]

DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

POLICY:

Residents who are assigned to work during the hurricane will make preparations for an oncoming hurricane at the time the **HURRICANE WATCH** goes into effect.

When a **HURRICANE WARNING** goes into effect, all residents assigned to work during the hurricane must report to the hospital and the Program Director/ DME-DIO/Chief Resident.

Residents who are working during the hurricane must be prepared to work at least 24 hours post hurricane.

Employees who are to work after the hurricane when the **HURRICANE WARNING** has been lifted will report to the hospital and the Program Director/ DME-DIO/Chief Resident.

All residents who are to work after the hurricane are expected to report to the hospital within 24 hours post hurricane and must be prepared to stay at least 48 hours.

All residents must be available by beeper if the phone system is operable. Residents are to report to the hospital at 24 hours post hurricane and are to refrain from calling because communication will be limited.

Determining the residents responsible for working during the hurricane.

Prior to the hurricane season all residents will complete the proper hurricane information forms provided by the hospital. At least 50% of the residents must be prepared to remain in the hospital during the hurricane.


Residents will be asked on a voluntary basis to sign-up for the before and after teams.

The residents who are on the call schedule to work at the time of the HURRICANE WARNING are obligated to work on the Alpha Team. Residents should be prepared to be on-call every other day until the crisis has been resolved.

PROCEDURE: [description of principal tasks required for performance of an operation, usually constructed in a step-by-step format]

REFERENCES: [list of supporting and source documentation used to validate the policy and procedure]

B. GME Disaster Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
	
ISSUED BY: Dept. of Medical Education	POLICY NUMBER: O7600018
PAGE: 1 of 3	REPLACES POLICY DATED: 11/10
EFFECTIVE DATE: 8/13/2018	DISTRIBUTION: System wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: GME Disaster Policy	

<p>SCOPE:</p> <p>All employees and contractors or any and all personnel providing services at all NCH owned or operated facilities, including, but not limited to, hospital, ambulatory centers, physician practices and all departments contained therein.</p>
<p>PURPOSE: This policy addresses ACGME Institutional Requirement I.B.8 - <i>The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.</i></p> <p>This policy is meant to be a supplement to the NCH Emergency Operational Plan</p>
<p>DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p>POLICY: If Nicklaus Children's Hospital (sponsoring institution) must reduce the size, close, or substantially alter training in any of its sponsored programs due to a disaster, the following policies/procedures shall be implemented:</p> <ul style="list-style-type: none"> A. The Designated Institutional Official (DIO), working with the program directors, NCH administrators, and hospital leadership has the responsibility of determining when conditions exist that requires the relocation of residents so that their educational programs can continue. When this occurs, the DIO, working with NCH leadership, will establish a command center to provide information to the residents, staff and faculty. Depending on actual conditions this may be a physical location, website, call center or some other configuration that facilitates communication with the affected residents, staff and faculty. B. Once conditions prohibit maintenance of applicable ACGME standards and guidelines for graduate medical education (GME) for any program, the DIO shall notify the CoO of NCH, all involved Division Chiefs and Heads, Program Directors, the ACGME, and the applicable RRCs that there will be a need to relocate residents in order to continue their educational program.

- C. Division Chiefs and Program Directors must maintain operational awareness of the location of ALL residents and fellows within their programs as well as methods of contacting each individual during time of disaster. The following information shall be established on the resident's arrival to the program and updated at least every six months. This information shall include all of: e-mail addresses (non-campus, if available), phone numbers both cellular and land line (if available), next of kin / family location information including addresses, email addresses and phone numbers. Each trainee shall provide a disaster evacuation plan to the program director which details where he / she will go including phone numbers, address, e-mail in the event an evacuation of the area is mandated. The program director shall maintain such information in a spreadsheet format on removable media which may be taken with the PD in the event of an evacuation. Likewise, all program directors must provide up-to-date information to the NCH TM&E personnel system.
1. Upon notification of disaster status from the DIO, each PD will immediately determine the location and status of all trainees under his / her supervision and report this information back to the DIO
 2. The DIO will maintain communication with each PD regarding the need to relocate trainees either on a temporary or permanent basis. Once this decision is made, trainees will be notified immediately by their PD.
- D. The Office of GME will maintain a backup of all demographic and training information from the New Innovations Data Management System on removable media which may be easily transported in the event of an evacuation.
- E. In the event of program closure or reduction secondary to disaster:
1. Short-term closure or reduction, the DME and PD shall assist the trainee to locate institutions which can provide short-term training.
 2. For longer-term or closure durations which will be expected to outlast remaining time in residency training, NCH will make every effort to assist trainees in identifying suitable programs for permanent transfer. The ACGME and individual RRCs will assist with this process (see below).
 3. All applicable records (rotations, evaluations, demographics, etc) from New Innovations will be made available to accepting programs.
 4. In addition each program is expected to have critical information about current and past residents stored electronically in at least two locations.
- F. Within 10 days of a disaster determined to necessitate program closure or reconfiguration, the DIO will contact the ACGME to discuss due dates for programs to submit requests for reconfiguration to the ACGME and to inform each program's residents of need to transfer to another program – either for brief or longer durations.
1. The DIO will also notify the IRC Executive Director to inform him / her of the situation necessitating program reconfiguration or closure.
 2. Each PD will notify the appropriate RRC Executive Director about the need to locate positions for each of his / her trainees and the expected duration of time needed for relocation.
 3. Residents will be given contact information (by their PD) about who in their RRC will be coordinating relocation efforts as well as a list of potential accepting programs. PDs will assist each resident in contacting the PD directors at each of these programs.
 4. Residents will continue to receive salary / benefits from NCH during this entire relocation process. If relocation is only temporary or brief, NCH will continue all salary and benefits. If relocation is long-term or lasts until completion of training, salary support will transfer to the accepting institution (also see below regarding transfer of GME funding) once the resident

has relocated.

PROCEDURE:

SUMMARY INFORMATION

In the event of resident transfer, adherence to the following procedures will expedite the process. PDs must be familiar with these steps.

1. Current emergency contact information and disaster planning information for every resident / fellow must be on file on removable media and updated every six months.
2. Involved residents, PDs, Department Chairs, DIO and the GME office will share responsibility for locating a suitable program using ACGME resources.
3. Transfer letters will be completed by PDs using backup information available from NI.
4. Receiving hospitals / institutions are responsible for requesting temporary complement increases from the RRCs
5. In the event of permanent transfers, financial officials from MCH, affiliated hospitals and receiving institutions will work together to assess the process of transferring funded positions. Short-term transfers will continue to be paid by NCH.

C. Parking Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE



**Nicklaus
Children's
Hospital**

ISSUED BY: Medical Education

POLICY NUMBER:

PAGE: 1 of 1

REPLACES POLICY DATED: 7/12

EFFECTIVE DATE: 8/13/2018

DISTRIBUTION: System wide

APPROVED BY: President and Chief operating Officer, Nicklaus Children's Hospital

POLICY DESCRIPTION: Parking Policy

SCOPE:

The NCH departments, including all employees and contractors or any and all personnel providing services.


PURPOSE: To provide equitable and efficient parking for residents, fellows, medical students and others associated with the Nicklaus Children's Hospital Medical Education Department.

DEFINITIONS:

POLICY: **Employed residents and sub-specialty residents** (also known as fellows and referred to as residents this point forward) are to have access to the second floor of the physician's parking garage. Parking is available on a first-come basis; overflow parking for residents is on the floors above physician

parking in the visitor's lot.
Rotating residents, Medical Students and Domestic/International Observers/Scholars are allowed to park in the visitor's parking garage only.
PROCEDURE: Employed residents: The Medical Education Department staff sends a report to the Security Department when there are changes in the employment status of any resident or other employed members of the Medical Education Department who have access to park in the physician parking areas. The report is to include name, employee number and employee badge number. All residents are given access to the second floor parking area for physician parking by the security office. At the end of employment, the residents' badge is deactivated by Security.
REFERENCES: Security Department, Medical Staff Office

D. Duty Hours and Moonlighting Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
	
ISSUED BY: Medical Education	
PAGE: 1 of 5	REPLACES POLICY DATED: 7/1/03; 9/04; 9/10; 7/11
EFFECTIVE DATE: 09/27/2018	DISTRIBUTION: System wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Resident Duty Hours and Working Environment	

SCOPE: The NCH clinical departments, including all employees and contractors or any and all personnel providing services.
PURPOSE: To ensure the proper standards related to duty hours and the working environment, per the Accreditation Council for Graduate Medical Education (ACGME), are followed by all residency and subspecialty residency programs at Nicklaus Children's Hospital (NCH).
DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]
POLICY: Supervision

All patient care must be supervised by qualified faculty. The program director is responsible for ensuring, directing, and documenting adequate supervision of residents and subspecialty residents (or fellows, collectively referred to as residents) at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Fatigue

Faculty and residents are educated by the Medical Education Department to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

Duty Hours

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

Duty hours must not exceed 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Residents must be provided with a minimum of 1 day in 7 free of clinical work and required education when averaged over a 4-week period. At-home call cannot be assigned on these free days.

Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between all scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work after 24 hours of in-house call. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-dayoff-in-seven requirements. These circumstances must be monitored by the program director.

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional care responsibilities must not be assigned to a resident during this time.

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- ✓ To continue to provide care to a single severely ill or unstable patient
- ✓ Humanistic attention to the needs of a patient or family; or
- ✓ To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

Residents must not be scheduled for more than six consecutive nights of nightfloat. Night float must occur within the context of the 80-hour and one-day-in-seven requirements.

Each resident is required to keep an electronic log of his/her work hours. It is the responsibility of the program director to monitor the residents' logs, address violations of the work hours, and report the results of the logs to the GMEC.

Duty Hours Exception: A Residency Review Committee (RRC) may grant exceptions for up to 10% of the 80-

hour limit or a maximum of 88 hours, to individual programs based on a sound educational rationale. However, prior to submitting the request to the RRC, the program director must obtain approval of the MCH GMEC and DIO. Duty hour exceptions logged into New Innovations will appear as violations until clarified by the program director.

Residents/fellows exceeding the allowed hours must log the hours and may complete a Notification Form (see attached) to justify the reasons and obtain approval from the program director each time additional service beyond scheduled duty hours occurs.

On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences.

In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. In-house call of PGY-2 residents and above must occur no more frequently than every third night, averaged over a four-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may be allowed to remain on-site to accomplish effective transitions in care, residents education, or to ensure patient safety; however, this period must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation; however, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house or spent answering calls from home or documenting at home are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Moonlighting

Moonlighting (Internal or external) is not permitted without the written approval of the individual program director of anyone of the NCH training programs. Because residency education is a full-time endeavor, the program director must ensure that moonlighting, if approved, does not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and does not interfere with the resident's fitness for work, nor compromise patient safety.

It is forbidden for any resident at NCH to participate in employment activities (working at other institutions or covering for other physicians) while under contract at NCH. Unauthorized moonlighting may result in dismissal from the program. All moonlighting activities (Both internal and external) approved by the program director may be discontinued at any time at the Program Director's discretion. NCH trainees' malpractice insurance does not cover any trainees' moonlighting activities particularly external moonlighting. A Trainee Moonlighting Approval Form must be completed and signed by the program director and the trainee.

Time spent by residents in external and internal moonlighting (i.e. within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s)) that occurs as part of the training program must be counted toward the 80-hour weekly limit of duty hours.

PGY-1 Residents are not permitted to moonlight under any circumstance.

Any MCH department/division who desire residents from a non-NCH sponsored training program moonlight in

their department/division must obtain written approval by the resident(s) program director and follow the sponsoring institution's written policies and procedures including having the moonlighters hold a full license, be credentialed by medical staff, and have proof of malpractice coverage. This is done independently of NCH Medical Education.

GENERAL INFORMATION:

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being in a supportive educational environment. Each residency program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. NCH requires that all GME training programs, even if non-approved by the ACGME, maintain these same standards. The ACGME standards emphasize the responsibilities of programs, sponsoring institutions, and the accrediting body (ACGME) relating to safe patient care and an appropriate learning environment for residents.

PROCEDURE: Each program director for all approved and non-approved residency programs and sub-specialty residency programs is responsible for ensuring their residents are following the required ACGME requirements as described above. The GME Committee will ask the program directors to submit verification of compliance from time to time.

Residents who believe they are working over the 80-hour rule, have concerns regarding the supervision or other factors related to the working environment at NCH or their rotation sites, should first talk to the Program Director and/or Chief Medical Officer. The Resident also may call the NCH anonymous Employee Compliance Hotline (1-888-323-6248) / (1-888-MCHTalk).

REFERENCES: ACGME



**GRADUATE MEDICAL EDUCATION
TRAINEE MOONLIGHTING APPROVAL FORM**

Dear Program Director: (Name) _____

RE: (Trainee) _____

The above named trainee is requesting credentialing for moonlighting activity. According to the NCH GME Policy on **“Residents Duty Hours and Working Environment”**, moonlighting (internal or external) is not permitted without the written approval of the individual program director.

Responsibility of the program director:

- ◆ Approve all moonlighting activity requests for their trainees
- ◆ Ensure that moonlighting, if approved, does not interfere with the ability of the trainee to achieve the goals and objectives of the educational program.
- ◆ Ensure that NCH-employed trainee does not engage in external employment activities (i.e. working at other institutions or covering for other physicians) while under contract at NCH.
- ◆ Monitor the trainee work hours, deterioration in academic performance, and signs of sleep deprivation and fatigue
- ◆ May discontinue moonlighting at any time at the program director’s discretion.

I have read and understand the Moonlighting Policy of the NCH Department of Medical Education. My signature below is an attestation of my willingness to approve this trainee for moonlighting and to abide by this policy and carry the responsibilities specified above.

