

# **TidalHealth Graduate Medical Education (GME) Handbook and Policy Manual**



Revised version effective September 7, 2022

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## GME Policy Manual Revision Information

### GRADUATE MEDICAL EDUCATION (GME) HANDBOOK AND POLICY MANUAL

**Subject: GME Handbook and Policy Manual**

**Approved by: GME Committee**

**Responsible Parties: GME Office, Morgan Marshall**

**Initial Effective Date: October 6, 2021**

**Revised Date: September 30, 2020, September 7, 2022**

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**Keywords: GME Policy Manual, GME Handbook**

**Revisions:** All policies have been written in accordance with \*Accreditation Council for Graduate Medical Education (ACGME) and TidalHealth requirements, policies, and procedures.

**ACGME-approved Institutional Requirements focused revision: September 26, 2021; effective July 1, 2022**

**\*\*GME policies are available for review by TidalHealth employees in PolicyStat through the TidalHealth iPortal**

## Glossary

**Accreditation Council for Graduate Medical Education (ACGME):** The body responsible for accrediting all graduate medical training programs for physicians in the United States.

**American Board of Internal Medicine (ABIM):** Physician-evaluation organization that certifies physicians practicing internal medicine and its subspecialties.

**Clinical Experience and Education Periods:** 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 on in-house call, and other scheduled activities, such as conferences.

**Common Program Requirements:** The ACGME standards that apply to all TidalHealth Residency Program. These requirements are denoted by bold text within the applicable Program Requirement documents.

**Institutional Requirements:** TidalHealth's ACGME standards.

**Faculty:** The group of individuals (both physician and non-physician) assigned to teach Residents within a Residency Program.

**Graduate Medical Education Committee (GMEC):** The Graduate Medical Education Committee (GMEC) is authorized by the Board of Directors and administration of TidalHealth, in collaboration with the Designated Institutional Official (DIO) to have authority and responsibility for the oversight and administration of TidalHealth's residency programs.

**Graduate Medical Education (GME) Department:** Consists of the Designated Institutional Official (DIO) and Institutional Coordinator.

**Program coordinator:** The lead administrative person who assists the Program Director in accreditation efforts, educational programming, and support of Residents.

**Program director:** The individual designated with authority and accountability for the operation of a residency program.

**Program-Specific Requirements:** The ACGME specialty specific standards that apply to each TidalHealth program.

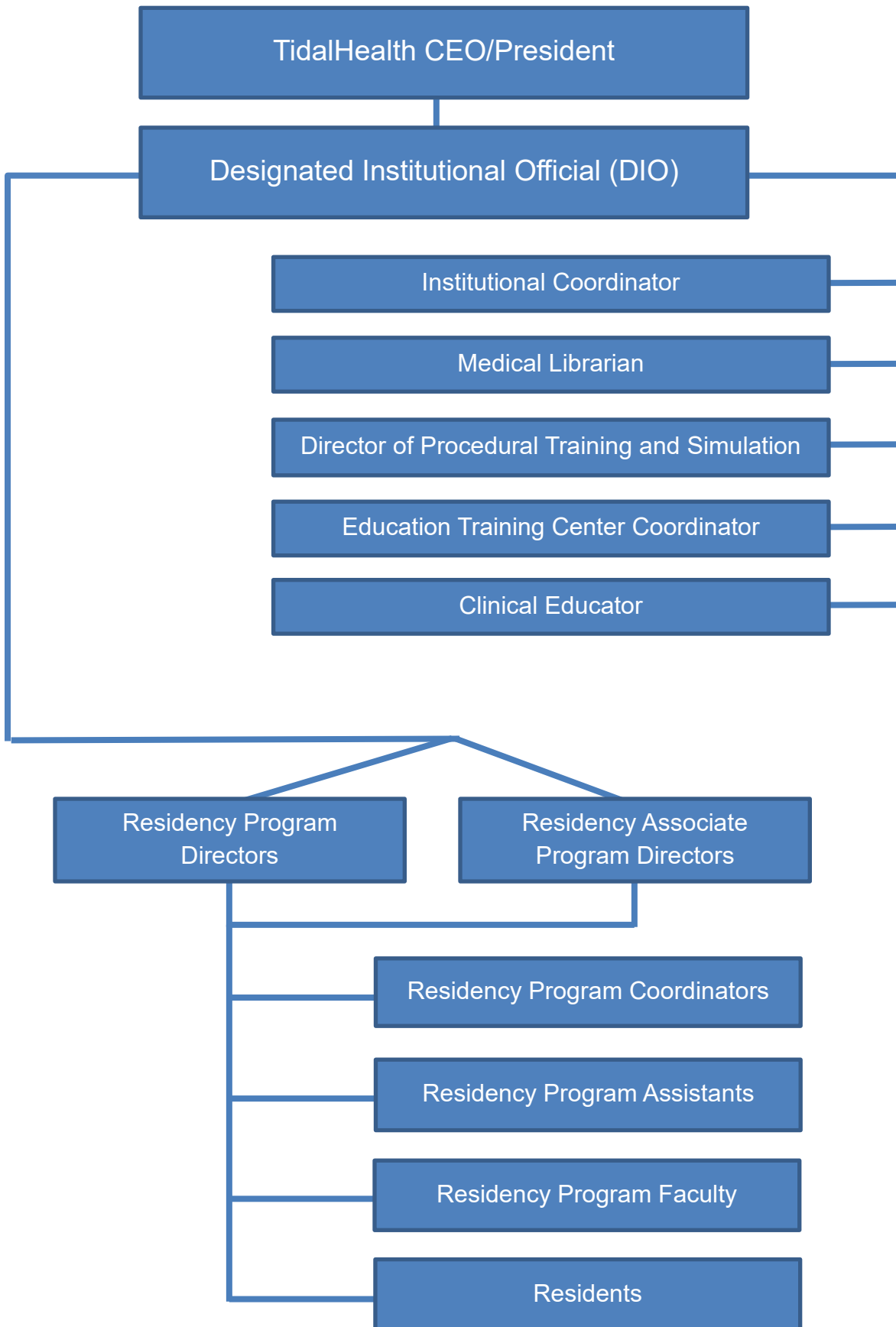
**Residency Program:** An ACGME-accredited period of formal graduate medical education that consists of on-the-job training of medical school graduates; completion of a Residency Program is required for board certification in a medical or surgical specialty. (i.e., Internal Medicine, General Surgery).

**Resident Council Forum:** A group that allows all Residents across TidalHealth's ACGME-accredited Programs to meet and communicate information with other Residents relevant to their ACGME-accredited programs and their learning and working environment. Consists of residents from each TidalHealth Residency Program.

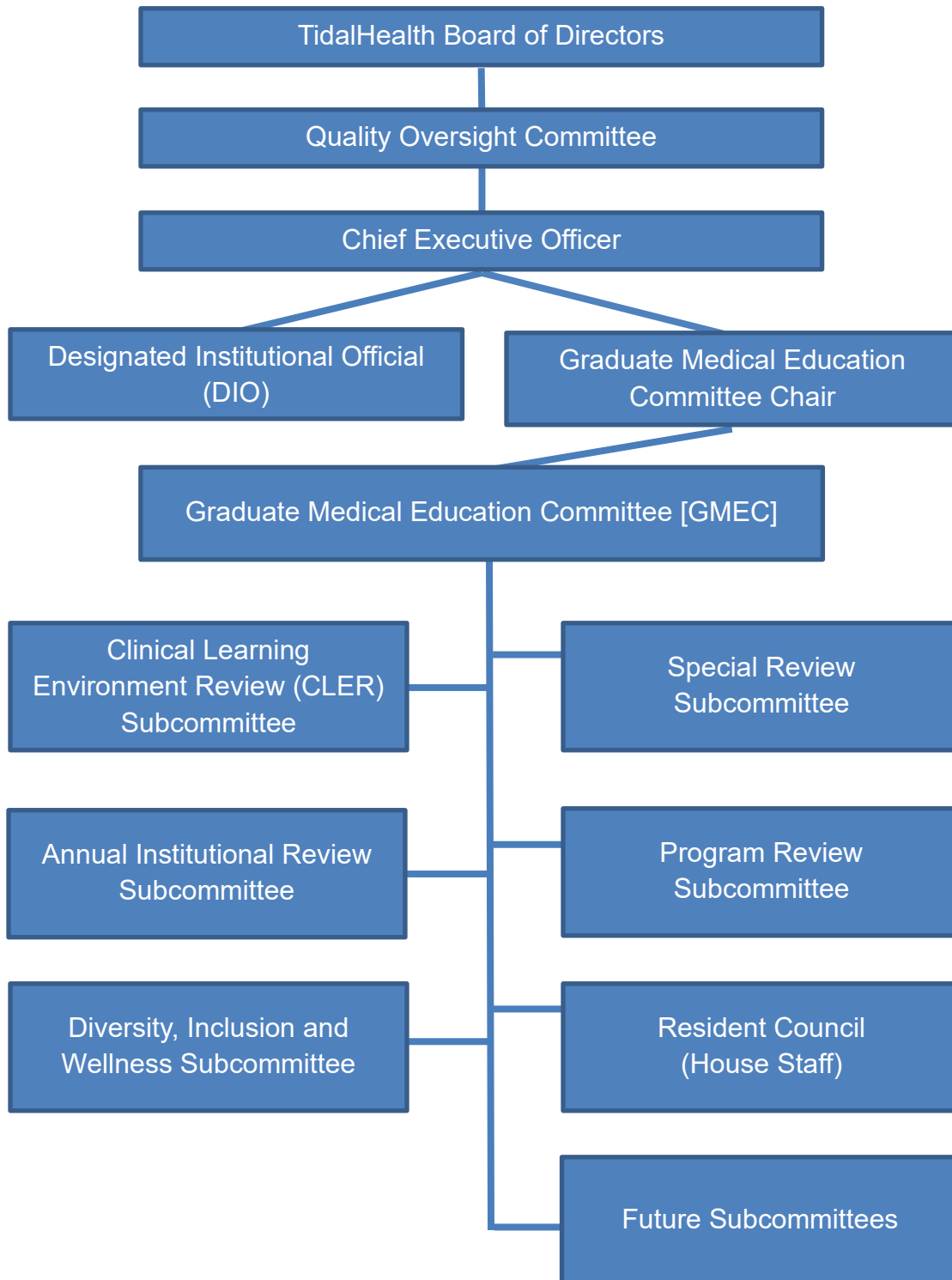
**Resident:** An individual enrolled in an ACGME-accredited Residency Program.

**Sponsoring Institution:** The organization (TidalHealth) that assumes the ultimate financial and academic responsibility for a GME Residency Program consistent with the ACGME Institutional Requirements.

# TidalHealth Reporting Structure



## Graduate Medical Education Committee (GMEC) Organizational Chart



## Accommodations for Disabilities

**Reasonable Accommodation:** A reasonable accommodation is a modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity.