Approved

Denied

Program Director Signature

Date

Responsibility of the trainee:

- ◆ Trainee must request approval for moonlighting from the program director prior to engaging in moonlighting activities
- ◆ Must log in their internal or external moonlighting hours and those hours are counted toward the 80 hour work week limit
- ◆ Must carry his/her own malpractice coverage in the event of external moonlighting (outside NCH entities).

I have read and understand the Moonlighting Policy of the NCH Department of Medical Education. I understand that I may be asked to terminate moonlighting duties if I fail to maintain the academic and professional standards, as well as expectations set forth by my training program at the discretion of my program director.

Trainee’s Signature

Date

PS: Signed copy of this document to be scanned in the trainee’s New Innovations file.



DEPARTMENT OF MEDICAL EDUCATION

Circumstances Necessitating Exceeding Scheduled Resident/Fellow Duty Period

Program Director Notification & Approval Form

A completed form should be submitted to the Program Director for review and approval for each time additional service beyond scheduled duty occurs.

Program: _____

Name of the resident/fellow: _____

Today's Date: _____

Date/Time on call started: _____

Date/time of scheduled time off: _____

Date/time actual time off: _____

Reason(s) for staying beyond scheduled duty period are pertaining to a single patient?

- Yes (Patient MR# _____) No

I handed over the care of all other patients to the team responsible for their continuity of care at the scheduled time of the end of my duty: Yes No

Reason(s) for remaining beyond scheduled period of duty related to the patient listed above: (Check all that applies)

- Severely ill / Unstable patient
- Patient safety
- Effective transition of care
- Academically important event (Learning)
- Humanistic attention to patient/ family needs
- Other: (Specify) _____

Resident/Fellow: _____

Name	Signature	Date
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Supervising Attending: _____

Name	Signature	Date
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Program Director: _____

(Approval)	Name	Signature	Date
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E. Residents Selection and Appointment Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
	
ISSUED BY: Dept of Medical Education	
PAGE: 1 of 3	REPLACES POLICY DATED: 4/03, 9/04, 9/10
EFFECTIVE DATE: 9/27/2018	DISTRIBUTION: System wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Resident Selection and Appointment Policy	

<p>SCOPE:</p> <p>The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE: To ensure that the selection and appointment of residents and sub-specialty residents (fellows, hereby referred to as residents) complies with the ACGME Institutional Requirements, the GME Committee (GMEC) and Nicklaus Children's Hospital (NCH) approved policies and procedures to ensure that excellent residents are selected in an equitable manner for training programs at Nicklaus Children's Hospital.</p>
<p>DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p>POLICY: All NCH departments must follow these approved guidelines for hiring residents.</p> <p>The process must ensure selection from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities (such as motivation and integrity) and the individual's potential contributions to pediatric medicine.</p> <p>NCH is committed to ensuring that the resident selection process is free from discrimination. In compliance with all federal and state laws and regulations, no person shall be subject to discrimination in the process of selection on the basis of gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.</p> <p>A. <u>Resident Eligibility:</u></p> <ol style="list-style-type: none"> a. Per ACGME requirements, all medical resident applicants must meet one of the following criteria: <ol style="list-style-type: none"> i. Graduate of medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA). ii. Graduate of an international medical school, meeting one of the following qualifications: <ol style="list-style-type: none"> 1. Have a currently valid ECFMG certificate prior to appointment or 2. Have a full and unrestricted license to practice medicine in a U.S. licensing

jurisdiction in which they are training.

- iii. Graduate of international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- b. Participate in an organized matching program, such as the National resident Matching Program (NRMP), where such is available.
- c. If no match is available, applicants will complete and submit the Fellowship Application Form attached to this policy
- d. Be approved by the Residency Selection Committee or be approved by the respective fellowship program selection committee (i.e. individuals who interview the candidates).
- e. Fulfillment of all documents required by the Matching Program application or as required in the approved checklist (see policy "Required Resident Personnel Information" for details) when a matching program is not available.
- f. If the program is not in the match, the program director will get a formal approval from GMEC or DME/DIO (pending GMEC approval due to time constraints).

B. Resident Selection:

- a. All documents submitted by applicants meeting the eligibility criteria will be reviewed by a program selection committee
- b. Eligible applicants are invited to interview
- c. Invited applicants who interview with the program are informed in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which NCH provides call rooms, meals, laundry services, or their equivalents. Applicants acknowledge in writing receipt of the above information.
- d. Resident ranking and selection is based on defined program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, program fit, and integrity without discrimination with regard to gender, race, age, religion, color, national origin, sexual orientation, disability, or any other applicable legally protected status.

C. Resident Appointment:

- a. NCH Department of GME and program directors provide the matched/selected residents with a written agreement of appointment/ contract outlining the terms and conditions of their appointment to the program.
- b. NCH Department of GME and program directors ensure that appointed residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned as outlined in their employment agreement, housestaff manual, and NCH employee handbook. (Refer to the attached copy of the agreement of appointment/ contract for further details)
- c. Appointed residents are employees of NCH and follow the Department of Talent Management and Employment (TM&E) rules and regulations related to employment and visas where applicable.
- d. Appointed residents have to successfully complete the Hospital credentialing process prior to beginning employment
- e. A resident who is ineligible to be employed due to a pending visa or for any other reason, may be approved to attend orientation, but is not eligible for compensation or benefits during orientation or beyond until employment is finalized. Clinical training time does not officially begin until resident employment process is complete. Making up time missed from training is discussed with the program director on an individual basis as delineated in the contract.

PROCEDURE: NCH GME Committee, sub-committees (e.g., Pediatric Resident Interview Committee), Medical Education Office and others involved with the selection and appointment of residents at NCH shall follow these guidelines.

REFERENCES: ACGME Institutional Requirements, NCH Employee Handbook, GME Housestaff Manual, and NCH TM&E Policies



**Nicklaus
Children's
Hospital**

Common Application for Nicklaus Children's Hospital Training Programs

Application for Academic Year 20_____ - 20_____

Application for the following Training Program: _____

PERSONAL DATA:

Name (First, Middle, Last):	
Current Mailing Address:	
Permanent Mailing Address:	
Telephone Numbers:	Home:
	Cell:
Email Address:	
Social Security Number:	
Date of Birth:	
Place of Birth:	
Citizenship:	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> J-1 Visa <input type="checkbox"/> Other _____

EDUCATION:

<u>Degrees</u>	<u>School</u>	<u>Degree & Date Completed</u>
Undergraduate:		
Medical School:		
Other:		

POST GRADUATE TRAINING:

<u>Title</u>	<u>Institution</u>	<u>Date Completed</u>
PGY 1		
PGY 2		
PGY 3		
Other		
USMLE/COMLEX Scores:	USMLE Step 1 / COMLEX Level 1:	
(type in score)	USMLE Step 2 CK/ COMLEX Level 2 CE:	
	USMLE Step 2 CS/ COMLEX Level 2 PE:	
	USMLE Step 3/ COMLEX Level 3:	
ECGMG Certification (IMG):	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of certification:	

Medical Licensure:	State:	Number:
	Type:	Expiration:

Research and Other Scholarly Activities:

Awards, Honors, and Academic Achievements:

Professional Societies and Committee Memberships:

Advocacy, Volunteer and Extracurricular Activities:

Other Work Experience:

Licensure Background Information:
Was your medical education/training extended or interrupted? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please submit an explanation)
Has your medical license ever been suspended/revoked/voluntarily terminated? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please submit an explanation)
Have you ever been named in a malpractice suit? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please submit an explanation)
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please submit an explanation)
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please submit an explanation)

PROFESSIONAL REFERENCES: (List Three)

(1) Name:
Address:
Phone:
Email:
(2) Name:
Address:
Phone:
Email:
(3) Name:
Address:
Phone:
Email:

CHECKLIST FOR COMPLETION OF APPLICATION:

Please complete the application electronically. Print, sign and send the application to the attention of the program director with the below documents attached:

- Completed and signed application (including a 2x2 photo)
- Curriculum Vitae (please include months and years)
- Personal Statement (one page)
- Medical School Diploma
- Medical School Transcripts (unofficial or copies is allowable)
- Letter of Support from Current Training Program Director
- USMLE/COMLEX Transcript
- Three (3) letters of recommendation (In addition to the letter from current training program director) – To be sent via email by the letter writer directly to the NCH Program Director

ATTESTATION:

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position or may be grounds for termination from the program if employed. I also understand and agree that the information included in this application may be shared with members of the program's Selection Committee.

Signature of Applicant

Date

Please submit the completed application and supporting documents to the Program Coordinator listed on the individual program website.



RECOMMENDATION FOR APPOINTMENT FORM

Purpose and use: Used by departments to recommend a physician to the Fellowship Sub-Committee for consideration. Submit completed form to Medical Education Department by March 1 prior to the beginning of the academic year (July 1st).

Today's Date: _____

I recommend the appointment of: _____

Effective date of appointment request (month/day/year): _____ Last Name _____ First Name _____ M.I. _____ Through: _____

To the position of: _____ (list program name)

PGY Level

(to be verified by MedEd Office): 1 2 3 4 4 5 6 7

Budgeted position? yes no Source of salary (be specific): _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Birth: _____ Location: _____ Permanent Resident: yes no

If not a U.S. Citizen, Type of Visa: _____

EDUCATION:	Institution	Location	Degree Date (mo/yr)
Medical School			
Internship			
Previous Residency Training			

(use additional sheet if necessary)

Florida License: yes no

International Medical Graduates:

ECFMG#: _____ (enclose copy of valid certificate) FL license # _____ List licenses in other states: _____

Signature of Program Director: _____

F. Closure of Residency Program

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE



**Nicklaus
Children's
Hospital**

ISSUED BY: Medical Education

PAGE: 1 of 1

EFFECTIVE DATE: 8/2018

APPROVED BY: Graduate Medical Education Committee

POLICY DESCRIPTION: Closure of Residency Program

REPLACES POLICY DATED: 10/05

DISTRIBUTION: System wide

SCOPE:

The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.


PURPOSE: To provide a written institutional policy that conforms to the ACGME guidelines. When Nicklaus Children's Hospital finds it necessary to reduce or close a training program due to unforeseen circumstances, these guidelines will be enforced.

DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

POLICY: Nicklaus Children's Hospital is committed to the mission of high quality training for all residents and fellows. However, if Nicklaus Children's Hospital finds it necessary to reduce or close any or all of the training programs due to unforeseen circumstances, the following guidelines will be enforced:

1. The Sponsoring Institution must inform the GMEC, the Director of Medical Education, and the residents as soon as possible
2. In the event of such a reduction or closure, Nicklaus Children's Hospital as the sponsoring institution will either allow residents already in the program(s) to complete their education, or the program will assist the residents in enrolling in an ACGME-accredited program(s) in which they can continue their education.
3. Restrictive Covenants: Neither the Sponsoring Institution nor its programs may require residents to sign a non-competitive guarantee.

G. Resident Supervision and Teaching Standards

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
	
ISSUED BY: Medical Education	POLICY NUMBER: O7600005
PAGE: 1 of 4	REPLACES POLICY DATED: 4/04, 9/04, 9/10, 7/11
EFFECTIVE DATE: 10/2020	DISTRIBUTION: System wide
APPROVED BY: Graduate Medical Education Committee, Ramesh Sachdeva, MD (SVP Quality/ Clinical Affairs)	
POLICY DESCRIPTION: Resident Supervision and Teaching Standards	

SCOPE:

The NCH Clinical departments, including all employees and contractors or any and all personnel providing services.

PURPOSE: The purpose of this policy is to establish standards for the supervision and teaching of residents at Nicklaus Children's Hospital as required by the Accreditation Council for Graduate Medical Education (ACGME), Det Norske Veritas (Norway) and Germanischer Lloyd (Germany) (DNV-GL) and other applicable organizations, including the level of supervision provided.

DEFINITIONS: A resident is defined as either of the following:

1. An individual who participates in an approved Graduate Medical Education (GME) program, including any residency program approved by the ACGME, the Commission on Dental Accreditation (CODA), or other GME training accreditation organization, or
2. A physician who is not in an approved GME program, but who is practicing under a teaching program at the Hospital (i.e., training program has a defined curriculum, goals and objectives and all ACGME guidelines are followed by the training program per NCH policy).

POLICY: This policy outlines the procedural requirements for Graduate Medical Education pertaining to the supervision of residents and subspecialty residents (or fellows, hereby referred to as residents) at Nicklaus Children's Hospital (NCH). The provisions of this policy are applicable to all patient care services in inpatient and ambulatory care, and performance and interpretation of all diagnostic and therapeutic procedures on or behalf of NCH by any resident.

Teaching at NCH

Each residency training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment. Program Directors will review each resident's performance and supervise progression during their

training program based on ACGME guidelines and program curriculum. The responsibility given to residents in patient care activities should depend upon each resident's knowledge, problem-solving ability, manual skills, experience and the severity and complexity of each patient's status.

As the residents advance in their training, they may be given increasing responsibilities to conduct clinical activities with limited supervision or to act as teaching assistants for less experienced residents. Job descriptions and descriptions of rotations are available in the program-specific Residency Manual and are reviewed on an annual basis.

Supervision

Supervision of residents requires that within the scope of the residency training program, all residents will function under the supervision of appropriately credentialed attending physicians. Every residency program must ensure that adequate supervision is provided for residents at all times. This is particularly critical for patients with severe and/or complex disease. Supervision requirements are the responsibility of the appropriate residency Program Director.

A NCH Medical Staff member must be immediately available to the resident in person or by telephone and, if needed, be able to come to the Hospital within a reasonable period of time. Each department/ division will electronically publish and make available to the hospital operators their call schedules indicating the responsible attending(s) to be contacted. Such schedules are to be readily accessible in a prominent physical or electronic location. The availability of adequate supervision of residents must be documented. All patients admitted by residents are reviewed by the supervising attending within 24 hours during management/teaching rounds conducted seven days a week including holidays and an attending note is required daily.

Residents should be supervised by medical staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience. This statement is true regardless of specialty or discipline. Medical Staff involved in this process must understand the implications of this principle and its impact on the patient and the resident.

All programs must delineate what level of supervision is required for each level of resident training and each resident experience, consistent with specific ACGME requirements. Levels of supervisions must be communicated to the residents.

The following classification of supervision levels must be used by the program as per the ACGME requirements to promote oversight of resident supervision while providing for graded authority and responsibility:

1) Direct Supervision

- a. **If live visit:** The supervising physician is physically present with the resident and patient during the key portions of the patient interaction
- b. **If using telemedicine:** The supervising physician and/or patient is not physically present with the resident AND the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2) Indirect Supervision:

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to provide appropriate Direct Supervision either in person or through appropriate telecommunication technology.

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

The program must have in place (In the form of a program-level policy or in the program-specific manual) the appropriate level of supervision for all residents / fellows based on each resident's/ fellow's level of education/

training and ability, as well as patient complexity and acuity.

- PGY-1 residents, for instance, must initially be directly supervised (at least for the first 6 months of training)

The program director and faculty members are responsible for delegating to each resident the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care.

Faculty members functioning as supervising physicians must delegate portions of care to residents/ fellows based on the needs of each patient and the skills of the individual resident / fellow.

The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

In all instances, the resident (level as designated by each program) must notify the attending physician for:

- A. A patient death or adverse event
- B. An identified patient error
- C. Transfer of a patient to a higher level of care
- D. Consultation when the resident believes is a difference of opinion or concern about patient care that requires attending involvement
- E. A patient to be designated DNR/ DNI or end-of-life decisions

A program may designate additional times when their residents are required to notify the attending physician. All instances must be communicated to the residents by the program director.

PROCEDURE: Appropriately qualified Medical Staff must supervise all patient care services. The following procedures will be followed in the supervision of varying levels of residents:

Supervising Medical Staff must have the following qualifications:

- 1) Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field
- 2) Be certified in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications which must be approved through the Medical Staff Credentialing Committee
- 3) Physicians must be in good standing, credentialed and a member of the NCH Medical Staff
- 4) Non-physician supervisors must be appropriately qualified in their field and possess appropriate institutional appointments and credentials, and always function under the supervision of a credentialed medical staff member.

Emergency situation

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious health impairment to a patient. In such situations, any resident, assisted by medical care personnel, will, consistent with the informed consent provisions, be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate Medical Staff member must be contacted and apprized of the situation as soon as possible.

REFERENCES: ACGME, DNV-GL standards, Pediatric Residency Manual

A. Paid Medical, Parental and Caregiver Leave For Fellows and Residents of ACGME-Accredited Programs

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE



ISSUED BY: Medical Education	
PAGE: 1 of 1	REPLACES POLICY DATED:
EFFECTIVE DATE: 7/2022	DISTRIBUTION: Department wide
APPROVED BY: TM&E & Graduate Medical Education Committee	
POLICY DESCRIPTION: Impaired Resident Policy	

SCOPE:

This policy applies to employees of Nicklaus Children's Hospital who are participating in graduate medical residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a "Resident" or "Fellow." Nicklaus Children's Hospital is part of the Nicklaus Children's Health System ("NCHS").

PURPOSE: This policy is adopted to comply with the ACGME Institutional Requirements (effective 7/1/2022) requiring a period of paid leave of absence for qualifying reasons.

DEFINITIONS:

A. **"Serious Health Condition"** means an injury, illness, impairment or physical or mental condition that involves one of the following:

1. **Inpatient care.** An overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with the inpatient care. "Incapacity," for purposes of this Policy, is defined as the inability to work, attend school or perform other regular daily activities due to a serious health condition, or treatment for or the recovery from such condition.
2. **Absence Plus Treatment.** A period of incapacity of more than three (3) consecutive, full calendar days and any subsequent treatment or period of incapacity for the same condition that also involves: (a) treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under order of, or on referral by, a health care provider, or (b) treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider. For purposes of this Policy, "treatment by a health care provider" means an in-person visit with that health care provider, and the initial (or only) treatment visit must take place within 7 days of the first day of incapacity.
3. **Pregnancy.** Any period of incapacity because of pregnancy, or for prenatal care.

4. **Chronic Conditions Requiring Treatments.** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A "chronic serious health condition" is defined as a condition that: (a) requires periodic visits, at least twice a year, for treatment by a health care provider or by a nurse under direct supervision of a health care provider; (b) continues over an extended period of time (including recurring episodes of a single underlying condition); and (c) may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

 5. **Permanent or Long-Term Conditions Requiring Supervision.** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, such as Alzheimer's Disease, severe stroke or terminal stages of a disease. The Resident/Fellow or the covered family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.

 6. **Multiple Treatments (Non-Chronic Conditions).** Any period of absence to receive multiple treatments by a health care provider (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider: (a) for restorative surgery after an accident or other injury; or (b) for a condition that would likely result in a period of incapacity of more than 3 consecutive, full calendar days in the absence of medical treatment or intervention, such as for cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).
- B. **"Child"** means a biological, adoptive, foster or stepchild, a legal ward, or a child of a person standing in loco parentis by providing day-to-day care and financial support, where the child is under age 18, or age 18 or older and incapable of self-care because of a physical or mental disability.
- C. **"Parent"** means a biological, adoptive, step or foster parent, or any other individual who stood in loco parentis to the Resident/Fellow when the Resident/Fellow was a child (as defined above). This term does not include the Resident/Fellow's parents "in-law."

POLICY: In accordance with ACGME's Institutional Requirements, eligible Residents and Fellows, beginning on the first day of their ACGME-accredited program and non-standard fellowship programs, make take up to a total of six (6) workweeks of paid leave for qualifying reasons during their training program at Nicklaus Children's Hospital.

This paid leave is applied on a per ACGME program basis, such that a Resident who takes six (6) weeks of paid leave during the residency program and who is subsequently accepted for a ACGME Fellowship program at Nicklaus Children's Hospital will be eligible for an additional paid leave period under this policy.

QUALIFYING REASONS FOR PAID LEAVE UNDER THIS POLICY

An eligible Resident/Fellow may take paid leave under this policy for one or more of the following:

1. When the Resident or Fellow is unable to perform their job duties due to their own Serious Health Condition (as defined in this policy).
2. To care for the Resident/Fellow's spouse, child, or parent ("covered family member") who has a Serious Health Condition (as defined in this Policy).
3. For the birth of the Resident or Fellow's child, or to care for the newborn child, or for the placement of a child for adoption or foster care.
 - a. A Resident/Fellow may not take paid leave for the birth, adoption or foster care placement of a child if 12 months have passed since the birth, adoption or placement of the child.
 - b. Residents/Fellows who are the parents of the same child are each eligible for a period of six (6) weeks of paid leave, either used concurrently or consecutively.

Leave for these qualifying reasons will be interpreted in accordance with NCHS's Family and Medical Leave (FMLA) Leave of Absence policy.

CERTIFICATION REQUIREMENTS:

Certification of Health Care Provider for a Serious Health Condition of the Resident/Fellow or Covered Family Member. When requesting leave based on the serious health condition of the Resident/Fellow or of a covered family member, the Resident/Fellow must provide a certification of health care provider that includes all the information required by NCHS. Alternatively, the Resident/Fellow employee may provide an executed authorization or release allowing NCHS and The Hartford (as the leave administrator) to communicate directly with the health care provider.

The applicable certification of health care provider form is available from The Hartford. The completed certification of health care provider is confidential and should be submitted directly to The Hartford within 15 calendar days, unless it is not practicable under the particular circumstances to do so despite the Resident/Fellow's diligent, good faith efforts.

If the medical certification is incomplete or insufficient, NCHS (through The Hartford) will specify the deficiencies in the certification and the Resident/Fellow will have a reasonable opportunity to provide the information necessary to make the certification complete and sufficient. NCHS or The Hartford may directly contact the health care provider for purposes of clarification and authentication of the medical certification (whether initial or recertification) after the Resident/Fellow has been given an opportunity to cure any deficiencies. This contact will be made using a health care provider, a TM&E or Employee

Health Office representative, a leave administrator or a management official. The Resident/Fellow's direct supervisor will not make this contact. In compliance with HIPAA Medical Privacy Rules, NCHS and The Hartford will obtain the Resident/Fellow's permission for the health care provider to share individually identifiable health information. If the Resident/Fellow does not provide an authorization to clarify the certification directly with the health care provider and does not otherwise clarify the certification, NCHS may deny the taking of leave.

Certification for Parental Leave : When requesting parental leave, the Resident/Fellow must provide a certification or other appropriate documentation that includes all the information required by NCHS.

PROCEDURE:

PROCEDURE FOR REQUESTING LEAVE:

When a Resident/Fellow provides notice of the need for leave, the Resident/Fellow must provide sufficient information for NCHS to reasonably determine whether the leave may qualify as paid leave under this Policy. If the Resident/Fellow fails to provide sufficient information, NCHS may deny leave. Calling in "sick" alone is not sufficient notice of a need for leave. If the Resident/Fellow has previously taken leave and the Resident/Fellow seeks another leave for the same reason, the Resident/Fellow must specifically reference either the reason or the need for said leave. Likewise, if the Resident/Fellow has been approved for a leave for more than one reason, the Resident/Fellow's notice must specify which reason supports the Resident/Fellow's current request for leave.

The Resident/Fellow notice required by this section should be provided to the Hartford, NCHS's leave administrator and to the Program Director/ Director of Medical Education & DIO. The contact information for the Hartford is located on the NCHS Portal. (Go to "Departments" - "Employee Center" - "Employee Health and Wellness" and then "Leave of Absence").

Foreseeable Leave: A Resident/Fellow must provide NCHS with at least thirty (30) days' advance written notice of his/her need for leave if the request for leave is based on foreseeable medical treatment for the Resident/Fellow, family member or covered service member, or for the expected birth, adoption or foster placement of a child. This notice must be provided to the Hartford. When planning medical treatment, the Resident/Fellow must consult with his or her Program Director and make a reasonable effort to schedule the treatment so as not to unduly disrupt NCHS's operations, subject to approval by the health care provider. The Resident/Fellow must notify the Hartford as soon as practicable (e.g., on the same day or next business day) if the dates of a scheduled leave change or were initially unknown.

Unforeseeable Leave and Leave for a Qualifying Exigency: When an Resident/Fellow's request for leave is not foreseeable, or is due to a qualifying exigency (regardless of how far in advance such leave is foreseeable), the Resident/Fellow must provide notice (verbal or written) as soon as is practicable under the facts and circumstances of the particular case. The notice must be provided to both the Hartford and to the Resident/Fellow's department in accordance with his or her department's procedures for unforeseeable leave or absences.

If a Resident/Fellow does not comply with the notice and procedural requirements listed above, and no unusual circumstances justify the failure to comply, NCHS may delay or deny the leave depending on the facts of the particular case. A Resident/Fellow must respond to any inquiry by NCHS as to the reasons for providing less than thirty (30) days' notice for foreseeable leave.

A Resident/Fellow who obtains Paid Leave under this policy under false pretenses is subject to disciplinary action, up to and including termination from the training program.

INTERMITTENT OR REDUCED SCHEDULE LEAVE

A Resident/Fellow may take paid leave time under this policy on an intermittent or a reduced schedule basis if medically necessary (and such medical need can best be accommodated through an intermittent

or a reduced schedule) because of the serious health condition of the Resident/Fellow or the covered family member.

If the Resident/Fellow needs leave intermittently or on a reduced leave schedule basis for planned medical treatment (or recovery there from), the Resident/Fellow must consult with the Program Director and make a reasonable effort to schedule the treatment so as not to unduly disrupt the Hospital's operations.

A Resident/Fellow may not take paid leave under this policy on an intermittent or reduced schedule basis for the birth, adoption or foster placement of a healthy child without prior written approval from the Program Director; however, intermittent leave may be taken if the mother has a serious health condition in connection with the birth of the child, or if the newborn, adopted or foster child has a serious health condition.

The Resident/Fellow's entitlement to paid leave time under this policy is reduced by the amount of leave taken during the applicable period. The Resident/Fellow must report all intermittent leave time taken to The Hartford and the Program Director/ Director of Medical Education & DIO on the date of the absence or as soon as practical (i.e. within 2 business days).

Failure to timely report intermittent leave time, or reporting non-qualifying absences as intermittent leave, may result in corrective action, up to and including termination from employment.

REPORTING TO THE HOSPITAL WHILE ON LEAVE

The Resident/Fellow is required to report to the Program Director on a periodic basis regarding the Resident/Fellow's status and intention to return to the program. The Program Director will advise of how often the Resident/Fellow must report to the Program Director while on leave. If circumstances change and the Resident/Fellow needs either more or less leave, the Resident/Fellow must provide reasonable notice (i.e., within 2 business days) of the changed circumstances where foreseeable. The notice must be submitted to The Hartford and the Program Director/ Director of Medical Education & DIO.

RELATIONSHIP BETWEEN PAID LEAVE TIME AND OTHER PAID TIME OFF AND PAID BENEFITS

The Paid Leave time provided under this policy will be at 100% of the Resident/Fellow's regular salary from Nicklaus Children's Hospital.