### Policy:

As required by the Americans with Disabilities Act (“ADA”) and Amendments Act (“ADAAA”), as well as state and local law, TidalHealth will provide reasonable accommodation for qualified individuals with known disabilities to assist them in performing the essential functions of the job unless the accommodation would create an undue hardship on TidalHealth or create a direct threat to the health or safety of the individual, patients, or those around him or her. We prohibit discriminatory treatment against qualified individuals with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires. Any need for accommodation should be discussed with the Program Director and the People Department. TidalHealth may request documentation of functional limitations and need for accommodation to support the accommodation request. The TidalHealth Graduate Medical Education Residency Programs shall remain compliant with the ADA, ADAAA, state and local laws by incorporating these policies.

### Guidelines:

1. TidalHealth recruitment and selection process and employment procedures for Residents in its GME Residency Programs incorporates TidalHealth’s guidelines and policies.
2. Resident applicants will be considered based on relevant and academic qualifications without regard to disability, including the need for reasonable accommodation.
3. Qualified applicants must be able to perform the essential functions of the selected medical specialty and may request a reasonable accommodation to perform these functions. Medical specialty essential functions are provided to Residents during the interview process and during onboarding.

#### 4. Reasonable Accommodation for Residents:

TidalHealth complies with the reasonable accommodation requirements of the ADAAA and other applicable federal, state, and local laws. TidalHealth is committed to providing reasonable accommodations to qualified individuals with known disabilities to enable them to perform the essential functions of the position held or desired, to participate in the application process, or to enjoy equal benefits and privileges of Residency as are enjoyed by Residents without disabilities. To obtain a reasonable accommodation, a Resident applicant or Resident should inform TidalHealth of the existence of a disability, the disability related limitation(s) or workplace barrier(s) that need to be accommodated, and if known, the desired reasonable accommodation.

#### 5. Request for Reasonable Accommodation:

- A request for reasonable accommodation may be oral or written. All requests for reasonable accommodation should be submitted to the Program Director and the People Department. For recordkeeping purposes, TidalHealth requires that all Residents requesting reasonable accommodations complete and return an accommodation request form to the People Department. The processing of requests will not be delayed while a Resident completes these forms.
- TidalHealth may request and review reasonable documentation, including medical documentation, in support of a request for reasonable accommodation. Documentation will be requested if the disability and/or need for accommodation is not obvious, where sufficient information regarding the disability and need for accommodation has not been provided, to confirm that a reasonable accommodation is medically appropriate, or to identify alternative accommodations that may be

sufficient. Any request for medical documentation will be specific and limited to documentation of the individual's disability, its expected duration, the functional limitations for which reasonable accommodation is sought, and information about medically appropriate accommodations.

- Residents should submit any requested medical documentation to the Employee Health Office, or People Department, and not their Program Director. Residents are responsible for providing complete, timely, and sufficient documentation, generally within one week of the TidalHealth's request. If it is not practical to do so within this time period, despite the Resident's diligent efforts, the Resident must inform People Department of (1) the efforts the Resident has made to date; (2) the reasons the Resident has been unable to obtain the requested information; and (3) a date by which the Resident expects to be able to provide the requested information. TidalHealth may waive its right to obtain timely, complete and/or sufficient documentation whenever it deems it appropriate to do so and may deny a request for accommodation where Residents unreasonably fail to timely provide complete and/or sufficient documentation.
- Requests for accommodation will be considered on a case-by-case basis and as expeditiously as possible. TidalHealth is not required to provide a Resident's requested accommodation and reserves the right to provide an alternative accommodation that is equally effective. A requested accommodation may be rejected when not required by law, such as when, for example, it would impose an undue hardship on TidalHealth or if it would not be sufficient (or not necessary) to enable the Resident to perform the essential functions of the position.

*The Accommodations for Disabilities policy is maintained by the TidalHealth People Department. This policy was reviewed for accuracy on August 29, 2022 by Beth Barnes, Director of Human Resources.*



## Annual Institutional Review Protocols

### Policy:

TidalHealth will apply the written protocol for the Annual Institutional Review (AIR) in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

### Guidelines:

1. The Graduate Medical Education Committee (GMEC) shall demonstrate effective oversight of TidalHealth's accreditation through an AIR.
2. A sub-committee of the GMEC shall convene annually to complete the AIR. In addition, to ensure consistency across TidalHealth, the sub-committee may conduct an audit or observation of any Residency Program. At least one member of the sub-committee shall be a Resident.
3. The AIR report must include: 1) The most recent ACGME institutional letter of notification (when available); 2) Results of the ACGME surveys of Residents and Faculty; 3) a list of its ACGME-accredited Programs' accreditation information, including accreditation statuses and citations; and 4) the GMEC identified Institutional Performance Indicators ("Indicators") selected for the annual review.

The AIR report shall include review and discussion of Indicators from the following list:

- GMEC responsibilities (from Institutional Requirements)
- Last ACGME accreditation letter
- Clinical Learning Environment Review (CLER) report (when available)
- Last annual report to TidalHealth Board of Directors
- In-house program survey results
- Use of data in decisions
- Annual Program Evaluation (APE) results and data use
- Clinical Experience and Education (Work Hour) compliance
- Policies (specifically Clinical Experience and Education (Work Hours), Supervision, Transition of Care, etc.)
- Board passage rate data
- Graduate feedback (when available)
- Program Goals and Objectives
- Resident Quality Improvement and Patient Safety Projects
- Selected Accreditation Data System data
- Program Rotation Schedules
- Changes since the last CLER or self-study visit
- ACGME Citations/Responses
- Residency alignment with Institution mission
- The AIR report will include a discussion of the six Clinical Learning Environment Review (CLER) Focus areas:
  - Patient Safety
  - Quality Improvement; reducing disparities
  - Supervision

- Transition in care
  - Clinical Education and Experience
  - Professionalism
  - When available, the AIR committee will review
    - Number of Resident recorded events
    - Training sessions
    - Open/closed recorded events
    - Risk meetings
    - Residents' ability to report without fear
    - Current projects: title, Residents/faculty, status, outcome
    - Potential projects: ideas, who may be interested, options
    - Didactic sessions: Title, date, audience, feedback
    - Institutional health disparity goals: Results/outcomes of projects
    - Number of lapses
    - Procedure/protocol for reporting lapses
    - Communication channels
    - "Credentialing" database, who can do what, availability to support staff, training
    - Clinical Education and Experience statistics
    - Clinical Education and Experience policies
    - Documented education, for Residents and faculty, on management and mitigation
    - Timeliness of assignment completion (Faculty & Resident evaluations, other assignments)
    - Reports of Resident mistreatment
    - Other breaches of professionalism
4. The AIR committee will prepare a written plan of action documenting performance improvement initiatives for one or more of the indicators and provide for methods of measurement to monitor progress. The action plan will be reviewed and approved by GMEC and documented in the meeting minutes.
5. The Designated Institutional Official will submit a written executive summary of the AIR to the TidalHealth Board of Directors. Any audits or observations conducted by the sub-committee of any Residency Program will be included in the executive summary. The written executive summary must include:
- A summary of TidalHealth performance on selected Indicators; and
  - Action plans and recommended performance monitoring processes resulting from the AIR

## Clinical Experience and Educational Hours

### Policy:

TidalHealth will provide a balanced environment between education and patient care for every Resident enrolled in a TidalHealth sponsored Graduate Medical Education (GME) Program. Resident Clinical Experience and Education Hours will adhere to the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common and Program Requirements that apply to each Residency Program.

### Guidelines:

1. The TidalHealth GME Department will ensure Residents have an appropriate academic and clinical experience that is purposefully planned and balanced to address Resident well-being and patient safety.
  - Residents will be assigned rotations in both Delaware and Maryland which are approximately 21.5 miles apart.
    - TidalHealth Peninsula Regional and participating TidalHealth affiliate sites in Salisbury, Maryland will be the primary location for most assigned rotations.
    - TidalHealth Nanticoke and participating TidalHealth affiliate sites in Seaford, Delaware will be the location for only two required rotations.
  - Please note the licensure requirements for both states
    - Maryland does NOT require a Physician Training license for rotations at TidalHealth Peninsula Regional and its Maryland affiliates as long as Residents are performing postdoctoral training duties as assigned by the Program Director of the Residency Program
    - Delaware requires a Physician Training licensure for rotations at TidalHealth Nanticoke and other Delaware TidalHealth affiliates. The Resident must submit an application for the Physician Training licensure.
    - Residents may not practice outside of their training program without first obtaining an unrestricted medical license in either state.
2. Learning objectives for each Program will not be compromised in any manner that encourages the inappropriate utilization of Residents to provide care to patients.
3. The priority of each Resident is their didactic and clinical education, a fact that will be reflected in the allotment of Residents' assignments.
4. The safety and welfare of patients is the collective responsibility of the Faculty and Residents and should be reflected by the educational and clinical work hour assignments.
5. The Graduate Medical Education Committee (GMEC) is responsible for monitoring Resident clinical and educational work hours, as well as measuring the impact on the quality of the educational program.
6. Logging and Monitoring Clinical and Educational Work Hours:
  - TidalHealth's Residents must record their educational and clinical work hours in the Clinical Experience and Educational Work Hour Module within MEDHUB on a weekly basis.
  - TidalHealth's GME Department will monitor clinical experience and educational work hours via the Residency Management System ("MedHub").
  - Program Directors are held accountable for monitoring educational and clinical work hours to adhere to ACGME requirements.
  - Clinical and educational work hour reports will be reviewed as a standing item at GMEC meetings and through Annual Program Evaluations (APE) and Resident surveys to ensure adherence to ACGME requirements.

## 7. Oversight & Monitoring: GMEC & GME Responsibilities General

### A. GMEC

- GMEC reviews and monitors working conditions, Resident supervision, Clinical Experience and Education Work Hours for Residents, ancillary support, and Residents' participation in department scholarly activity as set forth in the ACGME Requirements.
- The GMEC reviews and approves any proposal to substantially alter the working conditions for Residents including Program Specific and Common Benefits.

### B. GME Department

- The GME Department of TidalHealth provides oversight and instruction to TidalHealth and its Residency Programs regarding sources of funding for GME; reviewing existing use of GME funds; actively participating in the institutional budget process; making recommendations to GMEC regarding use of GME funds; reviewing requests for affiliation with other training programs/institutions; monitoring agreements with affiliated training programs/institutions; considering GME sizing issues; assisting with monitoring Resident Clinical Experience and Education Work Hours, moonlighting, supervision and/or other ACGME Institutional requirements or issues that apply to all training programs.

## 8. Oversight & Monitoring GME: Individual Program Responsibilities

- Each TidalHealth General Medical Education Program must have written policies and procedures consistent with this Clinical Experience and Educational Hours policy and the ACGME Common and Sub-specialty Requirements for Resident Clinical Experience and Education Work Hours and the working environment. These policies must be distributed to the Residents and the Faculty.
- Programs must utilize MedHub to track Clinical Experience and Education Work Hours of the Residents and assist with the appropriate monitoring of compliance with this policy.
- Program Directors will report to the GMEC as part of the standing agenda information on compliance with the requirements of this policy as well as a summary report in the Annual Program Evaluation.
- Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, if unexpected circumstances create Resident fatigue enough to jeopardize patient care, or to ensure Clinical Experience and Education Work Hour averaged weekly limits are not exceeded.
- If logging or policy compliance is below a certain threshold as determined by the GME Department, the Program Director will be responsible for creating an action plan in collaboration with their respective Program Evaluation Committee (PEC) that will mitigate the issue(s) expeditiously. The Program Director will report the plan to the GMEC and will provide regular updates.