The Hospital requires that the Resident/Fellow's paid vacation time (28 days per academic year) and paid sick days (12 days per academic year) for the applicable year be used during the Paid Leave Period under this policy until exhausted, with the exception that seven (7) days of such paid time off will be reserved for use for other reasons during that same academic year. Any vacation or sick days taken prior to a Paid Leave under this policy within the same academic year will be counted toward the seven (7) days paid time off reserve.

If the Resident/Fellow is eligible for and using NCHS's short-term disability plan for a medical condition that qualifies as a serious health condition, Nicklaus Children's Hospital will offset the amount of the short-term disability benefits against the Paid Leave benefit under this policy so that, in total, the Resident/Fellow will receive 100% of the regular salary for up to six (6) weeks.

If the Resident/Fellow is injured on the job and the injury qualifies as a serious health condition, Nicklaus Children's Hospital requires that the time off for the injury be counted against the employee's paid leave entitlement. If the Resident/Fellow is receiving temporary disability benefits under the Florida Workers' Compensation Law, Nicklaus Children's Hospital will offset the amount of the temporary disability benefits against the Paid Leave benefit under this policy so that, in total, the Resident/Fellow will receive 100% of the regular salary for up to six (6) weeks.

NCHS provides a period of Paid Parental Leave to employees who have been employed for at least twelve (12) consecutive months, classified as benefits eligible and have worked for at least one thousand two hundred fifty (1,250) hours during the previous twelve (12) months, subject to certain terms and conditions. If a Resident/Fellow is eligible for Paid Parental Leave under NCHS's policy, the amount of such leave will be offset against the Paid Leave time under this policy, so that, in total, the Resident/Fellow will receive 100% of the regular salary for up to six (6) weeks.

BENEFITS WHILE ON LEAVE

NCHS will continue to maintain the Resident/Fellow's coverage under any group health plan while the individual is on leave under this Policy on the same conditions as coverage would have been provided if the individual had been actively working. The premiums for the benefits will be deducted from the Resident/Fellow's paycheck during the period of paid leave as a regular payroll deduction.

NCHS may recover its share of the group health plan premiums paid during the Resident/Fellow's leave under this Policy if the Resident/Fellow fails to return to the ACGME accredited program, unless the failure to return to the program is because of the serious health condition of the Resident/Fellow or covered family member, or other circumstances beyond the Resident/Fellow's control. If the Resident/Fellow does not return to the program, their group health plan coverage will end and they will receive a separate notice that provides details about COBRA coverage.

Insurance benefits provided by NCHS to a Resident/Fellow and optional insurance benefits elected by the Resident/Fellow will continue during the paid leave period, subject to the payment of any required premiums by the Resident/Fellow (via payroll deduction during the period of paid leave) and the terms of the insurance policies.

It is the Resident/Fellow's responsibility during the paid leave period to add a new dependent child(ren) to the group health plan in a timely manner if such coverage is desired. The Resident/Fellow must also execute new Beneficiary Designation forms under the life insurance and retirement plans if the Resident/Fellow intended to designate the child(ren) as a beneficiary under those plans.

RETURN TO WORK

To return to work from a continuous leave for their own serious health condition, the Resident/Fellow must provide a fitness for duty certification from their health care provider to the Employee Health Office on or before the day the Resident/Fellow returns to work. The fitness for duty certification must address the Resident/Fellow's ability to perform the essential functions of the position as listed in the applicable contract and/or Housestaff manual. If the Resident/Fellow is released to return to work with any medical restrictions, the fitness for duty certification should specify those medical restrictions and the expected duration of the restrictions. The Resident/Fellow must pay the cost of obtaining the fitness for duty certification (including the costs of the health care provider).

If the Resident/Fellow fails to provide a timely fitness for duty certification, Nicklaus Children's Hospital may delay the employee's restoration to active status until the completed certification is provided to the Employee Health Office.

RELATIONSHIP TO FMLA LEAVE

Resident/Fellows may also be eligible for up to twelve (12) works weeks of unpaid FMLA Leave if they have been employed for at least twelve (12) consecutive months, and have worked for at least one thousand two hundred fifty (1,250) hours during the previous twelve (12) months. (See Family and Medical Leave of Absence policy)

A Resident/Fellow must apply for Family and Medical Leave of Absence (FMLA) as a condition of receiving the paid leave benefit provided under this policy. The Paid Leave time under this policy runs concurrently with, and will be applied to, any qualifying FMLA leave to the extent consistent with applicable law.

OUTSIDE EMPLOYMENT DURING PAID LEAVE

A Resident/Fellow on a leave under this policy may not work at another job during the duration of the leave. The Resident/Fellow must notify The Hartford and the Program Director if the Resident/Fellow is employed in another position with an outside employer. Failure to disclose this information may lead to revocation of the Resident/Fellow’s leave under this policy and disciplinary action.

Note: *This policy only addresses the paid approved leave eligibility. The impact of a leave of absence of six weeks upon the Resident/Fellow’s ability to satisfactorily complete the program requirements and their eligibility to participate in examinations by the relevant certifying board(s) are specific to the individual program(s) and certifying board(s) and are addressed by the program director on a case-by-case basis including the potential extension of training. It is the responsibility of the Resident/Fellow and Program Director to discuss, in advance, what effect taking time off from the training program may have on the applicable Board or ACGME requirements dictating a possible extension of training.*

REFERENCES

Accreditation Council for Graduate Medical Education Institutional Requirements (Rev. 09/26/2021; Effective Date 07/01/2022) (see: [Institutional Requirements \(acgme.org\)](https://www.acgme.org))

H. Dress Code Policy

NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE



ISSUED BY: Human Resources	POLICY NUMBER: H9510E18
PAGE: 102 of 71	REPLACES POLICY DATED: 5/00; 2/02
EFFECTIVE DATE: 1/88	DISTRIBUTION: System wide
APPROVED BY: Exec. VP/Chief Operating and Compliance Officer	
POLICY DESCRIPTION: Dress Code/Business Casual	

SCOPE:

All employees and contractors or any and all personnel providing services at all NCH owned or operated facilities, including, but not limited to, hospital, ambulatory centers, physician practices and all departments contained therein.

PURPOSE: To establish and clarify standards for dress code and business casual dress and grooming for employees to present a professional presentation to patients, families and visitors.

DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

POLICY: Standards of cleanliness, suitability and good grooming, appropriate to our Hospital environment must be observed by all employees while on duty.

The Hospital requires certain employees to wear uniforms at all times while on duty. Employees are expected to wear their complete uniform as specified by their department. Uniforms are to be kept clean and in good repair at all times.

Badges, slogans or irrelevant items are not to be worn with uniforms while on duty, except those badges indicating professional or technical school graduation and Hospital identification badge. Only pins distributed by the Hospital may be worn.

Hospital employees who do not wear uniforms are expected to maintain a standard of dress appropriate to a business atmosphere reflecting the Hospital's serious mission to patients and visitors. Department heads and supervisors will discuss the uniform or department dress code with the new employees. Casual dress may be allowed on certain days, occasions or associated with Hospital programs. In no case, can employees wear T-shirts with wording except for Nicklaus Children's Hospital T-shirts, nor are denim jeans allowed to be worn in the Hospital.

A business casual dress code has been developed to be in effect between the dates of June 1st. and September 30th, and also on Fridays of the remainder of the year. This dress code is based on four basic concepts:

1. Use good common sense.
2. Show good professional judgement
3. Exercise leadership.
4. Anything you would wear to the gym, beach, or trendy clubs does not constitute Business Casual Dress.

Business Casual Dress is defined as clean, neat and professional clothing.

CASUAL DRESS STANDARDS – MEN

1. Suits, ties, and sport coats will be optional unless the dress standard is professional business wear at the appropriate meeting or appointment.
2. Slacks, khakis or dress pants (no jeans or shorts).
3. Collared long or short sleeved dress shirts (no golf/polo shirts or T-shirts).
4. Belts, socks and polished leather shoes (no sandals, sneakers or hiking boots).
5. All clothes must be well pressed, tailored and in good condition.

CASUAL DRESS STANDARDS – WOMEN

1. Suits, dresses (short or long sleeve), and blazers will be optional unless the dress standard is professional business wear at the appropriate meeting or appointment.
2. Skirts, tailored pants, or dress pants (no jeans or shorts).
3. Blouse, skirt, sweater, or jacket (no golf/polo shirts, halters, tanks or T-shirts).
4. Hosiery is always recommended, except with pants.

PROHIBITED CLOTHING

1. Denim (jeans, dresses, skirts, jumpers, or shirts)
2. Tight fitting clothing or mini-skirts
3. Athletic attire or sweatsuits

4. Spandex
5. Capri pants
6. Sundresses with spaghetti straps
7. T-shirts or tank tops
8. Sleeveless blouses or shirts (unless under a blazer)
9. Running, tennis or hiking shoes.
10. Mules, clogs or backless slip-on shoes. (Summer shoes and sandals are appropriate, but **MUST** have a strap on the heel).

If your position currently requires a uniform, the Casual Dress Code Policy does not pertain to you.

PROCEDURE:

ENFORCEMENT OF DRESS CODE

If an individual crosses the standards of the dress code, it will be the responsibility of the manager or director to address the situation. If the attire is deemed unacceptable, the manager or director will ask the individual to leave, change, and return to work appropriately dressed.

REFERENCES: [list of supporting and source documentation used to validate the policy and procedure]

I. Academic Discipline Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE



ISSUED BY: Dept. of Medical Education

PAGE: 1 of 14

EFFECTIVE DATE: 9/2018

APPROVED BY: Graduate Medical Education Committee

POLICY DESCRIPTION: Residents'/Fellows' Academic Discipline: Monitoring and Remedial Measures

REPLACES POLICY DATED: 7/10, 9/13

DISTRIBUTION: Department wide

SCOPE:

The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.

PURPOSE: Nicklaus Children's Hospital (NCH), Graduate Medical Education (GME), and individual training programs have an obligation to provide learning opportunities, adequate supervision, and regular monitoring for all trainees so that at the end of their training the residents/fellows are competent to practice medicine safely without supervision in their respective fields of training. It is important for the programs to identify residents/fellows with academic poor performance early in their training and provide appropriate remedial measures to ensure training competent physicians.

This P&P outlines various monitoring procedures for academic poor performance among trainees at NCH and provides a list of remedial actions including extending the training, non-renewal of contract, and dismissal of the trainee.

DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

POLICY:

- Academic poor performance is performance which is below the expectation for the level of training in one or more of the six core competencies and/ or a benchmark threshold of each competency's specialty-specific milestones.
 - Patient care
 - Medical Knowledge
 - Interpersonal/communication skills
 - Professionalism
 - Problem-Based Learning and Improvement

- Systems-based Practice

- The Clinical Competency Committee (CCC) of the individual program is responsible for the bi-annual review of each resident's performance and meeting the milestones. The outcome of the review is communicated to the Program Directors who are primarily responsible for reviewing academic performance report with the trainees and designing a remediation and/or an individualized learning plan (ILP). The program directors may review the performance through personal engagement, periodic review of evaluations, formal/informal discussions with the faculty and hospital staff.
- Once the Program CCC and the Program Director determine academic poor performance in any trainee, he/she will initiate a close monitoring program tailored to the trainee based on the degree of poor performance and the progress shown by the trainee.

PROCEDURE:

Resident Status				
Resident Status	Reporting Requirements	Procedure	Monitoring	Outcomes
Normal	N/A	N/A	<ul style="list-style-type: none"> • Evaluations as per the Program policies • Semi-annual evaluation by the Program Director 	N/A
Review	None	<ul style="list-style-type: none"> • On-review status is used for trainees who are marginally deviate from the expectations for the level of training. • PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> ○ Area of poor performance ○ Measures to improve the performance ○ How the improvement is measured ○ Duration of monitoring ○ Mechanism of evaluation ○ Various outcomes of review status • Specific mentors/evaluators may or may not be assigned during the evaluation period • Written attestation is preferable but not 	<ul style="list-style-type: none"> • PD must meet with the trainee at least every three months. • Mentors, if assigned, meet with the trainee periodically and report to the PD of the progress. 	<ul style="list-style-type: none"> • Shown significant improvement: progress to normal status • Show some improvement: extend review status • Not shown improvement: escalate to higher monitoring or remedial level

		<p>mandatory</p> <ul style="list-style-type: none"> The written documentation may be purged from the trainee's file if he/she improves and comes out of review status to normal status 		
Warning	None	<ul style="list-style-type: none"> On-warning status is used for trainees who: <ul style="list-style-type: none"> significantly deviate from the expectations for the level of training not shown improvement during review period or shown some improvement during probation period PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> Area of poor performance Measures to improve the performance How the improvement is measured Duration of monitoring Mechanism of evaluation Various outcomes of warning status Specific mentor(s) need be assigned during the evaluation period Written attestation is preferable but not mandatory <p>The written documentation may be purged from the trainee's file if he/she improves and comes out of review status to normal status</p>	<ul style="list-style-type: none"> PD must meet with the trainee at least every two months. Mentors meet with the trainee periodically and report to the PD of the progress. 	<ul style="list-style-type: none"> Shown significant improvement: progress to normal status Show some improvement: extend warning status or move to review status Not shown improvement: escalate to higher monitoring or remedial level
Probation	<p>Yes:</p> <ul style="list-style-type: none"> GMEC (trainees name should not be identified) DME/DIO Program CCC 	<ul style="list-style-type: none"> On-probation status is used for trainees who: <ul style="list-style-type: none"> significantly deviate from the expectations for the level of training not shown improvement during 	<ul style="list-style-type: none"> PD must meet with the trainee at least every month. Mentors meet with the trainee periodically and report to the PD of the 	<ul style="list-style-type: none"> Shown significant improvement: progress to normal status Show some improvement: extend probation status or