## 9. Clinical Experience and Education Work Hours Concerns and Issues: Reporting Mechanisms

- Clinical Experience and Education Work Hours concerns will be a standing agenda item for every Graduate Medical Education Committee meeting. The Graduate Medical Education Committee will review, discuss, and assist in resolving issues or problems involving Clinical Experience and Education Work Hours as they are brought to the attention of the Committee by Program Directors, Residents, or other parties. The Graduate Medical Education Committee will require Program Directors to provide corrective action plans addressing any violation of the American Council for Graduate Medical Education Clinical Experience and Education Work Hours Standards.
- Residents are encouraged to discuss concerns or issues with their Clinical Experience and Education Work Hours with their Program Director and/or Chief Resident(s). Residents may also report Clinical Experience and Education Work Hours violations or concerns without fear of reprisal to the Designated Institutional Official or the Graduate Medical Education Department at any time in person, by telephone, or by e-mail. Clinical Experience and Education Work Hours issues brought to the attention of the Graduate Medical Education Department will be addressed as quickly as

possible with the appropriate Program Director and will be reported at the next Graduate Medical Education Committee meeting.

- Clinical Experience and Education Work Hours concerns, and issues may also be reported anonymously or confidentially through institutional resources, as detailed in the Residency Program Grievance and Due Process Policy of this Manual.

#### 10. Requests for Exception to Work Hours

- While TidalHealth acknowledges that, on rare occasions, a Resident may work more than 80 hours in a given week, all Programs and Residents utilizing this flexibility will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period. Programs that regularly schedule Residents to work 80 hours per week and still permit Residents to remain beyond their scheduled work period would not be considered in compliance with American Council for Graduate Medical Education requirements or TidalHealth policy. Programs wishing to request a rotation-specific exception to the Clinical Experience and Education Work Hours limitation (up to 10% or a maximum of 88 hours), must submit a written proposal describing the educational rationale for the request to the Graduate Medical Education Committee.
- A Residency Review Committee may recommend exceptions for up to 10% or a maximum of 88 hours to individual rotations based on a sound educational rationale. However, prior permission of the Graduate Medical Education Committee is required. The process is:
  - Exceptions to the above standards for reasons of sound educational rationale may be submitted to the Resident section of the Graduate Medical Education Committee for consideration. The Resident section will then present the proposal along with their recommendations to the full Graduate Medical Education Committee for approval/denial. If approved, the exception request will then be forwarded on to ACGME. Exceptions approved by Graduate Medical Education Committee will not be effective until direct notification to the Designated Institutional Official or designee from ACGME that it was accepted.
  - All Clinical Experience and Educational Work Hours concerns by Residents will be directed to the Resident Council of the Graduate Medical Education Committee for consideration, investigation, and action. The Resident Council of the Graduate Medical Education Committee will then present the concerns and proposed action to the full Graduate Medical Education Committee for approval/denial.

#### 11. Monitoring Requirements: Compliance & Resolutions

- Compliance with Clinical Experience and Education Work Hours requirements is monitored as identified below. Follow-up and resolution of problems identified are the responsibility of the Graduate Medical Education Committee and Designated Institutional Official.
  - Resident Survey: The American Council for Graduate Medical Education and other Accrediting bodies survey the Residents about their clinical and education experiences. This survey is not administered in conjunction with a Residency Program's site visit, although the information gathered will be used at the time of the Residency Program's site visit.
  - Compliance Hotline: Residents are encouraged to contact the TidalHealth Compliance Hotline to report violations of the Clinical Experience and Education Work Hours requirements.
  - Program Policies: Copies of program specific policies and procedures are maintained in the Graduate Medical Education Department.
  - Periodic Review of Program Procedures: On a regular basis, Program Directors are requested to report on the procedures they have in place to ensure that Clinical Experience and Education Work Hours requirements are being met.
  - Resident Evaluation of the Program: Residents are required to complete a confidential (only program is identified) web-based survey. Included in the survey are questions about program compliance with Clinical Experience and Education Work Hours and other work environment issues.

## Closure and Reduction

### Policy:

TidalHealth will make every effort to avoid program closures and reductions; however, in the event an accredited Graduate Medical Education (GME) Program must be closed or reduced in size, TidalHealth will allow the impacted Residents to complete their training in their current TidalHealth Residency Program whenever possible or assist them in enrolling in another accredited program. In the event a major participating site closes, TidalHealth will secure an alternate site to provide the required experiences.

The Graduate Medical Education Committee (GMEC) provides oversight of all processes related to reeducations and/or closures of individual Residency Programs, participating sites, and TidalHealth.

### Guidelines:

1. Decisions that may result in the reduction or closure of a TidalHealth GME Program will be made by TidalHealth senior leadership in consultation with GMEC, the Designated Institutional Official (DIO), and senior representation from the Graduate Medical Education Department.
2. Once a decision is made GMEC, the DIO, and the Residents in the Residency Program will be notified as soon as possible.
3. The DIO will notify the Accreditation Council for Graduate Medical Education (ACGME) of the decision and the proposed date of the intended action.
4. The respective Program Director and the DIO will assist all impacted Residents in developing future training plans.
5. The Program Director will prepare a transfer letter for each Resident detailing their progress in core competency education and an evaluation of their overall performance. This letter will be sent to the Program Director of the program that is accepting the Resident. A copy of the letter will be placed in the Resident's educational file.
6. The Program or Graduate Medical Education Department will send the Resident's files to the program accepting the Resident in a timely manner.
7. Individuals who have been accepted to a TidalHealth Program AND have executed a contract but have not started a Program will be notified of the reduction or closure as soon as possible. The Program Director will assist such individuals in applying for alternative training programs. The Program Director and Designated Institutional Official will notify the National Residency Match Program that TidalHealth is not able to meet its commitment.

## Disaster Response

**Disaster:** An event or set of events causing significant alteration to the Residency experience at one or more Residency Programs.

### Policy:

TidalHealth will maintain a policy consistent with Accreditation Council for Graduate Medical Education (ACGME) Policies and Procedures that addresses administrative support for each of its accredited Programs and Residents in the event of a disaster or interruption in patient care. This policy will include information about assistance for continuation of salary, benefits, and Resident assignments.

### Guidelines:

1. Following declaration of a disaster:
  - The Designated Institutional Official (DIO) and other TidalHealth leadership will strive to restructure or reconstitute the educational experience as quickly as possible.
  - The DIO will assess the likelihood of the Residents being able to complete the program requirements within the standard time required and determine if a transfer is required.
2. If TidalHealth is determined to no longer provide an adequate education experience for its Residents by the DIO:
  - TidalHealth will work with other sponsoring institutions to temporarily transfer the Residents to that institution's program, until it is found that TidalHealth is able to resume adequate training for the Residents.
  - The Program Director will provide the Residents with an estimated time for relocation and training at the new program if they have been transferred due to a disaster.
    - Should the initial time estimated need to be extended, the Residents will be notified by their Program Director using written or electronic means to communicate the estimated time of extension.
3. Following a disaster:
  - Re-establishing the permanent educational experience which meets the standards of the ACGME will be the primary focus of TidalHealth.
    - If it cannot be achieved within a reasonable amount of time, TidalHealth will arrange permanent transfers for the Residents to other accredited programs.
4. The DIO will be the primary contact with the ACGME Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.
  - Within 10 days of declaring a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the Programs, including but not limited to Program reconfigurations and Resident transfer decisions.
  - The Program Directors and Residents will contact the appropriate Review Committee Executive Director with information and/or requests.
5. If there is a disaster affecting Graduate Medical Education (GME) Programs at another institution:
  - Leadership from the TidalHealth's GME Programs will work collaboratively with the DIO to determine if displaced Residents can be accepted into a TidalHealth Residency Program.
  - If transfers are accepted from other institutions, the DIO will work with the ACGME to request an increase in complement, which might be required for additional Residents.
  - Programs currently under a proposed or actual adverse accreditation decision by the Accreditation Council for Graduate Medical Education will not be eligible to participate in accepting transfer Residents.

## Diversity

### Policy:

TidalHealth will embed diversity in the recruitment, selection, and employment of Residents and faculty in the TidalHealth Graduate Medical Education (GME) programs. TidalHealth is committed to recruiting and employing diverse Residents and faculty in every GME program. Residency applicants and faculty will be considered based on relevant and academic qualifications without regard to race, color, religion, sex (including pregnancy), age, marital status, national origin, veteran or service member status, disability, including the need for reasonable accommodation, sexual orientation, gender identity, genetic information including an individual's refusal to submit to a genetic test or make available the results of a genetic test, association with another who is in a protected class, and any other category protected by applicable law

### Guidelines:

1. TidalHealth believes that diversity enhances the educational experience of every Resident in the program and impacts the ability of an individual to competently practice following completion of the program. Additionally, the constantly changing patient demographics locally, nationally, and internationally create an impetus for a future physician workforce that can understand, communicate competently, and provide care to patients of varied backgrounds.
2. TidalHealth is committed to increasing the diversity of our Residents and faculty and ensuring the success of our Residents who come from backgrounds currently underrepresented in medicine.
3. TidalHealth will ensure that Resident recruitment materials and advertisements include language that conveys a level of commitment to diversity promotion beyond that required by regulation.
  - Interviewers and decision makers in the selection of Residents will be required to complete training regarding diversity and inclusion.
  - TidalHealth will preferentially hire program faculty candidates who can articulate a commitment to diversity.
  - TidalHealth will place advertisements widely to attract a diverse pool of candidates.
  - TidalHealth will develop standard criteria for evaluating candidates and applying these standards uniformly, including a standardized interview. This information will be disseminated to all residency programs.
4. TidalHealth will develop metrics dashboard in the areas of faculty and residency recruitment and faculty promotion, tracking women and under-represented minorities through the application, interview, and hiring process.
  - This information will be compared to local, regional, and national benchmarks, when available.
  - Similar metrics and tracking will be developed for faculty retention, academic promotion, and management promotion within GME, as well as opportunities for scholarly activity.
  - These metrics will be available to GME leadership and the GME diversity committee at any time.
5. TidalHealth will create a Diversity Committee (Diversity Committee) comprised of representatives from GME administration, Residency Program administration, Faculty, and Residents.
  - The Diversity Committee will meet quarterly to discuss diversity needs within the current GME program, recruitment metrics, retention and promotion of women and under-represented minorities, and representation of women and under-represented minorities on all GME-related committees and/or initiatives.
  - The Diversity Committee will report their findings and recommendations to the Graduate Medical Education Committee on a quarterly basis.