	<ul style="list-style-type: none"> • Statutory Boards 	<p>review/warning period</p> <ul style="list-style-type: none"> • PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> ○ Area of poor performance ○ Measures to improve the performance ○ How the improvement is measured ○ Duration of monitoring ○ Mechanism of evaluation ○ Various outcomes of probation status ○ Reporting requirements for the program and the trainee • Specific mentor(s) need be assigned during the evaluation period • Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter) • PD needs to meet with DME/DIO to discuss the issue of probation and to review the documentation before meeting with the trainee. • It is preferable to have a third party present during the discussions with the trainee. • It is recommended to have written documentation of trainee's poor academic performance and remediation efforts (if any). In case of verbal report, it is advised that PD document the nature of the report, date and time, and the staff who reported. • PD to document the duration and outcome of the probation period in trainee's file for future reference. • PD needs to report to GMEC after placing any trainee on probation. No 	<p>progress.</p>	<p>move to review/warning status</p> <ul style="list-style-type: none"> • Not shown improvement: extend probation period/extend the training period/non-renewal of the contract/termination
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		<p>identification or minimal details need to be presented to GMEC.</p> <ul style="list-style-type: none"> • PD/DME may take legal help in drafting the letter. • The academic probation status is <u>NOT</u> subjected to Grievance Process. 		
Remedial Actions				
Remedial Action	Reporting Requirements	Procedure	Monitoring	Outcomes
Extend the Training Period	<p>Yes:</p> <ul style="list-style-type: none"> • GMEC (trainees name should not be identified) • DME/DIO • Program CCC • Statutory Boards 	<ul style="list-style-type: none"> • Training period is usually extended for trainees with poor academic performance but shown improvement and have potential to become competent physicians at the end of the extended period of training. • PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> ○ Areas of poor performance ○ Measures to improve the performance ○ How the improvement is measured ○ Duration of training extension ○ Salary and benefits during extension ○ Reporting requirements for the program and the trainee ○ Hospital Grievance Process • Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter) • PD needs to meet with DME/DIO to discuss the issue of training extension and to review the documentation before meeting with the trainee. 	<ul style="list-style-type: none"> • Monitoring frequency depends upon the monitoring status. 	<ul style="list-style-type: none"> • Successful completion of training • Failure to complete the training

		<ul style="list-style-type: none"> • PD needs to secure financial support for the period of extension. • It is preferable to have a third party present during the discussions with the trainee. • PD needs to report to GMEC. No identification or minimal details need to be presented to GMEC. • PD may need to report to ACGME/respective boards as required. • PD/DME is advised to take legal help. • Extension of training period is subjected to Grievance Process. (See Academic Grievance and Appeal Policy) 		
Non-renewal of contract	Yes: <ul style="list-style-type: none"> • GMEC (trainees name should not be identified) • DME/DIO • Program CCC • Statutory Boards 	<ul style="list-style-type: none"> • Contracts are not renewed for next level of training usually for trainees with poor academic performance and have not shown sufficient improvement in spite of remedial efforts and have no potential to become competent physicians at the end of the training period in their field of training. • PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> ○ Areas of poor performance ○ Summarize remedial efforts and their outcomes ○ Reporting requirements for the program and the trainee ○ Hospital Grievance Process • Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter) • PD needs to meet with DME/DIO to discuss the issue of non-renewal to 	<ul style="list-style-type: none"> • Monitoring frequency depends upon the monitoring status. 	<ul style="list-style-type: none"> • Failure to complete the training • May give full or partial credit for future training (after discussion with the respective boards)

		<p>review the documentation before meeting with the trainee.</p> <ul style="list-style-type: none"> • It is preferable to have a third party present during the discussions with the trainee. • Notice to be given at least 4 months before the end of the current training year. • PD needs to report to GMEC after placing any trainee on probation. No identification or minimal details need to be presented to GMEC. • PD may need to report to ACGME/respective boards as required. • PD/DME is advised to take legal help. • Non-renewal is subjected to Grievance Process. (See Academic Grievance and Appeal Policy) 		
Termination	<p>Yes:</p> <ul style="list-style-type: none"> • GMEC (trainees name should not be identified) • DME/DIO • Program CCC • Statutory Boards 	<ul style="list-style-type: none"> • Termination is done usually for trainees with extremely poor academic performance with significant risk for patient safety even under supervised training conditions. • Trainee must be informed about: <ul style="list-style-type: none"> ○ Areas of poor performance ○ Reporting requirements for the program and the trainee ○ Hospital Grievance Process • Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter) • PD needs to meet with DME/DIO to discuss the issue of termination to review the documentation before meeting with the trainee. • PD & DME must to take the help of legal and Talent & Management for 	N/A	<ul style="list-style-type: none"> • Failure to complete the training


		delivery of termination letter to comply with hospital rules. <ul style="list-style-type: none"> • PD needs to report to GMEC. • PD may need to report to ACGME/respective boards as required. • Termination is subjected to Grievance Process. (See Academic Grievance and Appeal Policy) 		
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NOTE:

This policy addresses Academic Discipline related to substandard academic performance. Other disciplinary measures related to resident/fellow's impairment, sexual harassment, complaints, patient-care related professional complaints are addressed by following the institutional/ employee policy

REFERENCES: [list of supporting and source documentation used to validate the policy and procedure]

J. Academic Grievance and Appeal Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
	Nicklaus Children's Hospital
ISSUED BY: Dept. of Medical Education	
PAGE: 1 of 3	REPLACES POLICY DATED: 7/10; 7/11, 9/13
EFFECTIVE DATE: 9/2018	DISTRIBUTION: Department wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Residents'/Fellows' Academic Grievance and Appeal Policy	

<p>SCOPE: The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE: I. The purpose of this policy is to outline the process of timely, fair, and responsible resolution of academic grievance and appeal filed by a resident or fellow in response to an academic disciplinary action as a result of a resident/fellow's poor performance. This institutional policy conforms to the ACGME guidelines.</p>
<p>DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p>POLICY:</p> <ul style="list-style-type: none"> • The following academic disciplinary actions are eligible for grievance/appeal (see Residents'/Fellows' Academic Discipline: Monitoring and Remedial Measures Policy): <ol style="list-style-type: none"> 1. Extension of Training Period 2. Non-renewal of Contract 3. Termination • The process must ensure that all ACGME accredited programs will provide the resident(s) with a written notice of the disciplinary action as early as possible. • The resident/fellow may appeal one of the decisions above by filing a written appeal no later than fourteen (14) calendar days after the receipt of written notification of non-renewal or non-advancement, or termination to the appropriate Program Director. The Program Director shall respond to the written appeal within fourteen (14) calendar days following the receipt of the written appeal. • If the Program Director's response is adverse to the resident, the affected resident may file a written appeal to the DME/DIO within fourteen (14) calendar days following the receipt of the response from the Program Director. • The DME/DIO will review the situation and attempt to address the appeal and resolve the dispute if possible and seek resolution and notify the resident/fellow in writing of the outcome of the appeal. • If the DME/DIO were not able to resolve the situation to the resident's/fellow's satisfaction, the resident/fellow may file an appeal in writing to the GMEC for consideration by a Performance Dispute Resolution Committee. The letter should be filed within Fourteen (14) days from the receipt of the DME/DIO decision. • The DME/DIO shall forward documents and all relevant material including a statement of the

program director's position and the resident's letter of dispute to the GMEC for subsequent consideration.

- The GMEC shall designate a three (3) – person **Performance Dispute Resolution Committee** consisting of:
 - One faculty member selected by the Program Director
 - One Housestaff or faculty member selected by the resident/fellow
 - A third member selected by the first two members. The third member cannot be a member of the involved clinical division or a division chief of any other division.
- The **Performance Dispute Resolution Committee** will permit the resident/fellow to submit whatever material the resident believes to have bearing on the dispute for the Committee's consideration. The Committee will arrange to meet with the resident/fellow to afford him/her an opportunity to make an oral presentation. The Committee will then review all material relevant to the dispute (including previous CCC reports and bi-annual evaluations and plans by the PD), interview individuals as selected by the committee, and issue written findings and a recommendation to the Department VP. The Department VP shall render the final decision.

Committee Meeting:

1. The resident will be given written notice of the time and place of the hearing before the Committee
2. The resident may bring an attorney, or other advisor, who can assist the resident, however, the attorney/advisor will not be allowed to represent the resident, attend, or participate in the deliberation of the Committee
3. If there are additional issues of fact or procedure in question, the panel may call for further investigation and meetings before rendering a final, written decision. The Committee shall render a decision to accept, reject, or modify the program's decision, such decision to be issued no later than fourteen (14) calendar days from the conclusion of the review.
4. Although evidence may be presented, the hearing is not a legal proceeding, does not follow the rules of law or of evidence, and is not subject to laws relating to the conduct of legal proceedings.
5. Since the Committee is advisory to the Department VP and is not serving as the institutional official, the Committee report is not subject to appeal, cross-examination, or negotiation.
6. The Department VP will render the final decision. The determination rendered by the Department VP shall be final and binding on all parties and shall not be subject to grievance or arbitration.

PROCEDURE:

Appendix A

This Appendix supplements the Resident's / Fellows Academic Grievance Appeal Policy


Description of the Performance Dispute Resolution Committee Meeting:

1. This meeting is held to:
 - a. Allow the Performance Dispute Resolution Committee to review, assess, confirm, and Clarify information in the documents
 - b. Allow the resident to plead his/her case in front of members of the Committee
 - c. Allow the Committee to interview other individuals to substantiate the information provided in the records to be able to have all the information they need for deliberation
2. The resident will be given written notice of the time and place of the hearing before the Committee
3. The resident may bring an attorney, or other advisor, who can assist the resident, however, the attorney/advisor will not be allowed to represent the resident, attend, or participate in the deliberation of the Committee
4. The resident will be given up to 20 minutes to present his/ case in front of the Committee members if the resident chooses to do so.

5. Committee will follow with any questions or clarifications from the residents about the information.
6. The resident and whoever is accompanying him/her leaves the meeting.
7. The Committee has the option of calling on any other involved parties to interview them separately or ask questions or clarifications
8. If there are additional issues of fact or procedure in question, the panel may call for further investigation and meetings before rendering a final, written decision.
9. The Committee shall render a decision to accept, reject, or modify the program's decision, such decision to be issued no later than fourteen (14) calendar days from the conclusion of the review. The Committee's recommendation will be forwarded to the Department VP and copied to the GMEC.
10. Although evidence may be presented, the hearing is not a legal proceeding, does not follow the rules of law or of evidence, and is not subject to laws relating to the conduct of legal proceedings.
11. Since the Committee is advisory to the Department VP and is not serving as the institutional official, the Committee report is not subject to appeal, cross-examination, or negotiation.
12. The Department VP will render the final decision. The determination rendered by the Department VP shall be final and binding on all parties and shall not be subject to grievance or arbitration.

REFERENCES: [list of supporting and source documentation used to validate the policy and procedure]

K. Non-Renewal of Agreement of Appointment

NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE 	
ISSUED BY: Medical Education	
PAGE: 1 of 3	REPLACES POLICY DATED: 7/5/2012
EFFECTIVE DATE: 9/2018	DISTRIBUTION: Departmentwide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Non-renewal of Agreement of Appointment	

<p>SCOPE: Department-wide -: The department listed above including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE: To provide a written institutional policy that conforms to the ACGME guidelines. When a resident’s agreement is not going to be renewed, Nicklaus Children’s Hospital (NCH) must ensure that the resident is provided a written notice of intent not to renew a resident’s agreement.</p>
<p>DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p>POLICY: All NCH departments must follow these approved guidelines for nonrenewal of agreement of appointment.</p> <p>The process must ensure when a resident’s agreement is not going to be renewed, NCH is committed to ensuring that all training programs will provide the resident(s) with a written notice of intent not to renew a resident’s agreement no later than four months prior to the end of the resident’s current agreement.</p> <p>If the primary reason(s) for the nonrenewal occurs within the four months prior to the end of agreement, NCH is committed to ensuring that all training programs provide the resident(s) with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.</p> <ol style="list-style-type: none"> 1. Individual Contracts Each Resident shall, prior to his/her appointment, receive a written individual annual contract which shall generally set forth the terms and conditions of his/her appointment. 2. Form of Individual Contract The form of individual contract (which may be in the form of a letter of offer which outlines the term of appointment, salary, department, PGY level) presently used by Nicklaus Children’s Hospital shall be made available to the resident as soon as the match selection occurs or an appointment is done by a Program Director. 3. Letter of Completion and Certificate The Medical Education office will issue the appropriate letter of completion for each resident within thirty (30) calendar days of each residency year and the hospital shall issue the appropriate certificates within thirty (30) calendar days of his/her satisfactory completion of the training program. Printed certificates will

be furnished within sixty (60) calendar days of satisfactory completion of a program.

4. Renewal of Appointments

a. The parties agree that the decision to renew the appointment of a resident is subject to notification by the Program Director. However, the Medical Education office shall take all administrative steps within its control to ensure that residents are notified as follows:

i. Residents with annual contracts shall be notified in writing at least **four (4)** months prior to the expiration of their contract (i.e., by March 1st, for June 30 expiration) if their appointment is not to be renewed for the next year of a given residency program.

ii. Residents will be informed **no later than March 1st** if they are not going to be advanced to the next PGY level the following year. After March 1st, advancement may be rescinded by the department if the resident fails to meet ACGME, CODA, or AOA requirements or standards for satisfactory completion of all or part of that year and the department has counseled and so advised the resident in a timely way.