## Dress Code Policy

### Policy:

TidalHealth is committed to maintaining a professional workplace environment. Many factors contribute to this professional image, one of which is the professional appearance of the staff. This Dress Code Policy addresses the proper business attire and the professional appearance expected of staff members. It lists specific expectations and includes suggestions and guidance for dress and appearance.

### Policy Enforcement:

1. TidalHealth reserves the right to determine what is acceptable or not acceptable in terms of professional image. Interpretation of any aspect of the Dress Code policy will be subject to review and determination by the Program Director and the Vice President of the People Department.
2. Program Directors will ensure that the professional standards are consistently maintained in their areas of responsibility. The following procedure will be followed for staff members who violate these standards:
  - If a Resident reports to work improperly dressed or groomed, the Program Director or designee shall instruct that individual to return home to change. Repeated violations of this policy will result in disciplinary action up to and including termination from the program.
3. The professional image required at TidalHealth shall determine all decisions about appropriate attire. All departments are expected to comply with this policy. Given the variety of rotations completed within TidalHealth, individual rotation attendings may enforce more rigid regulations than those detailed within these guidelines in their respective rotation, provided such regulations are disclosed to the Resident before the rotation begins.
4. A Resident may request an exception from this policy for specific individual circumstances by submitting a written request to their Program Director. That Program Director and the Vice President of People will determine if the exception is warranted.
5. Residents are defined as patient contact staff who deliver direct patient care/contact or may potentially have exposure to blood and body fluids, skin, or mucous membranes.

### Guidelines:

1. Appearance
  - Whether Residents wear uniforms or personal attire, they are obligated to present a well-groomed appearance. All clothing shall be of a conservative style, appropriate in size for the Resident's frame and shall be clean, pressed, and in good condition. All clothing shall be constructed of fabric which cannot be seen through, and which does not inappropriately reveal undergarments.
  - Appropriate professional business attire is crisp and neat and should not look like beach, picnic, or party attire. If you would wear the attire to the beach, a picnic or party, then it is not appropriate for work.
2. Uniforms
  - Professional business attire, appropriate professional footwear, and the provided white coat will be worn by Residents for all rotations other than the three subsequently listed.
  - Only scrubs that are provided by our scrub delivery service in the Resident's locker area may be worn only during Night Float, Critical Care, and Emergency Department rotations.
    - It is permissible to wear a white or matching scrub color, long or short sleeved "undershirt" or turtleneck under the scrub top.
    - White or neutral underwear should always be worn.
3. Logos
  - Shirts or tops with any kind of words, pictures, symbols, or logo other than that of TidalHealth are not acceptable.

- Any apparel requiring imprint and/or embroidery of the TidalHealth logo or other organizational/departmental information must be pre-approved by the Director of Community Relations/Marketing.

#### 4. Footwear

- All Residents will wear professional footwear that is clean, polished and in good repair. Footwear shall be appropriate to the work duties and responsibilities performed and meet safety needs of the work environment.
- Professional footwear is defined as follows:
  - Shoes must have closed toes. Clogs are permissible but may not have holes/perforations.
  - The construction of the shoe should be of a material that is impermeable to liquids; shoes manufactured specifically for health care providers meet this requirement.
  - Athletic shoes must be constructed of mostly leather.
  - The heel is to be no greater than 1½ inches high due to safety issues.

#### 5. Skirt and Capri Pant Length

- Skirt/dress length shall be no shorter than two inches above the knee.
- Capri pants shall be no shorter than mid-calf length.

#### 6. Examples of Apparel NOT Appropriate for Work Setting

- Denim pants. Denim dresses are allowed.
- Beach attire
- Nose, tongue, or eyebrow rings
- Tank tops or T-shirts
- Spandex or lycra aerobic exercise wear
- Leggings or stirrup pants
- Jogging suits
- Sweatshirts or sweatpants
- “Spaghetti strap” tops or dresses (unless worn with a jacket or cardigan)
- Halter, tube, or midriff tops
- Motorcycle leathers
- Military-style fatigues
- Shorts
- Plunging necklines
- Flashing shoes

#### 7. Personal Hygiene

- Personal Appearance
  - Residents must maintain excellent personal hygiene and habits of cleanliness, including the use of deodorant.
  - Tattoos are permitted except those that contain content of a questionable nature such as but not limited to profanity, sexual connotation, depiction of violence, etc.

- Tattoos that contain content of questionable nature must always be covered with appropriate clothing that is consistent with TidalHealth's standards of attire/dress.
- Individuals with facial tattoos are not eligible to work at TidalHealth.
- Hair
  - Hair must be clean, combed, and neat.
  - Extreme hairstyles or unnatural hair color is not appropriate within the professional work setting.
  - Facial hair including beards, sideburns and mustaches shall be clean and neatly trimmed.
  - Those whose hair is longer than shoulder length shall secure their hair to prevent interference with good patient care. Plain barrettes, combs, and/or clips may be worn.
- Cosmetics/Perfume
  - Makeup shall be applied in moderation and good taste. Resident's using cosmetics should be mindful of their appropriateness in a healthcare environment.
  - Wearing cologne, after shave, perfume, or any scented cream or lotion is not permitted at TidalHealth.
- Fingernails
  - Resident's fingernails should be clean, manicured, and fingernail length will not be greater than ¼" beyond fingertip.
    - If polish is used, it should be in good repair.
    - Ornamentation may not be added to the fingernails.
      - Ornamentations include but are not limited to decorative nail art, rhinestone inserts and appliques.
    - Artificial fingernails or extenders are not permitted when providing Patient Care/Contact.
      - Artificial nails or extenders are defined as "substances or devices applied or added to the natural nails to augment or enhance the wearer's own nails.
      - They include, but are not limited to bonding, tips, wrapping applications, and tapes."
- Gum Chewing
  - Residents may not chew gum while on duty.

## 8. Accessories

- Jewelry
  - Rings, hoops, studs, or other jewelry worn in a non-traditional manner are not acceptable while working at TidalHealth.
    - Nontraditional would include any body piercing other than ears, i.e., nose rings, toe rings or other body piercing such as lips, tongues, etc.
  - A modest amount and type of jewelry may be worn.
    - Wrist watches, hospital service pins, or pins which identify the area of training or specialty are acceptable. All other buttons or pins are strictly prohibited.
    - Earrings shall be no larger than one (1) inch in diameter.
    - A maximum of one conservative necklace, which must fit inside uniform top, may be worn.
    - No more than two rings total. Wedding sets are considered as one ring.
    - No bracelets shall be worn except for a Medic Alert bracelet.

- Hats/Caps
  - Hats, baseball caps, recreational headgear, or other caps shall not be worn by staff members inside any TidalHealth building, unless it is considered a part of the department uniform.
  - Hats should be removed as a courtesy when indoors.
  - No sweatbands are permitted.
  - Exceptions will be made for religious reasons, as allowed by the Program Director in consultation with the People Department.
- Identification Badges
  - Residents are required to wear identification badges while on duty.
  - Photos, names, and the magnetic strip are not to be obliterated or covered in any manner.
- Dark Glasses
  - Dark glasses shall not be worn while meeting the public or serving patients.
  - However, wearing dark glasses is permitted if recommended by a physician to correct vision.

*The GME Dress Code policy is consistent with requirements set forth by the TidalHealth People Department. This policy was reviewed for accuracy on August 29, 2022 by Beth Barnes, Director of Human Resources.*

## Eligibility and Selection

### Policy:

TidalHealth is committed to selecting the highest quality graduates of accredited American, Canadian, and foreign medical schools. The Designated Institutional Official, as the representative of TidalHealth, is responsible for monitoring each Program's compliance with the Eligibility and Selection Policy and its guidelines.

### Guidelines:

#### 1. Eligibility:

Applicants with one of the following qualifications are eligible for appointment to the TidalHealth Graduate Medical Education Programs:

- Residency Programs:
  - Graduates of allopathic medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education who have passed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).
  - Graduates of osteopathic medical schools in the United States accredited by the Commission on Osteopathic College Accreditation who have passed Steps 1 and 2 (both Cognitive Evaluation (CE) and Performance Evaluation (PE)) of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).
  - Graduates of allopathic medical schools outside the United States and Canada who meet one of the following qualifications:
    - Hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
    - Hold a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located.
  - Graduates of allopathic medical schools outside the United States who have completed the Fifth Pathway program provided by a Liaison Committee on Medical Education accredited medical school. A Fifth Pathway program is an academic year of supervised clinical education provided by a Liaison Committee on Medical Education accredited medical school to students who meet the following conditions:
    - Must be Educational Commission for Foreign Medical Graduates (ECFMG) certified
    - Must provide documentation of United States citizenship, permanent residency, or a valid J-1 visa through ECFMG.
    - Have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school
    - Have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools
    - Have completed all the formal requirements of the foreign medical school on a screening examination
    - Have attained a score satisfactory to the sponsoring medical school on a screen examination and have passed Parts I and II of the examination of the National Medical Board of Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

#### 2. Fellowship Programs:

- Candidates must have passed Steps 1, 2 (both Clinical Skills and Clinical Knowledge/Clinical Experience and Clinical Principles) and 3 (all parts) of the United States Medical Licensing Examination or Comprehensive Osteopathic Medical Licensing Examination and must be eligible to

obtain a Full Medical License upon completion of the fellowship or after a total of six years of training, whichever occurs first; and

- Candidates entering an Accreditation Council for Graduate Medical Education accredited fellowship must have completed a residency that has achieved Accreditation Council for Graduate Medical Education accreditation, or Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada accreditation for a residency program in Canada.
  - An Accreditation Council for Graduate Medical Education accredited fellowship program may accept an exceptionally qualified candidate who does not meet the above criteria at the discretion of the institution's Designated Institutional Official and with approval from the Graduate Medical Education Committee.
  - The candidate must meet the qualifications and conditions for an exceptionally qualified candidate as defined by the program's Accreditation Council for Graduate Medical Education Program Specific Requirements III.A.2.

### 3. Selection

- TidalHealth Graduate Medical Education Programs select from the eligible applicants that apply through Electronic Residency Application Service (ERAS) based on preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- TidalHealth Graduate Medical Education programs participate in the National Resident Matching Program (NRMP). TidalHealth programs comply with all rules and regulations of the matching programs.
- TidalHealth provides equal employment opportunity to all employees as defined by the Equal Employment Opportunity Policy.
- An applicant invited to interview for a Resident position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the Accreditation Council for Graduate Medical Education accredited program, either in effect at the time of the interview or that will be in effect at the time of the Resident's appointment. Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability, and other insurance accessible to Residents and their eligible dependents.
- Once matched with a TidalHealth Residency Program, the Resident must successfully complete the TidalHealth onboarding and credentialing process prior to the Program's start date. Failure to successfully complete the TidalHealth onboarding, and credentialing process will delay your start in the Program and may render the offer null and void.

## Fatigue Mitigation

### Policy:

TidalHealth will provide Residents and faculty with the necessary information and resources to understand and mitigate fatigue and excessive stress.