A resident may seek review for advancement decisions in the same manner as a non-renewal.


b. Should a question arise regarding the timely non-renewal of the appointment or the nonadvancement of a resident, such non-renewal or non-advancement may be appealed by presenting a written appeal no later than fourteen (14) calendar days after the receipt of written notification of non-renewal or non-advancement, to the appropriate Program Director & DIO. The Program Director of Division Director & DIO shall respond to the written appeal within fourteen (14) calendar days following the receipt of the written appeal.

If the Program Director/DIO's response is adverse/unsatisfactory to the resident, the affected resident may file a written appeal to the Senior Vice-President, within fourteen (14) calendar days following the receipt of the response from the Program Director/DIO.

The Senior Vice President, along with two Program Directors/Division Directors (neither from the affected employee's service) shall review the written appeal. One Director shall be selected by the Senior Vice President and one by the Resident/Housestaff. The panel shall meet within fourteen (14) calendar days of the notice to the Senior Vice President to give the Resident an opportunity to present statements and information (such as documents and witnesses on his/her behalf) and to give rebuttal to any statements or documents presented. Members of the panel may ask questions of persons appearing before it and/or arrange for the presentation of any information which would assist it in reaching a decision.

This panel's meeting shall not constitute a hearing, and the rules with respect to the presentation and examination of testimony and evidence used for formal hearings and arbitrations shall not apply. If there are additional issues of fact or procedure in question, the panel may call for further investigation and meetings before rendering a final, written decision. The panel shall render a decision to accept, reject, or modify the department's decision for non-renewal, such decision to be issued no later than fourteen (14) calendar days from the conclusion of the review. The determination rendered by such Medical Panel shall be final and binding on all parties and shall not be subject to grievance or arbitration.

L. Educational Conference Travel and Expense Reimbursement Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE 	
ISSUED BY: Medical Education	
PAGE: 1 of 5	REPLACES POLICY DATED: 1/16/2012, 9/13
EFFECTIVE DATE: 9/2018	DISTRIBUTION: Departmentwide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Educational Conference Travel and Expense Reimbursement Policy	

<p>SCOPE: The NCH Medical Education department (Residents and Fellows in Training), including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE: To provide guidelines and establish procedures for time allowance and reimbursement of residents and fellows employed by NCH for expenses incurred related to attending educational conferences.</p>
<p>DEFINITIONS: Residents and fellows refer to trainees employed by NCH Department of Medical Education</p>
<p>POLICY: The Department of Medical Education encourages scholarly activity and lifelong learning. This policy is meant to supplement the NCH Travel and Expense Reimbursement Policy (policy # O9500023).</p> <p>The following are general guidelines for the training programs related to Educational Conferences.</p> <p><u>ATTENDANCE OF A CONFERENCE</u></p> <ol style="list-style-type: none"> 1) Request for attendance of a national educational conference by residents/ fellows must be submitted <u>in writing</u> as soon as reasonably possible and is subject to approval of the trainee's program director. 2) The cumulative time to attend an approved educational conference(s) must NOT exceed a total of 5 work days per resident/fellow per academic year (regardless if the resident is presenting or not). Any days over 5 work days are considered vacation time (Exceptions are addressed on a case-by-case basis by the program director). 3) A Travel Pre-Approval Checklist (See attached) MUST be completed and cleared after obtaining the approval signatures (Program Director & DIO). <p><u>PRESENTING AT A CONFERENCE</u></p> <ol style="list-style-type: none"> 1) The program director is responsible for determining the appropriateness of the work presented, and the appropriateness of the conference to submit to. 2) As soon as the resident/fellow is notified that their submitted abstract is accepted for presentation, a Travel Pre-Approval Checklist (See attached) MUST be completed and cleared after obtaining the approval signatures (Program Director & DIO) and PRIOR to submission of the pre-approval form for processing. This Checklist must be completed for all approved residents and fellows' travel regardless if the travel is for attending a conference (not monetarily covered) or for presenting at a conference.

- 3) For educational conferences eligible for reimbursement (see below), a travel pre-approval form must be completed by the resident/fellow and submitted in advance to the Department of Medical Education for pre-approval by the Director of Medical Education/DIO and Program Director.
- 4) Only one abstract author (the presenting author) per abstract is eligible for reimbursable travel to present. For abstracts with more than one trainee as author, only one author is eligible to be reimbursed for the abstract presentation expense or the presenters might decide to split the reimbursed cost or share hotel room etc.

PROCEDURE:

Expense and Travel Reimbursement:

Residents and fellows must follow the NCH Travel and Expense Reimbursement policy in order to be reimbursed for any purchases or travel (policy # O9500023). All expenses must be submitted by the resident/ fellow by means of the Pre-Approval Form and must be approved in advance by the Director of Medical Education. Alcohol, special room/spa services, room charges or food for spouse/family members staying with you during an event and other items as specified in the travel policy are not reimbursable. Itemized, original individual receipts and a completed Travel/Expense Reimbursement Form must be submitted within **30 days** for any reimbursement requests after travel. See NCH Travel Policy for more information or ask Medical Education Office for assistance.

For both attending of and/or presenting at a conference, it is at the discretion of the individual Program Director(s) to come up with a process of implementation of the policy taking into account schedules restrictions, allowed rotations from which to take educational leave, make-up and/or payback time, allowable specialty-specific conferences, and additional departmental rules. Refer to the individual training program manual for policy implementation details.

The following are guidelines related to reimbursement for expenses incurred during approved educational conferences:

Educational Conference	Eligibility for reimbursement	Resident/fellow responsibility
Resident/Fellow attending the conference (Not Presenting)	Not eligible for reimbursement	<p><u>For travel within the continental, non-continental USA, and/or international travel:</u> Obtain approval in writing from the program director for the time away from training. (Conference must be sponsored by a major medical society as defined by the program director(s)) Complete and clear the Travel Pre-Approval Checklist tasks</p>
Resident/fellow presenting at a national conference	<p>Eligible for reimbursement</p> <ul style="list-style-type: none"> • Airfare (Economy Class) • Meeting Registration • One night hotel (the night before the presentation) • Transportation • Meals (excluding alcohol) for 24 hours around the presentation time • Refer to the NCH Employee 	<p><u>For Domestic Travel within the Continental USA:</u></p> <ul style="list-style-type: none"> • Complete and clear the Travel Pre-Approval Checklist tasks • Complete travel pre-approval form(s) • This process MUST be started as soon as the fellow/ resident receives the invitation letter to present. • Attach invitation letter/ abstract acceptance letter • Obtain pre-approval from the Program Director & the Director of Medical

	<p>Travel and Expense Reimbursement Policy.</p> <ul style="list-style-type: none"> • <u>Note:</u> Per Hospital Policy, airfare and registration can be prepaid however; hotel cost cannot be prepaid and will be reimbursed along with other expenses after the meeting by submitting receipts. 	<p>Education/DIO.</p> <ul style="list-style-type: none"> • Keep itemized receipts for meals (excluding alcohol) • If a poster is needed for the conference, the resident/ fellow must allow a minimum of 2 Weeks for ordering and printing of the poster through hospital vendors. (Poster printing costs are reimbursable by Medical Education) <p><u>International Travel and Travel Outside the continental USA:</u></p> <ul style="list-style-type: none"> • Presenting at a conference held in the non-continental USA and International destinations is not eligible for reimbursement by the Department of Medical Education. Conferences held in Canada or non-continental US, if sponsored by a major US Specialty Society (e.g. Pediatric Academic Societies) alone or in conjunction with a world congress, may be subject to approval on a case-by-case basis • The above scenario is subject to approval PRIOR to submission of the abstract. A decision if such conference will be approved for reimbursement and up to a certain maximum reasonable amount of \$\$ is made by the GMEC along with the Program Director and the DIO on a case-by-case basis. • If above exception is not approved, the trainee will be notified and it is up to him/her to decide not to submit their abstract or to continue to submit the abstract with the understanding that; if accepted; the trainee will be provided with any remaining paid administrative days (out of the 5 work days per year). However, the trainee will be responsible for the costs incurred for the presentation and travel. • If above exception is approved to submit the abstract to the meeting, and if the abstract is accepted for presentation, the travel Pre-Approval process will require approval from the hospital COO and CEO as per hospital policy for travel outside the continental USA and / or International Travel. The same items will be eligible for
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		reimbursement as stated above with maximum allowable amount as stated above.
REFERENCES: <ul style="list-style-type: none">• Travel and Expense Reimbursement Policy• Attachment: Travel Pre-Approval Checklist		



**Nicklaus
Children's
Hospital**

**Department of Medical Education
Travel Pre-Approval Checklist**

Resident/ Fellow Name: _____

Program: _____

Date Form is Completed: _____

Date of Planned Travel: _____


Purpose of Travel: _____

Prior to processing Pre-Approval form for the approved travel reimbursement of residents and fellows, the following checklist **MUST** be completed and cleared after obtaining the approval signatures (Program Director, Dept Director) and **PRIOR** to submission of the pre-approval form for processing.

REQUIREMENT/ JOB DUTIES	Complete	N/A	Signed off by:
1. Up to Date Duty Hour Logs	<input type="checkbox"/>	<input type="checkbox"/>	
2. Up to Date Procedure Logs	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clear Medical Records Dictation List	<input type="checkbox"/>	<input type="checkbox"/>	
4. IPM Modules	<input type="checkbox"/>	<input type="checkbox"/>	
5. Up to Date on Evaluation Completion	<input type="checkbox"/>	<input type="checkbox"/>	
6. CHEX Modules	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	


A Completed Form must be attached to each Pre-approval form

M. Residents Educational Allowance Stipend Policy

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
 Nicklaus Children's Hospital	
ISSUED BY: Medical Education	POLICY NUMBER: [alpha-numeric]
PAGE: 1 of 2	REPLACES POLICY DATED: 9/ 2012, 9/2013
EFFECTIVE DATE: 10/2018	DISTRIBUTION: [system or department wide]
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Residents Educational Stipend Allowance Policy	

<p>SCOPE: The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE: The Sponsoring Institution shall provide Residents and Fellows (Herein referred to as "Residents") with educational support throughout each approved academic year. This policy does not include educational stipends related to CME meetings. For the institutional policy related to attending educational meetings (time and allowance), refer to the GME policy on "Educational Conference Travel and Expense reimbursement Policy"</p>
<p>POLICY: It is the policy of NCH to provide its residents with the equivalent of \$600 per training year as a stipend. In the first year of training, this stipend is allocated for the purchase of ipad + cover to be provided at orientation. The ipad will be used by the resident throughout their training for patient care and will be maintained and set up by NCH IT Department in accordance with the hospital policy. Upon completion of training, the ipad is for the resident to keep after IT clears its secured/ confidential information.</p>
<p>PROCEDURE: Effective in academic year 2013-2014, the educational stipend will be provided to the residents in the following manner:</p> <ol style="list-style-type: none"> 1) First Training Year: ipad + Cover (~ \$600 value) or \$600 in cash per trainee's choice 2) Subsequent Training Year(s): \$ 600 / training year <p><u>Note:</u></p> <ul style="list-style-type: none"> • One year program trainees will only receive the ipad + cover • The cash stipend (Year 2 and beyond) will be issued via check (included in paycheck). This allowance is considered taxable income. • At the discretion of the individual program director, the cash stipend(s) (or part of it) might be allocated to either the purchase of specific educational material (e.g. books) or membership in specialty society (other than AAP and AMA as AAP and AMA memberships are covered by the institution for all residents). The program director will notify the GME office of the desired stipend allocation. The GME office will purchase the items and provide any remaining cash to the resident.
<p>REFERENCES:</p>

N. Clinical Competency Committees (CCCs)

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE  Nicklaus Children's Hospital	
ISSUED BY: Dept. of Medical Education	
PAGE: 1 of 3	REPLACES POLICY DATED:
EFFECTIVE DATE: 9/2018	DISTRIBUTION: Department wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Clinical Competency Committees (CCCs)	

<p>SCOPE: The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE: The intent of this policy is to describe the program's Clinical Competency Committees (CCCs), their formation, structure, membership, rationale, and roles.</p>
<p>DEFINITIONS:</p>
<p>POLICY:</p> <p>It is the policy of the NCH Department of Medical Education and its training programs to conduct meaningful assessments of its trainees. These assessments are based on multiple sources including formative and summative evaluations, milestones-based assessments based on direct observation, simulation, rating scale, evaluation of scholarly work, and 360 degrees evaluation in compliance with the ACGME requirements. The goal of the assessment is to provide the program directors and the trainees with meaningful performance evaluation and feedback to allow to the program director to design an individualized learning plan aimed at strengthening areas of weakness.</p> <p><u>Structure of the CCC:</u> <i>(New proposed ACGME Common Program Requirements for Resident Evaluation (V.A.1))</i></p> <ul style="list-style-type: none"> • The program director appoints the Clinical Competency Committee. • CCC must have at least three program core faculty (excluding the program director) who have the opportunity to observe and evaluate the residents • CCC members may also include non-physician members of the health care team, non-MD educators, assessment specialists, or residents in their final year. For example, a small fellowship program may include faculty from the core program or from required rotations in other specialties. <p><u>Responsibilities of the CCC:</u> <i>(New proposed ACGME Common Program Requirements for Resident Evaluation (V.A.1))</i></p> <p>Each program is expected to form a CCC. The CCC must:</p> <ul style="list-style-type: none"> • Meet at least semi-annually to review and discuss each individual residents' performance data (one year programs might need to meet more frequently to give meaningful assessments but they have

less number of trainees)

- Make a **consensus decision** on the progress of **each** resident by applying assessment data to the milestones.
- Serve as an **early warning system/ early identification** if a resident fails to progress in the educational program and make recommendations to the program director for resident progress including promotion, remediation, and dismissal.
- Submit to the program director a written assessment of each resident's performance on the milestones

Role of the program director on the CCC:

The requirements regarding the CCC do not preclude or limit a program director's participation on the CCC. The intent is to leave flexibility for each program to decide the best structure for its own circumstances. The program director role on the CCC includes:

- Attends the CCC meeting but he/ she may not chair the meeting
- Serves as a resident advocate, advisor, and confidante
- Receives the CCC's written report on each resident, meets with each resident individually to discuss the CCC's assessment, and provide the resident with individualized learning plan as needed.
- Has final responsibility for the program and trainees' evaluation and promotion.
- Reports the aggregate, de-identified information for all residents in the program to the ACGME in the ADS system.