### Guidelines:

1. TidalHealth will oversee:
  - Resident clinical and educational work hours, consistent with the Common and Specialty-Specific Program requirements across all Residency
  - Programs, addressing areas of non-compliance in a timely manner.
  - Systems of care and learning and working environments that facilitate fatigue mitigation for Residents and Faculty.
  - An educational program for Residents and Faculty members in fatigue mitigation.
2. TidalHealth, in partnership with its Accreditation Council for Graduate Medical Education-accredited Program(s), will provide adequate sleep facilities and/or safe transportation options for Residents who may be too fatigued to return safely home.
  - These sleep facilities will be safe, quiet, and private, and will be available and accessible for Residents to support education and safe patient care.
3. There are four main causes of fatigue:
  - inadequate rest
  - desynchronized day/night cycles
  - weariness following physical activity
  - impaired judgment following prolonged mental activity
4. Signs and symptoms of fatigue often include:
  - Denial about fatigue and stress-related cognitive impairment
  - Reduced attention span
  - Easily distracted
  - Lacks interest and/or motivation
  - Appears depressed or irritated
  - Demonstrates questionable judgement
  - Worried, anxious behavior
  - Error types such as commission and omission
5. All rotation and clinical shift schedules are designed to ensure all rest periods are in compliance with the accreditation requirements, which also allows the Programs to proactively combat and mitigate fatigue and stress in the clinical and educational working environment.
6. To ensure the members of each Graduate Medical Education Program understand this policy, the signs and symptoms of fatigue, and appropriate coping mechanisms/protocols to employ in a professional working environment, all Faculty and Residents are required to complete an annual continued education module in alertness and stress management and mitigation processes.
7. The Program maintains a supportive and non-punitive environment. If a Resident or Faculty member is fatigued or observes another individual who is clearly fatigued, the following actions should be taken:
  - Immediately notify the supervising Attending Physician

- Request relief from duty after assuring a smooth transition of patient care
- The supervising Attending Physician or Program Director will determine coverage requirement(s) depending on the circumstances.
- If a Resident is overly fatigued and cannot provide safe patient care, the supervising Attending Physician, or Program Director will arrange for coverage of the fatigued Resident's patient care responsibilities.



## **GME Examination; USMLE Step 3, COMLEX Level 3**

### **Policy:**

TidalHealth requires successful completion of all three (3) steps of the USMLE or COMLEX examination series within 18 months of their initial start date into an Accreditation Council for Graduate Medical Education (ACGME)-accredited graduate medical education program. This policy applies to residents of ACGME-accredited residency training programs at TidalHealth.

### **Definitions:**

Resident: Any physician in an ACGME-accredited graduate medical education program.

USMLE: United States Medical Licensing Examination

COMLEX: Comprehensive Osteopathic Medical Licensing Examination

### **Guidelines:**

Completion of the USMLE or COMLEX examination series satisfies one of the key requirements for achieving board eligibility. As such:

- Residents are strongly encouraged to take and pass USMLE Step 3 or COMLEX Level 3 during their first year of training at TidalHealth.
- All Residents must take and pass USMLE Step 3 or COMLEX Level 3 within 18 months of their initial start date in a TidalHealth residency program.
- Failure to take and pass USMLE Step 3 or COMLEX Level 3 on or before the final permitted attempt within 18 months of the Resident's initial start date in a TidalHealth residency program will result in the non-renewal of the Resident's contract and non-promotion of the Resident effective at the conclusion of the academic year in which the timeframe for passing the examination has expired. Non-renewal and non-promotion guidelines are established under the GME Promotion and Non-Renewal policy.
- Programs will be responsible for monitoring satisfactory completion of this requirement for Residents. The exam report and details must be entered into the resident's file within the residency management system, MedHub, by the program within one month of receiving the report.
- Consistent with ACGME Institutional Requirements and the TidalHealth GME Promotion and Non-Renewal policy, each ACGME-accredited Program will provide the Resident with a written notice of intent when that Resident's agreement will not be renewed, when that Resident will not be promoted to the next level of training, or when that Resident will be dismissed for the following academic year to any Resident who fails to meet this policy-defined deadline.

## Grievance and Due Process

### Policy:

TidalHealth's process for the Resident and faculty members' grievance process at the Program and institutional level promotes rational, equitable, and expedient resolution of concerns that may arise during training. TidalHealth prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this Grievance and Due Process Policy.

This Policy does not apply instances of discrimination or sexual harassment, including sexual misconduct or violence. Please reference the Harassment, Discrimination and Retaliation Policy in this Manual for additional information.

### Guidelines:

1. There are several steps Residents and Faculty members can pursue to resolve a concern.
  - They should attempt to resolve the concern informally by consulting with the appropriate Faculty member, Resident Council, or the Program Director.
  - If the Resident or Faculty member does not feel comfortable pursuing these avenues, or they do not feel their concern can be addressed appropriately in an informal manner, they may submit the concern in writing to the Program Director.
    - The Resident or Faculty member should include information regarding the concern as well as their desired solution.
    - The Program Director will meet with the Resident or Faculty member within seven (7) business days of the receipt of the concern, if possible, to discuss the concern and proposed resolution.
    - Following this meeting and any necessary follow-up, the Program Director will issue a written decision to the Resident or Faculty member regarding the concern.
      - A copy will be provided to the Designated Institutional Official and respective TidalHealth Department Chair.
  - If the Resident or Faculty member has a concern about the Program Director, they may speak with or submit the concern in writing to the Designated Institutional Official.
  - If the Resident or Faculty member does not feel the concern has been satisfactorily resolved by the Program Director or if the concern is regarding the Program Director, they may submit the concern in writing to the Designated Institutional Official within five (5) business days of receipt of the Program Director's decision.
    - The Designated Institutional Official will meet with the Resident or Faculty member within seven (7) business days of receipt of the concern and will thereafter issue a written decision to the Resident or Faculty member regarding the concern and resolution.
      - The Designated Institutional Official will provide a copy to the Program Director and Department Chair.
      - The decision of the Designated Institutional Official is final.
  - If all chain of command attempts fail, then the Resident or Faculty member may submit their concerns by submitting the online form on the left side of the iPortal home page under Employee Relations Issues and Concerns.
  - If the Resident or Faculty member feels more comfortable raising concerns confidentially, they may submit their concern to the Anonymous Employee Hotline by either calling 1-877-267-1937 or by submitting the online form on the left side of the iPortal home page under Compliance Concerns.
2. If at any time the Program Director or Designated Institutional Official determines that a concern raises or may raise a compliance concern, then they will refer the matter to the appropriate institutional department for further review and resolution.

3. Records of all concerns, review requests, and decisions throughout this process described above will be maintained by the Graduate Medical Education Office.

## Harassment, Discrimination, and Retaliation

### Policy:

TidalHealth is committed to maintaining a learning and work environment where all employees, and all others who work here, including contracted and credentialed staff, work in an environment free from harassment in any form. Harassment, discrimination and/or retaliation, in any form at TidalHealth will not be tolerated"

Throughout this Harassment, Discrimination and Retaliation Policy, the word "harassment" also includes "discrimination" and "retaliation" as categories of workplace behavior that is not tolerated in any form.

### Guidelines:

1. Harassment, discrimination and/or retaliation, in any form at TidalHealth, will not be tolerated.
  - Intimidating, coercive, and disruptive behaviors may contribute to medical and other work errors, low patient and employee satisfaction and morale, increased health care costs, and cause good employees to seek new positions in a more professional setting.
2. While it is not the purpose of this policy to regulate an employee's personal morality, we consider harassment to be an act of misconduct and subject to appropriate disciplinary action, up to and including termination of employment.
3. False and malicious complaints of harassment may also be subject to appropriate disciplinary action.
  - However, an employee will not be disciplined merely because his or her complaint is found to be without merit.
4. This Policy applies to the conduct of all employees including all members of the Leadership Team, **physicians and other providers**, and any other persons who encounter TidalHealth employees **and other covered individuals** in the workplace.
5. TidalHealth has identified four general categories of conduct that constitute employee harassment:
  - A. Sexual Harassment:** Unwelcome sexual advances, direct or indirect demands for sexual favors, sexual comments, gestures, or physical actions of a sexual nature toward another employee of the same or opposite sex will be considered sexual harassment when:
    - Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
    - Submission or rejection of such conduct by an employee is used as a basis for an employment decision; or
    - Conduct that has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating or offensive work environment.
  - Conduct constituting sexual harassment includes but is not limited to unwelcome verbal, physical or visual conduct of a sexual nature; "kidding", "teasing", or "jokes" of a sexual nature; repeated offensive activities; physical conduct such as touching, patting, pinching, sexual gestures, or brushing against another person's body; or the unwelcome display of objects or pictures which are sexual in nature, and which create an offensive working environment.
  - Sexual harassment does not refer to occasional compliments of a socially acceptable nature or welcome social relationships. Courteous, respectful, non-coercive interactions between employees that are acceptable to and welcomed by both parties, is not considered to be harassment, including sexual harassment.
  - Anyone who believes that they have been sexually harassed should unequivocally direct the harasser to stop the behavior as well as immediately notify their supervisor/department director and/or the Employee Relations Manager. An individual never has to report the harassment to the person(s) believed to be engaging in the harassing behavior.
- B. Hostile Work Environment Harassment:** Unwelcome conduct that has the effect of threatening, intimidating or coercing another person; and/or verbal taunting including but not limited to racial or

ethnic slurs or comments based on an individual's race, sex, age, religion, color, national origin, marital status, sexual orientation, gender identify, genetic information, disability including need for reasonable accommodation, or any other legally protected characteristics that is so severe, pervasive or persistent that it interferes with an individual's job performance and creates an intimidating, hostile or offensive working environment. Such harassment may be committed by a person of the same protected group as the individual who is the target of the conduct or comments.

**C. Bullying Harassment:** Workplace bullying occurs when one or more individuals (supervisors or peers) repeatedly misuse or abuse power or the perception of power over another individual. Such behavior may be verbal, psychological and/or physical and is intended to humiliate, intimidate, or degrade another individual.

- Bullying in the workplace may take multiple forms but is not limited to excessive or unfounded criticism, profanity, social isolation of another individual, blame without factual justification, treating another individual differently than other individuals in the work group, reluctance or refusal to answer questions, assigning too much or too little work, exhibiting uncooperative attitudes during routine activities, use of condescending language or voice intonation, speaking loudly to or making jokes about another individual..
- Remember, we are all on the same team – the TidalHealth Team. That means we always support and assist each other every day. When direction, correction or assistance of a fellow employee is necessary, it must always be done with respect, positive intentions, and good will. Anything less is unacceptable and will not be tolerated.

**D. Retaliation Harassment:** TidalHealth prohibits any form of retaliation. Retaliation against any individual who opposes or objects to discrimination or harassment, files a complaint, or testifies or participates in an investigation of a claim of discrimination or harassment is prohibited. Acts of retaliation should be reported immediately. TidalHealth does not condone retaliation against any individual for making a report of discrimination or harassment in good faith under this Policy or for participating in an investigation into a complaint under this Policy. All complaints will be handled with sensitivity and confidentiality to the maximum extent possible.

- Any individual who it is determined has engaged in conduct constituting retaliation in any form, against another individual for making a good faith report of discrimination or harassment, or otherwise supporting or participating in another's report, will be subject to disciplinary action up to and including termination of employment.

6. Procedure for reporting and investigation of all forms of harassment, discrimination, and retaliation:

**A. Employee or Other Covered Individual**

- Any individual who believes that they have been harassed should immediately direct the harasser to stop the behavior.
- Any individual who believes that they have been harassed in any form in connection with their employment at TidalHealth should bring the matter to the immediate attention of their department's Leadership Team.
  - The sooner the individual brings the concern to TidalHealth's attention, the sooner TidalHealth can act. An individual is never required to bring a complaint to the attention of the individual(s) whom they believe is subjecting them to harassment.
- An individual who is uncomfortable for any reason bringing the matter to the attention of the harasser or to their department's Leadership Team (including an individual who feels one or more members of their department's Leadership Team is the harasser), may report their concern to the attention of the Employee Relations Manager, Director of Human Resources or Vice President of People and Organizational Development. An individual never has to bring the complaint to the attention of the individual(s) believed to be involved in the harassment, discrimination and/or retaliation.

- All reports will be kept as confidential as possible, while recognizing that some disclosure may be necessary for the purpose of investigation and/or corrective action.

## **B. Supervisor, Manager and/or Department Director**

- A supervisor, manager or department director who becomes aware of potential unlawful harassment in any form (including discrimination and/or retaliation) must immediately advise the Employee Relations Manager, Director of Human Resources or Vice President of People so the alleged conduct can be investigated in a timely and confidential manner.
- Where complaints of harassment have been made and investigated, the working relationships between and among the impacted individuals must and will be monitored closely for evidence of retaliation, harassment and/or discrimination. Retaliation does not always occur as an obvious employment action, such as a negative performance review or discipline. Be sensitive to other ways retaliation can manifest itself, including, but not limited to, changing an employee's workload or obligations without justification, increased scrutiny, increased criticism, unnecessary exclusion from discussions or meetings, irregular schedule or shift changes, over or underworking, or other different treatment that alone or in conjunction with other behavior, could cause an employee to believe he or she is being treated differently than prior to the harassment complaint (or other protected activity). It is imperative that managers work closely with the People Department to ensure that retaliation is not occurring in the workplace. Contact the People Department with questions or concerns, and any time there is reason to discuss whether any particular situation needs follow up or further assessment. It is important to regularly check in with any employee who has made a complaint of harassment to establish if the employee is sensing behavior or treatment that may give rise to retaliation concerns.

## **C. People and Organizational Department (Employee Relations Manager or Director, People Department)**

- The People Department (People) will promptly and thoroughly investigate all allegations of harassment (including discrimination and/or retaliation) in any form.
- The individual reporting the harassment will be interviewed to learn the facts and circumstances of the alleged concerns.
- The individual reporting the harassment will be requested to write a statement to include identification of the harasser(s) by name, a description of the harassing conduct in detail and identification of any possible witnesses.
- All identified witnesses may be interviewed. Written statements will be requested from all witnesses who have first-hand observation/knowledge of the alleged conduct. Other appropriate steps will be taken to get as complete an understanding of the circumstances and events.
- At the conclusion of the investigation, the Employee Relations Manager or Director of People will prepare a summary report of facts from the investigation and review with the Vice President of People and Organizational Development.
- If harassment is established because of the investigation, appropriate corrective action will be taken.
- A recommendation for appropriate corrective action will be made to the Vice President and Department Director of the harasser. Consultation with the Chief Operating Officer or other Executive Team member may also occur as deemed necessary.
- The Employee Relations Manager or Director of People will assist as necessary with the preparation of the disciplinary document to be presented to the harasser.
- The Employee Relations Manager or Director of People will prepare a written report to the individual who submitted a complaint of harassment explaining the investigation's results and confirmation that appropriate corrective action has been taken, if any is deemed necessary. The

individual will also be advised of TidalHealth's policy against retaliation and will be advised of what steps the individual should take if they believe that retaliation is happening to them.

*The Harassment, Discrimination and Retaliation policy is maintained by the TidalHealth People Department. This policy was reviewed for accuracy on August 29, 2022 by Beth Barnes, Director of Human Resources.*

## Leave of Absence and Paid Personal Time

### Policy:

1. Per ACGME requirements TidalHealth will ensure Residents participating in Graduate Medical Education Programs at TidalHealth have adequate time away from work to rest without infringing on their abilities to complete program requirements.
2. The GMEC will annually review ACGME-accredited programs' implementation of and compliance with this institutional policy for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence.
3. Each Residency Program has their individual certification boards that have leave restrictions. Each program will have their own paid leave policy that addresses and complies with their individual requirements for attendance and leave restriction during the residency program's duration.

### Guidelines:

1. While Residency Programs may allot additional days at the Program Director's discretion, at a minimum all Resident will receive the following Paid Time Off (PTO) each academic year, beginning July 1<sup>st</sup>:
  - Ten (10) Vacation days
  - 40 hours Sick and Safe Leave
  - Five (5) Personal days (reserved days if LOA is needed or to take as needed)
  - Five (5) Sick days
  - Five (5) Continuing Medical Education (CME) days
2. Eligibility:
  - All Residents employed by TidalHealth
3. Paid Personal Time (PPT)
  - Vacation
    - Residents receive 10 PPT days (12hr days x 10 days = 120 hours) per contract year.
    - Residents are required to take PPT days in one-week (five day) increments to allow for consistent scheduling, meaning each Resident will have two (2) weeks during the academic year for prescheduled PPT.
    - Residents will be required to submit their two (2) weeks requested PPT time before the beginning of each academic year to allow the Program Director time to schedule appropriately.
    - Although the Program Director will try to accommodate individual Resident requests, Residents are not guaranteed to receive their requested weeks.
    - The Program Director must approve all time off from clinical duties prior to a Resident's absence.
    - Each Program may restrict certain rotations or timeframe in which PPT may not be used. Each Program will specify these rotations/timeframes in their rotation schedules.
    - PPT compensation is paid at the Resident's regular hourly rate.
    - Paid PPT leave must be used within the contract year that it is earned. Balances of unused paid vacation leave do not carry forward into the next contract year.
    - Unused PPT will not be paid at termination of employment or at any other time.
  - Personal Days
    - Five (5) Personal days will be reserved days if an ACGME Medical, Parental, And Caregiver Leave of Absence (LOA) is needed per the ACGME requirements.
    - If LOA is not needed, then these days may be taken as needed with prior approval from the Program Director.



- Personal days will not carry forward into the next contract year.
- Sick and Safe Leave (SSL)
  - There are responsibilities that will arise in Residents' lives related to Resident and family member health and wellbeing.
  - SSL would be used for pre-scheduled or unscheduled absences for the following reasons:
    - To care for or treat a Resident's mental or physical illness, injury, or condition.
    - To obtain preventive medical care for Resident or a Resident's family member.
    - To care for a family member with a mental or physical illness, injury, or condition.
    - For maternity/paternity leave.
    - Under the following circumstances: In domestic violence, sexual assault, and stalking situations against the Resident or the Resident's family member for the following treatment and/or services for medical or mental health attention, to receive services from a victim services organization, to attend to legal services or proceedings, or during the time the employee has temporarily relocated.
  - Family member includes:
    - Child (biological, adopted, foster, stepchild, child for whom the employee has legal or physical custody or guardianship, and a child for whom the employee stands in loco parentis).
    - Spouse
    - Parent (biological, adopted, foster, and stepparent of the employee or the employee's spouse, legal guardian, and an individual who acted as a parent or stood in loco parentis to the employee or employee's spouse).
    - Grandparent (biological, adopted, foster or step-grandparent of the employee).
    - Grandchild (biological, adopted, foster, or step-grandchild of the employee).
    - Sibling (biological, adopted, foster, stepsibling of the employee).
  - Resident may be required to provide proof of the family relationship.
  - SSL will receive 40 hours in their bank each academic year.
  - SSL is a sub-bank of PPT and is not a separate accrual of time. SSL is PPT that is designated as SSL.
  - Residents will find the balance of SSL hours along with their total amount of PPT on the time & attendance site as well.
  - Residents may elect to use some or all their Sick and Safe Leave hours as Scheduled Personal Time (SPT) or Unscheduled Personal Time (UPT). If Residents elect to do so, they will not receive additional hours of SSL for qualified events provided for above.
  - Residents are not eligible to use SSL until after 106 days of employment.
- Holiday
  - Residents will have five (5) holiday days off paid each academic year.
  - Holiday time will be specified by the Program Director.
- CME Days
  - Residents will be allotted (five) 5 CME days off per academic year to attend conferences or any other needed continuing education activities with the Program Director's approval and per the Program's CME guidelines.

#### 4. Extended Sick Time (EST) Leave

- Residents are allotted five (5) sick time days per contract year.
- EST does not carry forward into the next contract year.
- Unused sick time must be used within the contract year that it is earned. Balances of unused sick leave do not carry forward into the next contract year.
- Residents who cannot report to work because of a disabling illness or injury must notify their Program Director directly at least 2 hours prior to the start of each scheduled shift on each day that they are absent unless the Program Director instructs otherwise.

- Failure to properly report an absence will result in designating the absence as unauthorized and will result in corrective action.
- For absences of more than two (2) consecutive scheduled shifts, TidalHealth reserves the right to request a physician's note confirming treatment and/or have a Resident examined by a TidalHealth designated health care provider before returning to work.
- As with absences due to Resident illness, TidalHealth reserves the right to require a doctor's note confirming treatment when Resident miss work time due to a family member's illness or injury.
- EST may be used under the following circumstances
  - Beginning after 24 consecutive scheduled work hours or a maximum of three (3) shifts of an illness/injury or on the first scheduled workday of absence in which the Resident is confined as an in-patient in a hospital or has been admitted to a Same Day or Ambulatory Surgery Unit and on absent days immediately following if the absence is for the purpose of recuperation. This includes both non-elective and elective procedures. Procedures performed in a physician's, dentist's or oral surgeon's office that do not require IV sedation or general anesthesia do not qualify for sick time.
  - On the first calendar day of absence due to a work-related illness/injury where the cause is not questionable and further investigation is not required. In situations where further investigation is required, eligibility will be determined by Employee Health and adjustments made to sick time where appropriate. Unscheduled Personal Time (UPT) will be used until the determination is made.
  - On any regularly scheduled workday on which the Resident is not permitted or unable to work because of irrefutable evidence at work of exposure to a defined infectious disease as defined in People Department Policy 707 "Health Care Worker Exposure to Infectious Disease".
  - Should a Resident be incapacitated, prior to or following an outpatient procedure and/or medical test which requires more preparation than "nothing by mouth", such period of incapacity may be considered as sick time.
- Before the Program Director can authorize sick time payment on the timesheet, the Resident shall submit proper documentation:
  - A physician's certificate confirming treatment was rendered and documenting the reason for absence and the anticipated length of incapacitation to Employee Health and the Program Director.
  - If a hospital admission or surgical procedure is performed, the name of the facility must be included.
  - If applicable, the Resident must complete the Resident Occurrence Report for Workers' Compensation disability benefits as soon as possible.
- A doctor's certificate verifying medical treatment (seen and treated in the doctor's office by a healthcare provider) must be provided in all cases of illness of greater than 24 consecutive scheduled work hours or a maximum of three (3) shifts or at the request of the Program Director.
  - The doctor's certificate must be submitted to Employee Health before the close of the pay period in which the Resident returns to work or Paid Personal Time already paid will be deducted from the next paycheck.
  - In accordance with applicable law, TidalHealth retains the right to request a physician's note or to have the Resident seen by Employee Health at any time as determined by the type and length of the illness consistent with business need and job necessity.
- All EST time shall be used prior to Short Term Disability benefits beginning.
- Resident on medical leave for maternity reasons (see Leave of Absence) may only use paid sick time hours for their period of physical incapacitation (typically 6 weeks). Further use of paid sick time must

be supported by medical certification of continuing incapacitation. UPT must be used for any period of parenting leave following the end of physical incapacity due to maternity. Payment of sick time will end when the Resident disability ends. UPT will be used for all time off after the Resident incapacitation.