Role of the Department of Medical Education:

It is the responsibility of the NCH Department of Medical Education to:

- Prepare the members of the CCC to their role through faculty development.
- Provide faculty with added training in the evaluation process, including how to aggregate and interpret data.
- Assist CCC members in understanding the milestone narratives to reach a common agreement of their meaning.
- Guide the faculty members' discussion about resident evaluation, including how many assessments are needed for any given milestone, data quality, and the application of quality improvement principles to the evaluation process.
- Support the program CCCs by providing them with the necessary data elements
- Monitor the process of all CCCs and their performance


PROCEDURE:

Description of CCC meetings:

- The program director (PD) and the GME department will prepare Milestones data summary on each resident through reports generated from various sources e.g. 360-degree evaluations, rotation evaluations, Simulations, etc...
- In some situations the residents' data will be divided among CCC members to review before the meeting and report on during the meeting
- While the PD is part of the CCC meeting, the PD must not chair the meeting and can be available for clarification, etc..
- Each resident is given a semi-annual assessment on a dashboard in one of the following 5 categories on each of the metrics set by the program: (No Data, Below Expected for training level, On Track for training level, Above Expected for training level).
- The CCC will generate a report/ recommendation letter to PD on each resident. The PD will meet with each resident and communicate the recommendation, design an improvement plan, etc..
- Thresholds will be set by the CCC. Interventions a program might consider include assigning a mentor with expertise in a given area of deficiency, additional required readings, sessions in a skills lab, and/or added rotations in a given area. If, after remediation, a resident still fails to advance sufficiently on one or more milestones, a CCC might consider extending education, or counseling

<p>the resident to consider another specialty or profession.</p> <ul style="list-style-type: none"> Aggregate, de-identified information for the all residents in the program will be reported to the ACGME
<p>REFERENCES: www.ACGME.org ; Clinical Competency Committee – Roles and Responsibilities (document)</p>

O. Institutional and Program Quality

<p>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</p> 	
ISSUED BY: Medical Education	
PAGE: 1 of 5	REPLACES POLICY DATED:
EFFECTIVE DATE: 9/23/2018	DISTRIBUTION: department wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: Institutional and Program Quality: Program Evaluation Committee (PEC), Annual Program Evaluation (APE), and Annual Institutional Review (AIR)	

<p>SCOPE:</p> <p>The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p>II. PURPOSE: The purpose of this policy is to outline the process for Institutional and Program Quality Improvement for all ACGME-accredited training programs at Nicklaus Children’s Hospital.</p>
<p>DEFINITIONS: [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p>POLICY:</p> <p>The Graduate Medical Education Committee (GMEC) of Nicklaus Children’s Hospital provides oversight for the quality of the GME learning and working environment, the quality of educational experiences in each ACGME-accredited program; and the ACGME-accredited programs’ annual evaluation and improvement activities. The GMEC requires that the educational effectiveness of a program must be evaluated at least annually in a systematic manner. Each ACGME-accredited program must have a Program Evaluation Committee (PEC).</p> <p>The Program Evaluation Committee (PEC)</p> <p>The program director must appoint the PEC. The PEC must be composed of at least two program faculty members and should include at least one resident. The only time the PEC meeting is allowed not to have a resident representative is if the program has a year with no resident enrolled but the PEC must</p>

still meet at least annually. Refer to the attached document to this policy that delineates the **Roles and Responsibilities of the PEC**. The PEC reviews program goals and objectives, and the effectiveness with which they are achieved.

The Program Evaluation Committee's (PEC) responsibilities include:

- 1- Act as an advisor to the program director, through program oversight
- 2- Review the program's self-determined goals and progress toward meeting them
- 3- Guiding ongoing program improvement, including development of new goals, based upon
- 4- outcomes
- 5- Review the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

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

1. Curriculum
2. Program mission, aims, strengths, areas for improvement, and threats (SWOT)
3. Outcomes from prior APE report
4. ACGME letters of notification, including citations, Areas for Improvement, and comments
5. Quality and safety of patient care
6. Aggregate resident and faculty
 - a. Well-being
 - b. Recruitment and retention
 - c. Workforce diversity
 - d. Engagement in quality improvement and patient safety
 - e. Scholarly activity
 - f. Residents annual confidential program evaluation
 - g. Faculty annual confidential program evaluation
 - h. ACGME Resident and Faculty Surveys
7. Aggregate resident
 - a. Achievement of the Milestones
 - b. In-training examinations (where applicable)
 - c. Board pass and certification rates
 - d. Graduate performance
8. Aggregate faculty
 - a. Evaluation
 - b. Professional development
9. Procedure and Case logs (When applicable)
10. Conference attendance reports
11. Online modules usage report (e.g. AMA GME Competency modules)
12. Duty hour compliance report

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

The program must monitor and track each of the following four areas:

1. Program Quality
2. Faculty development
3. Resident Performance
4. Graduate performance

The Annual Program Evaluation (APE) Report (See attached Template)

The APE should address the following issues where applicable:

- 1- Program Quality
 - b. Accreditation/ Citations
 - i. Number and description of Citations

- ii. Number and description of concerns
- iii. Compliance with ACGME requirements:
 - 1. Semi annual evaluations
 - 2. Annual written program evaluation by the residents
 - 3. Confidentiality of faculty evaluation by the residents.
 - 4. Program specific requirements
 - 5. SOC for fellowship programs where applicable
 - 6. Core curriculum
- c. Program goals and objectives and their effectiveness.
- d. Competency plans: teaching and evaluation methods of 6 core ACGME competencies (review your competency grid and modify where needed)
- e. Resources:
 - i. Minimum and maximum patient loads where applicable
 - ii. Adequacy of Supervision
 - iii. Library and laboratory support
 - iv. Support for scholastic activities
- f. Early departures and transfers
- 2- Faculty Development
 - a. Faculty evaluations of teaching by residents/fellows.
 - b. Faculty development activities and attendance
 - c. National leadership
 - d. Faculty Scholarly activities
- 3- Resident Performance
 - a. In-service examination scores and remedial measures
 - b. Procedure performance (do they meet the minimum numbers required by the specific RRC).
 - c. Conference attendance, professionalism, and continuous development
 - d. Scholarly activities of residents and fellows
 - e. Duty hour compliance and resident/fellow well-being
 - f. Procedures and case logs
- 4- Graduate Performance
 - a. Board pass rate
 - b. Post-graduation placement etc.
 - c. Scholarly activities of ex-graduates where applicable

The GMEC requires that each program conducts its annual review by the PEC, and prepares an APE report using the format approved by the GMEC in order to evaluate the effectiveness of the program and use data from metrics and evaluations to make changes and improvements to the program. The APEs of all accredited programs will be used in the Annual Institutional Review (AIR) which will result in a report that is submitted by the DIO to the Governing Body (Medical Staff Executive Committee and NCH Board of Trustees) annually in the fall of each year.

The Annual Institutional Review (AIR)

The GMEC must identify institutional performance indicators for the AIR which include:

1. Results of the most recent institutional self-study visit
2. Results of ACGME surveys of residents/fellows and core faculty
3. Notification of ACGME-accredited programs' accreditation statuses and self-study visits.

The AIR must include monitoring procedures for action plans resulting from the review.

The AIR utilizes the programs' APEs to conduct the AIR. The DIO submits a written annual executive summary of the AIR to the institution's Governing Body.

PROCEDURE:

If deficiencies are found, the PEC should prepare explicit **Action Plans**, which should be approved by the faculty and documented in the minutes of the meeting (maintained by the program). Each Action plan must have a timeline, a responsible party, and measurable outcome.

Special Review Process

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process could be a subcommittee of the GMEC which is tasked with conducting the Special Review of underperforming programs and reporting back to the GMEC with an action plan. The Special Review Process must include a protocol that:

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


The Special Review Process subcommittee must prepare a report (minutes of the meeting) and submit to the DME/DIO and document it in the minutes of GMEC. Names of individuals involved in the review should be included in the report.

REFERENCES:

Attachments to this policy:

- Roles and Responsibilities of the PEC
- APE Report Template

P. The Use of Social Media

NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE	
	
ISSUED BY: Department of Medical Education	
PAGE: 1 of 4	REPLACES POLICY DATED: 9/2014
EFFECTIVE DATE: 05/30/2019	DISTRIBUTION: department wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: The Use of Social Media	

<p>SCOPE:</p> <p>The NCH Department of Medical Education, including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE:</p> <p>The purpose of this policy is to address the use of social media by residents, and fellows as NCH employees and members of the Department of Medical Education. This includes but not limited to, communications over the internet, on personal websites or web pages, and in online communities. This GME policy supplements the hospital policy on Employee Communication.</p>
<p>DEFINITIONS:</p> <p>Social media is a type of online media that expedites conversation as opposed to traditional media, which delivers content but doesn't allow readers/viewers/listeners to participate in the creation of the content. The term social media defines various activities that integrate technology, social interaction and the construction of words and pictures. It encompasses a wide variety of internet-based resources to share content among users. Examples of social media include collaborative projects (e.g. Wikipedia), blogs and microblogs (e.g. Twitter), video sharing content communities (YouTube), social networking sites (e.g. Facebook), picture-sharing sites (e.g. Instagram), virtual game worlds (e.g. World of Warcraft), and virtual social worlds (e.g. Second Life). Technologies include but are not limited to, Wikis, blogs, forums, picture-sharing and video-sharing wall postings, email, instant messaging, and music-sharing. Because social media and other forms of electronic communications are rapidly evolving and changing, the examples contained in this policy are meant to be illustrative, but by no means represent the entire field of social media. As technology changes and newer forms of communication develop, this policy shall apply to the various forms of electronic communication that are available.</p>
<p>POLICY:</p> <p>NCH recognizes that appropriate use of social media can have beneficial effects both within NCH and among the general public. Accordingly, the Department of Medical Education employees, with the guidance and assistance of NCH's Marketing Department, are encouraged to use the various forms of NCH-sponsored Social Media as tools to communicate internally within MCH and externally with other providers, patients, and the general public. Such use of MCH-sponsored social media should be preapproved by the appropriate individual or department.</p>

1. Patient experiences and information are prohibited from being digitally recorded or posted on the internet. Use of the internet includes posting on blogs, instant messaging [IM], social networking sites (e.g., Facebook, MySpace, Twitter), email, posting to public media sites, mailing lists and video-sites. Communications must never contain any information that directly or indirectly identifies a patient. This includes information that does not directly identify a patient, but would permit someone to identify a patient, either through the identification of a disease or health condition; an event precipitating the patient's health condition, such as an accident or other trauma; the patient's or provider's location within NCH; the names and or specialties of the patient's health care team; the patient's language or country of origin; or any other detail that alone or in combination with other facts in the public or private domain might allow a third party to identify the patient. In addition, patient information should never be saved on personal USB memory devices or recording devices. Patient information may only be emailed within a hospital's secured network. Patient information must not be emailed outside of this system.
 - Such actions are a direct violation of the patient's privacy and confidentiality per the Health Insurance Portability and Accountability Act (HIPAA).
 - The HIPAA Privacy Rule protects all "individually identifiable health information" and requires that individuals involved in health care maintain the security of patient records in any form (i.e., electronic, paper, or oral).
 - The Nicklaus Children's Hospital Information Technology (IT) policy specifically states that NCH Employees are expected to comply with all HIPAA policies as set forth, and particular care should be taken to avoid copying sensitive patient information onto removable devices such as flash drives, etc.
 - All NCH network connections should be for purposes of education, research, and public service.
2. NCH policies prohibit accessing websites that are not directly related to education or patient care.
3. Information (written or digital) about colleagues and co-workers should not be posted anywhere without their consent and if posted should be truthful and accurate.
4. When posting information on the internet, consider the following:
 - The impact of the information you disseminate via social networking sites prior to posting material. Respect for one's colleagues, co-workers, and institution is essential to maintaining a professional work environment.
 - The permanency of published material on the internet – once posted on the internet, things live forever.
 - The fact that patients regularly Google their physicians and that posts reflect on NCH as an institution.
5. The patient-physician relationship relies on mutual respect and professionalism. Social networking with patients, including communicating with patients or giving medical advice via social networking sites should not be done.
6. Postgraduate trainees must not represent or imply that they are expressing the opinion of the organization by using hospital or institution proprietary information such as logos or mastheads. Trainees must comply with the current hospital or institutional policies with respect to such information.
7. If residents and fellows create blogs, clear disclaimers that the views expressed by the author in the blog are the authors' alone and do not represent the views of the hospital must be posted.
 - Be clear and write in the first person
 - Make it clear that the writing is coming from an individual and not on behalf of NCH or its training program(s)
8. NCH Representatives' communications using NCH Social Media must not include information that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, disparaging, or humiliating to fellow employees, business partners, competitors, patients, students, volunteers,

or other representatives of NCH. Such communications may violate other NCH policies even when posted or communicated on personal sites.