- Resident anticipating elective medical or surgical procedures which will require time off from work must give thirty (30) days advance notice to the Program Director before setting a date for said procedure or services. At the Program Director's discretion, a doctor's note confirming the elective or non-elective status of the procedure may be required.
- Paid extended sick time may not be used for routine or normal doctor's office visits or dental appointments.

## 5. Leaves of Absence

- ACGME Medical, Parental, And Caregiver Leave of Absence
  - TidalHealth will provide Residents a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the Resident is required to report.
  - TidalHealth, in accordance with ACGME requirements, will allot the following benefits during the six-week approved leave:
    - The equivalent of 100 percent of the Resident's salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. Note: Any subsequent approved leaves will be subject to the People Department rules regarding pay during leaves of absence.
    - A minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. Note: The first 10 days of PPT vacation time will be used as pay with the last 5 days reserved for taking outside the six weeks of leave. In the event all 15 PPT vacation days have been taken prior to the leave there will be an additional 5 days reserved to take as needed.
    - The continuation of health and disability insurance benefits for Residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.
  - A Resident will need to submit a written request for a leave of absence to the Program Director. The request should include the reasons for the leave, the anticipated duration of the leave, and the anticipated start date of the leave.
  - If leave is foreseeable (including intermittent or reduced schedule leaves), Resident are to provide TidalHealth with 30 days prior notice of their leave. If 30 days prior notice is not possible because of unforeseen circumstances, then notice of the leave must be given as soon as possible (usually within 1-2 business days after the leave begins).
  - Residents who request leave because of a family member's or their own serious health condition must provide a medical certification from a health care provider.
  - Once the request is received and approved by the Program Director, the Program Director will notify the People Department to ensure all ACGME requirements of pay and benefits are met during the Resident's leave.
  - The Resident will be notified of approval within 2 business days of receipt by the Program Director.
  - Prior to reinstatement from leave, a Resident must submit a medical certification that he/she is fit for duty and able to perform the essential functions of the job.
  - Resident will not be reinstated until this certification is received by Employee Health.

- In addition to the medical certification confirming return to work eligibility, Residents returning from medical leave must also be cleared for return to work through Employee Health Services prior to reinstatement.
- It is the Resident's responsibility to provide appropriate medical certification at that time.
- Family and Medical Leave (FML)
  - **Family and Medical Leave Act of 1993 (FMLA):** A leave of absence may be granted once a Resident has been with TidalHealth for a total of 12 weeks for time lost due to FMLA qualifying events (serious personal health condition, birth/adoption of a child which must be taken within the within 12 months of the birth/adoption, and care of an immediate family member with a serious health condition). Consistent with federal regulations, TidalHealth provides up to twelve (12) weeks unpaid, protected leave for qualifying individuals.
    - Residents who have completed twelve (12) months of employment with TidalHealth and have worked a minimum of 1,250 hours during the 12-month period immediately preceding the leave are entitled to a leave of absence under the Federal Family and Medical Leave Act (FMLA) if taken for a qualifying reason. Eligible Resident will be granted leaves of absence for up to 12 weeks within a "rolling" 12-month period counted backwards from the date leave begins for any of the following reasons:
      - ♦ The birth or care of a newborn child, the placement of a child with the Resident for adoption or foster care, or the care of a child with a serious health condition; or
      - ♦ When certified by a health care provider to care for a family member (the Resident's spouse, child (under 18 years old) or parent, but not a parent-in-law) with a serious health condition; or
      - ♦ For a serious health condition that makes the Resident unable to perform the essential functions of his/her position; or
      - ♦ For any "qualifying exigency" arising out of the active duty or call to active-duty status of a spouse, son, daughter, or parent; or
      - ♦ To care for a covered service member with a serious injury or illness (Up to 26 weeks).
  - For the purpose of this policy, a "serious health condition" means an illness, injury, impairment, or physical/mental condition that involves inpatient care in a hospital, hospice or Residential medical care facility, or continuing treatment by a health care provider as defined by FMLA. Generally, (unless complications arise) the common cold, flu, earaches, upset stomach, ulcers, headaches and routine dental or orthodontia problems are examples of conditions that DO NOT constitute a serious health condition and do not qualify for FMLA.
  - Where a family or medical leave is foreseeable (including intermittent or reduced schedule leaves), Resident are to provide TidalHealth with 30 days prior notice of their leave. If a Resident fails to give timely advance notice when the need for leave is foreseeable, TidalHealth may deny the leave until 30 days after notice is given. If 30 days prior notice is not possible because of unforeseen circumstances, then notice of the leave must be given as soon as possible (usually within 1-2 business days after the leave begins). The notice should include the reasons for the leave, the anticipated duration of the leave and the anticipated start date of the leave.
  - Resident will have the same call-in notice obligation to their Program Director as required for all other unscheduled absences. It is the Resident's responsibility to know his/her call-in notice obligation in their program. As with all other types of unscheduled absences, failure to comply with the program's call-in notice obligation will result in corrective action.
  - People Department will notify the Resident that the absence qualifies as leave under the FMLA. If TidalHealth does not have the information from the Resident needed to designate the leave as FML prior to or at the time leave commences, it may retroactively designate the leave as FML qualifying upon obtaining the information.

- Eligible Resident may take leave under the FMLA for any combination of these reasons, but the total of all combined leaves may not exceed 12 weeks within the “rolling” back 12-month period. Spouses who are both employed by TidalHealth are limited to a combined total of 12 weeks of leave under the FMLA within the “rolling” back 12-month period for the purpose of parenting following the birth or placement of a child, or the care of a parent with a serious health condition.
- A parental leave must be taken on a continuous basis and may not be taken on an intermittent or reduced work schedule basis. A parental leave must be completed within 12 months after the birth, adoption, or placement of the child. A Resident may take leave for a serious health condition of a family member or the Resident on a continuous or intermittent basis (e.g., a period of working followed by a period of absence) or through a reduced work schedule (such as cutting back on work hours). Leave for a serious health condition is permitted only for the period of actual medically required absence.
- Absence for job related injuries or illnesses under Workers’ Compensation will be considered leave under FMLA provided that the injury or illness is a serious health condition. Resident on leave under FMLA for a job-related illness or injury who are receiving Workers’ Compensation lost wage benefits may use accumulated Extended Sick Time (if any) to make up the difference between their workers’ compensation benefits and their normal pay.
- The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to FMLA requests for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.
- Initial Certifications
  - Residents who request or are placed on leave because of a family member’s or their own serious health condition must provide a medical certification from a health care provider on the form provided by TidalHealth.
  - Resident may obtain a Medical Certification Form from the People Department or the Residency Program Coordinator for the health care provider to complete.
  - When the need for the leave is foreseeable and a 30-day notice to the Resident’s Program Director has been provided, the Resident must have the attending physician complete the medical certification before the leave begins.
  - If the Resident fails to return the completed medical certification in a timely manner, the Program Director may deny foreseeable leave until the medical certification is submitted.
  - When the need for the leave is unforeseen, the medical certification must be completed and returned to the Resident’s Program Director within 15 calendar days.
  - If TidalHealth has reason to doubt the validity of the medical certification, it may require (at TidalHealth’s expense) that the Resident obtain a second opinion from a health care provider designated by TidalHealth. If there is conflict between the first and second opinions, TidalHealth may also require (at its expense) a third opinion by a health care provider designated jointly by TidalHealth and the Resident. The opinion rendered by the third health care provider is final.
- Recertification
  - At the discretion of the Program Director, a Resident may be required to provide recertification at the Resident’s expense every 30 days.

- FML taken on an intermittent basis (a day or less at a time) for chronic serious health conditions for which continuing treatment is received must be recertified at intervals not to exceed six-months.
- It is the Resident's responsibility to recertify.
- The Program Director may also require recertification when (i) the Resident requests an extension of leave; (ii) the circumstances set forth in the original medical certification change significantly; or (iii) if the Program Director receives information that casts doubt on the continuing validity of the medical certification.
- Resident on leave will be required to periodically contact their Program Director (every 2 weeks) regarding their intent to return to work upon completion of their leave.
- Return to Work Certification
  - Prior to reinstatement from leave, a Resident must submit a medical certification that he/she is fit for duty and able to perform the essential functions of the job.
  - Resident will not be reinstated until this certification is received by Employee Health.
  - In addition to the medical certification confirming return to work eligibility, Residents returning from medical leave must also be cleared for return to work through Employee Health Services prior to reinstatement.
  - It is the Resident's responsibility to provide appropriate medical certification at that time.
- Reinstatement from Leave
  - Residents taking leave on a continuous basis must contact their Program Director at least two weeks prior to their anticipated return to work date to allow time to be scheduled for duty.
  - Resident must provide their Program Director with a return-to-work certification from their doctor stating their medical condition and ability to perform their duties.
  - If Resident fails to contact their Program Director within two days after being released by their doctor to return to work, they will be subject to termination.
  - Residents who are released to return to work but do not return to work after 12 weeks leave under the FMLA will be terminated from their program and employment.
- Benefits During Leave: Resident will be required to exhaust first any PPT/EST as appropriate. Such paid time runs concurrently with the Resident's FML. Once all earned paid time off is exhausted, any remaining FML will be unpaid.
  - Health, prescription, dental insurance coverage and all other voluntary benefits will remain in effect during leave if the Resident timely pays his/her portion of the premium. The premiums will be deducted from paid benefit time used during the leave. If paid benefit time is not available during the leave, Resident must arrange with the People Department for payment of their portion of the premium cost to continue coverage. Residents who fail to pay their premium(s) within 30 days of a payment date will be dropped from coverage during the remainder of their FML and will need to re-enroll upon returning to work.
- TidalHealth Non-FMLA Medical Leave of Absence
  - Residents who exhaust their FML and/or ACGME Medical, Parental, And Caregiver Leave of Absence and need additional time off from work for treatment of their own serious health condition may qualify for non-FMLA.
    - Residents who do not qualify for FML and have exhausted their ACGME Medical, Parental, And Caregiver Leave of Absence may apply for or be placed on a medical leave of absence for treatment of an on-the-job or off-the-job injury or serious health condition. Resident will be eligible for non-FML after completing the 4-month introductory period, except for leave for on-the-job injuries, which can begin immediately.