PROCEDURE:

1. Inappropriate use of the internet and social networking sites may result in:
 - Documentation in professionalism score/report card
 - Professionalism academic remediation
 - Discipline for breach of hospital or institutional policy
 - i. Loss of computer privileges at hospital
 - ii. Potential suspension
 - iii. Potential termination
 - Other assignments and/or remediation plans based upon the infraction
2. Any violation of HIPAA can result in potential dismissal from program as well as possible litigation due to patient privacy infringement

What You Should Do:


- Be smart. Be respectful.
- Be authentic. When you post or comment in social media always state your name.
- Be transparent. State that it is your opinion. Unless authorized to speak on behalf of NCH you must state that the views expressed are your own.
- Be careful. Protect what personal information you share online.
- Be responsible and act ethically. When you are at work, your primary responsibility is the work of NCH.

What You Should Never Disclose:

- Confidential NCH Information: If you find yourself wondering whether you can talk about something you learned at work – don't.
- Patient Information: Do not talk about patients or release patient information or any information that reasonably could identify a patient.
- Personnel Information: Do not refer to your co-workers in an abusive or harassing manner.
- Legal Information: Do not disclose anything to do with a legal issues.
- Materials that belong to someone else: Stick to posting your own creations. Do not share copyrighted publications, photos, logos or other images that are trademarked. If you do use someone else's material, give them credit. In some cases you may also need their permission.

REFERENCES: [list of supporting and source documentation used to validate the policy and procedure]

Q. Resident Interaction With Vendors

<p>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</p> 	
ISSUED BY: Department of Medical Education	
PAGE: 1 of 4	REPLACES POLICY DATED:
EFFECTIVE DATE: 09/24/2018	DISTRIBUTION: department wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: GME Policy on Resident Interaction with Vendors	

<p>SCOPE:</p> <p>The NCH Department of Medical Education, including all employees and contractors or any and all personnel providing services.</p>
<p>PURPOSE:</p> <p>The purpose of this policy is to establish guidelines to instruct the interactions between the residents in the graduate medical education programs sponsored by Nicklaus Children’s Hospital (NCH) and industry representatives or employees of companies that promote and sell biomedical, scientific, or pharmaceutical products or services.</p>
<p>DEFINITIONS:</p> <ul style="list-style-type: none"> a. Vendor is defined as any individual, consultant, company or organization from which NCH purchases goods (supplies, equipment) or services. Industry representatives or employees of companies that promote and sell biomedical, scientific, or pharmaceutical products or services. b. Vendor Sales Representative is defined as an individual working for a vendor (also called a supplier) whose purpose is to influence the organization to purchase its products or services as well as those individuals performing education about product use. c. Vendor Service Representative is defined as an individual working for a vendor (also called a supplier) whose purpose is to perform periodic or required maintenance on instrumentation or equipment being used within NCH. d. Patient care areas - any area where direct patient care occurs, such as but not limited to, patient rooms, procedure rooms, hospital nursing stations, outpatient clinics, radiology and other diagnostic areas (i.e. Heart Station), the emergency department and employed physician offices.
<p>POLICY:</p> <p>Interactions with industry may occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs.</p> <p>It is the policy of NCH that industry vendors are not permitted in any patient care areas except to</p>

provide in-service training on devices and other equipment and then only by appointment and after going through the appropriate channels for badging and registration based on hospital policy. Industry vendors are permitted in non-patient care areas by appointment only. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, with the approval of the designated hospital personnel issuing the invitation.

It is the policy of NCH Medical Education Department to ensure that any necessary interactions of NCH residents with industry and its vendors should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately.

PROCEDURE:

Personal Gifts

- Consistent with the guidelines established by the American Medical Association Statement on
- Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. Personal gifts of significant value (more than \$50/year) must not be accepted by residents from those who are promoting products for sale. Gifts include items of any sort and include meals, services, and entertainment that are not provided as part of appropriately sanctioned educational activities (e.g., scientific or educational meetings; see below section on educational grant support).
- Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function.
- Cash payments should not be accepted.
- Residents may not accept gifts or compensation for listening to a sales talk by an industry representative.
- Residents may not accept gifts or compensation for prescribing or changing a patient's prescription.
- Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.
- While the practice of free distribution of token promotional gratuities from suppliers to individuals is widespread and has been accepted for years, there is no good reason for a professional to participate in a company's promotional activities. Such activities may not influence behavior, but they create a perception of a biased relationship. We strongly discourage such practices.

Educational Grant Support

Vendor support of educational conferences involving resident physicians may be used provided that the funds are given as an educational grant to the institution/ department of medical education/ or training program and not directly to the resident. The institution must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the NCH meeting sponsor. The speaker must be chosen by the institution. The meeting or lecture content must be determined by the speaker and the conference planners and not the industrial supporter. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

Provision of Scholarships and Other Educational Funds to Trainees

Occasionally, some industry may provide support of trainees through funding mechanisms such as scholarships, reimbursement of travel expenses, or other non-research funding for educational activities. This support of scholarship or training should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education, and must comply with all of the following provisions:

- The training program selects the trainee.
- The funds are provided to the department of medical education not directly to the trainee.
- The medical education department or training program director has determined that the funded


conference or program has educational merit.

- The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a “quid pro quo.”

All residents should receive training by the teaching faculty/ program regarding potential conflicts of interest in interactions with industry vendors.

REFERENCES: [list of supporting and source documentation used to validate the policy and procedure]

R. Residents, Fellows, and Faculty Wellbeing

<p>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</p> <div style="display: flex; justify-content: center; align-items: center;">  <div style="margin-left: 10px;"> <p>Nicklaus Children’s Hospital</p> </div> </div>	
ISSUED BY: Department of Medical Education	
PAGE: 1 of 6	REPLACES POLICY DATED:
EFFECTIVE DATE: 12/17/2019	DISTRIBUTION: department wide
APPROVED BY: Graduate Medical Education Committee	
POLICY DESCRIPTION: GME - Residents, Fellows, and Faculty Wellbeing	

SCOPE:
The department listed above including all employees and contractors or any and all personnel providing services.

BACKGROUND:
In the current healthcare environment, learners and providers are at increased risk for burnout and depression. Therefore, self-care is an important component of professionalism and is a skill that must be learned and nurtured in the context of residency/fellowship training.

The term “resident” is inclusive of all trainees at Nicklaus Children’s Hospital (NCH), whether training in a residency or fellowship program. Residency education must occur in the context of a learning and work environment that emphasizes a commitment to the well-being of students, residents, faculty members, and all members of the educational and healthcare team. Psychological, emotional and physical well-being are critical to the development of a competent, caring, and resilient physician. In addition, well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. NCH GME programs follow all ACGME institutional and common program requirements and are committed to providing a safe environment for patients, learners, faculty, and staff.

The creation and maintenance of a positive learning and work environment and a culture of respect and accountability for well-being is crucial to a physician’s ability to deliver the safest best possible care to patients

PURPOSE:

This policy defines the ways in which Residents are supported in their efforts to become competent, caring and resilient physicians while completing Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs at Nicklaus Children's Hospital (NCH) and Faculty are supported to be able to self-care and demonstrate resilience and commitment to wellbeing.

DEFINITIONS:

Burnout: Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.

Resident: Any physician in an ACGME-accredited graduate medical education program including residents and fellows.

Resilience: The ability to withstand and recover quickly from difficult conditions or situations. During training, Residents may face difficult patient care, educational or personal events which have the ability to negatively affect their Well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase Resilience.

Well-being: Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

GUIDELINE:

1. INDIVIDUAL RESPONSIBILITIES

- Residents and faculty members have a professional responsibility to appear for work appropriately rested and must manage their time before, during, and after clinical assignments to prevent excessive fatigue.
- All residents and faculty members should be aware of the behavior and conduct of other team members. If a resident or faculty member observes physical, psychological, or emotional problems affecting the performance of a resident or faculty member, including impairment due to fatigue, they should immediately notify their program director or supervising faculty. Likewise, residents and faculty should alert the program director, The Graduate Medical Education (GME) office/ DIO, or other appropriate supervisor if they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- If a resident is experiencing problems, he/she is encouraged to voluntarily seek assistance before clinical, educational, and professional performance, interpersonal relationships or behavior are adversely affected. Residents who voluntarily seek assistance for physical, mental, emotional and or personal problems, including drug or alcohol misuse, before their performance is adversely affected, will not jeopardize their status as a resident by seeking assistance.
- Residents must maintain their health through routine medical and dental care and (if needed) mental health care. Non-urgent appointments should be scheduled in advance in accordance with the program and institutional leave policies. At no time will residents be denied visits for acute care of illnesses (physical or mental) or dental emergencies during work hours.

2. PROGRAM RESPONSIBILITIES

NCH GME Programs Must:

- Promote practices that enhance the meaning that each resident finds in the experience of being a physician, including protected time with patients, minimizing non-physician obligations, providing

administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.

- Promote practices and behaviors among faculty, staff and learners that enhance a positive learning and work environment including:
 - Clear and consistent expectations
 - Consistent and effective feedback
 - Respect for divergent opinions and positions
 - A fair and accurate system for performance assessment
 - The ability of all to express concerns or divergent opinions without fear of retaliation or intimidation.
 - Expectations for emotional self- regulation
 - Solicitation of and respect for the input, recommendations, and concerns of trainees
- Construct schedules that are not unduly burdensome with work intensity or compression.
- Provide opportunities for excessively fatigued residents to take therapeutic naps and provide sleep space or alternative transportation if a resident is too tired to drive home following clinical duties. If a resident accesses public transportation to arrive home safely, they can provide receipts for one-way or round-trip fare to the GME office for reimbursement. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Programs must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.
- Have policies and procedures in place that:
 - Encourage optimal resident and faculty member well-being
 - Ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who was unable to provide the clinical work.
 - Ensure compliance with clinical and educational work hours
 - Ensure progressive levels of supervision that promote patient safety, autonomy, and flexibility
- Ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their work hours.

Additional Programs' / Program Directors' & Faculty Duties

- It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct. If a program director or faculty member observes manifestations of physical, mental or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, they must take steps to verify any impairment and take appropriate actions as outlined in the GME Policy on Clinical and Educational Work Hours and Learning Environment
- Likewise, faculty members should alert the program director, GME office/DIO, or other appropriate supervisor if they are concerned that a resident or another faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- Program directors are encouraged to:
 - Encourage residents during the semi-annual assessment to self-screen using the *Maslach Burnout Inventory for Health Professionals*® provided by the GME office on an annual basis.
 - Create social events in which residents, attendings and family members become better acquainted in a stress - free atmosphere – especially at the beginning of the academic year and after the winter holidays.
 - Encourage residents to attend the institutional GME social events

3. SHARED PROGRAM/SPONSORING INSTITUTION RESPONSIBILITIES

Programs along with the Sponsoring Institution must:

- Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate
- Educate faculty members and residents in the identification of symptoms of burnout, depression and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.
- Provide access to confidential, affordable mental health assessment, counseling and treatment, including access to urgent or emergent care 24 hours a day, seven days a week.

PROCEDURE:

SPONSORING INSTITUTION'S SUPPORT

- *Interactive Health* provides all NCH employees and their families (Faculty & trainees) with resources and services that motivate, encourage, and promote healthy lifestyles and foster Resilience. Services include:
 - Health Improvement and Employee Wellness: including Health Risk and Wellness Assessment, health and lifestyle coaching, diet and nutrition resources, fitness room, onsite fitness classes, free smoking cessation resources, weight loss programs, and others.
 - Employee Assistance Program (EAP): Confidential and free counseling services which include up to six in-person visits/year and 24/7 telephonic counseling.
 - Onsite Employee Health office.
 - Incident Reporting: Employee safety reporting for actual events and near misses.
- Residents and employees have access to healthy options of food and beverage in the cafeteria and from other on-campus sites such as the weekly farmers' market.
- All Residents and Faculty participate in the yearly grand round on Error Prevention.
- All employees are part of the e-Recognition system throughout the institution.

GME OFFICE SUPPORT

- The GME office is a safe place where Residents can ask for and receive help with various needs including academic counseling, coaching, and mentoring.
- The GME office sponsors annual Residents retreat, and other social events including the faculty versus residents softball game and picnic, the holiday party, graduation celebration, residents day, and other events.
- Recognition of residents, fellows, and faculty accomplishments in the *Milestones in Medical Education Newsletter* including those who received an e-Recognition or parents' compliments.
- The DIO provides a small token of appreciation (In the form of a Starbucks gift card) to residents and fellows who received e-recognitions from other employees.
- An institutional wellness committee from residents and fellows works on organizing wellness activities across the GME programs including topics of interest to their professional lives and future.
- Residents may become members of, or participate in, the Residents and Fellows Form (RFF) or the wellness committee.
- The GME office provides coffee and snacks to the Resident lounge for morning report, coffee for Grand Round and Radiology Conference, daily lunches during core curriculum for the residents (5 days a week), access to the doctors' lounge for fellows, faculty, and attendings. Meal funding support is also provided to Residents and Fellows in the amount of \$1500 per year.
- All Residents fellows complete an annual learning module on sleep alertness and fatigue mitigation through the AMA GCEP (GME Competency Education Program) program.
- Opportunity to self-screen anonymously for burnout using the *Maslach Burnout Inventory*®

- Resources webpage provided in the GME website
- Confidential support from a Psychology faculty member (Dr. Azaret)

PROGRAM SUPPORT

- There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the Resident whom is unable to provide the clinical work.
- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments.
- Residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a Resident colleague or a faculty member displaying signs of Burnout, depression, substance abuse, suicidal ideation or potential for violence.

REFERENCES:

- ACGME
- NCH GME WellBeing Page: <https://www.nicklauschildrens.org/medical-professionals/medicaleducation/wellbeing>
- [ACGME Physician Well-Being Initiative](#)
- [AMA STEPSforward: Professional Well-Being](#)



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