- Non-FMLA must be taken on a continuous basis and may not be taken in intermittent periods or on a reduced work schedule.
- PPT (UPT) and other paid benefits must be used during the leave under the policies of the facility until such paid benefits are exhausted. The remainder of the leave will be unpaid. The use of PPT (UPT) or other paid benefits will not extend the duration of a medical leave. A Resident may not receive more than 100 % of regular wages during a medical leave from any combination of employment benefits (e.g., Short Term Disability and Workers' Compensation). Unemployment benefits are not available during medical leaves of absence.

➤ Medical Certifications:

- Resident must provide an initial medical certification from their health care provider under the same procedures as required for FMLA.
- TidalHealth may request second and third opinions (at its expense) following receipt of the initial medical certification.
- Resident must provide recertification during their medical leave under the circumstances required for FMLA.
- Prior to reinstatement from medical leave, Resident must provide Employee Health Services with a certification from their doctor that they are fit for duty and able to perform essential job functions (with or without reasonable accommodation).

➤ Reinstatement from Leave:

- Resident will not be reinstated, if at all, until medical certification is received by Employee Health indicating fitness for duty.
- Resident returning from medical leave must also be cleared for return to work through Employee Health Services prior to reinstatement. It is the Resident's responsibility to provide appropriate medical certification at that time.

6. Extended leaves of absence may impact a Resident eligibility to participate in examinations by the relevant certifying board(s) and may result in unsatisfactory completion of the criteria for the program.

- Residents are responsible for understanding their requirements for Program completion, specifically as it relates to time away from their Program.
- Any Resident who is concerned about the impact of extended leave of absence or time away from the program should discuss the implications with their Program Director immediately.

7. Bereavement:

Gives full and part-time employees an opportunity to attend to matters relating to the death of a family member without loss of pay or use of benefit time.

- If a death occurs in the immediate family of an employee (i.e., parents, parents-in-law, stepparents, legal guardian, spouse, sibling, or child), the employee will be granted three (3) days of paid bereavement leave to be taken within seven (7) days of the date of the death. grandparents, grandparents-in-law,
- In the case of the death of other family members (i.e., grandparents, grandparents-in-law, brother- or sister-in-law, son- or daughter-in-law, or grandchildren), the employee will be granted one (1) day of paid bereavement leave to be taken within seven (7) days of the date of the death.

Paid bereavement leave will be based on the employee's primary shift rate.

## Moonlighting

**Moonlighting:** Voluntary, compensated, medically related work performed outside the duties of the Resident's training program. Moonlighting includes work at any TidalHealth facility (internal moonlighting) and work outside the institution (external moonlighting).

### Policy:

TidalHealth Graduate Medical Education Programs may not require Residents to engage in moonlighting. Each Program is required to have an additional policy regarding Resident moonlighting, which must comply with this TidalHealth's policy as well as ACGME Institutional, Common, and Program Specific Requirements.

### Guidelines:

1. There must be a written permission from the Program Director to be allowed to moonlight.
2. Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program and must not interfere with the Resident's fitness for work nor compromise patient safety.
3. Time spent by Residents in internal and external moonlighting (as defined in the Accreditation Council for Graduate Medical Education Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
4. PGY-1 Residents are not permitted to moonlight in any program.
5. TidalHealth permits moonlighting on the basis that the Residency Program and Program Director make appropriate approvals.
  - Requirements:
    - Full Unrestricted Medical License
    - Full Unrestricted Controlled Substance License
    - Personal Drug Enforcement Administration number (Federal Drug Enforcement Administration)
    - Good standing with Residency Program
    - Above a PGY-1 Level



## Non-Compete

### **Policy:**

TidalHealth, may not require any Residents to sign a non-competition guarantee or restrictive covenant (“Non-Compete Policy”).

### **Guidelines:**

The Non-Compete Policy applies to all Residency Programs sponsored by the TidalHealth which are accredited by the Accreditation Council for Graduate Medical Education.

## Patient Safety & Quality Improvement

### Policy:

In partnership with TidalHealth, each Residency Program and its Faculty will actively participate in patient safety systems and contribute to a culture of Patient Safety and Quality Improvement. Each Program will have a structure that promotes safe, interprofessional, team-based care. Additionally, each accredited Graduate Medical Education Program will provide formal educational activities that promote patient safety-related goals, tools, and techniques, as well as institutional Quality Improvement processes.

### Guidelines:

1. Residents, Faculty members, and other clinical staff members involved in Resident training will be educated regarding their responsibilities in reporting patient safety events at the clinical site as well as how to report errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal.
2. Residents, Faculty members, and other clinical staff members will also be provided with summary information of TidalHealth's patient safety reports.
3. To provide education as well as evaluation on their understanding of these requirements, Residents will be provided the opportunity to participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses, as well as formulation and implementation of actions.
4. Residents will receive training in how to disclose adverse events to patients and families.
5. Residents will have the opportunity to participate in the disclosure of patient safety events, real or simulated.
6. Residents will receive training and experience in Quality Improvement processes, including an understanding of health care disparities.
7. Residents and Faculty members will receive institutional data on quality metrics and benchmarks related to their patient populations.
8. Residents will have the opportunity to participate in interprofessional Quality Improvement activities. This should include activities aimed at reducing health care disparities.

## Physician Impairment

The inability to carry out patient care responsibilities safely and effectively.

### Policy:

TidalHealth is committed to preventing and minimizing physician impairment of the Residents and Faculty. Physician impairment includes, but is not limited to substance abuse, mental illness, profound fatigue, or deterioration of cognitive or motor skills linked to aging or illness.

### Guidelines:

1. Physicians are subject to all the same stresses as the general population, particularly in the following areas: finances, family, interpersonal relationships, and health. In addition, Residents have the added stressors of working long hours, bearing the responsibilities for their patients' care, attempting to learn and master their chosen clinical field and coping with all the challenges of developing an identity as a physician. It has been recognized that on occasion a physician may develop a problem with chemical dependency or mood disorders which can interfere with training and jeopardize the Resident's career if intervention is not made on a timely basis.
  - Any Resident or Faculty who is having difficulty with chemical dependency, depression or interpersonal relationships, and whose problem may be interfering with their clinical performance may be either self-referred or referred by the Graduate Medical Education Committee (GMEC) Chair or the Program Director to the TidalHealth Employee Assistance Program (EAP) for intervention and recommendation for treatment if needed.
  - If a problem is identified which is seriously impairing the Resident's or Faculty member's ability to perform adequately in the Residency Program, they may be required to enter a treatment program.
    - Any such treatment is regarded by the GMEC as a rehabilitative effort rather than as a punitive endeavor.
    - The GMEC may also make recommendations for the Residents after care and re-entry into the training program.

## Professionalism

### Policy:

TidalHealth is committed to ensuring that its Accreditation Council for Graduate Medical Education-accredited programs provide a professional, respectful, and civil environment that is free from unprofessional behavior, including mistreatment, abuse and/or coercion of Residents, other learners, faculty members, and staff members. TidalHealth is committed to complying with the professionalism, personal responsibility, and patient safety guidelines set forth by the Accreditation Council of Graduate Medical Education. The purpose of this policy is to ensure TidalHealth's facilitates an environment for Residents to demonstrate ongoing and progressive professionalism and maturity during each year of training.

The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate, to the extent possible, conduct that:

- Disrupts the operation of the hospital
- Affects the ability of others to do their jobs
- Creates a hostile work environment for hospital employees or other medical staff members
- Interferes with an individual's ability to practice competently or adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care
- Interferes with patient safety and quality initiatives

It is the policy of TidalHealth to treat all individuals within its facilities with courtesy, respect, and dignity. To that end, the TidalHealth Board of Directors requires that all individuals, including employees, physicians, Residents, and other independent practitioners, conduct themselves in a professional and cooperative manner in the hospital, and provide professional services in an ethical manner. TidalHealth intends to enforce this policy in a firm, fair, and equitable manner.

### Guidelines:

1. Residents and Faculty will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles as demonstrated by:
  - Compassion, integrity, and respect for others
  - Responsiveness to patient needs that supersedes self-interest
  - Respect for patient privacy and autonomy
  - Accountability to patients, society, and the profession; and
  - Respect and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - Ability to recognize and develop a plan for one's own personal and professional well-being
  - Appropriately disclosing and addressing conflict or duality of interest
2. Residency Programs and TidalHealth will educate Residents and Faculty concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
3. Each accredited Program is committed to and responsible for promoting patient safety and Resident well-being in a supportive educational environment.
  - The Program Director will ensure that Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. The learning objectives of the program will:
    - Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and

- Not be compromised by excessive reliance on Residents to fulfill non-physician service obligations.
4. TidalHealth, in partnership with each Program, will provide systems for education in and monitoring of Residents' and Faculty Members' fulfillment of educational and professional responsibilities, including scholarly pursuits, and accurate completion of required documentation by the Residents.
  5. For purposes of this policy, examples of "inappropriate conduct" include, but are not limited to:
    - Threatening or abusive language directed at nurses, health system and hospital personnel, or other physicians (e.g., belittling, berating, and/or threatening another individual)
    - Degrading or demeaning comments regarding patients, families, nurses, physicians, health system personnel, or the health system
    - Profanity or similarly offensive language while in the health system sites and/or while speaking with nurses or other system personnel
    - Inappropriate physical contact with another individual that is threatening or intimidating
    - Inappropriate medical record entries concerning the quality of care being provided by the TidalHealth sites or any other individual
  6. Issues with Resident and Faculty conduct will be addressed first by the Program Director and Graduate Medical Education Department.
    - If issues are still prevalent following attempted resolution by the Program Director and Graduate Medical Education Department, the concern will escalate to the Designated Institutional Official and Graduate Medical Education Committee.
  7. Conduct that may constitute sexual harassment shall be addressed pursuant to TidalHealth's Harassment Policy.
  8. Members of any Graduate Medical Education Program will immediately disclose to the Program Director or Graduate Medical Education Office any type of sanction (denied, suspended, diminished, reprimanded, revoked, not renewed, voluntary or involuntary relinquishment) of membership, clinical privileges, or licensure in any other hospital or institution; by any local, state, or national medical society or organization; by any professional licensing board in any jurisdiction; or similar sanctions of your Federal Drug Enforcement Administration, Delaware Controlled Drug Substance registration, or Maryland Controlled Drug Substance registration; or current investigation (investigation since your renewal) by a hospital, state licensing agency, other type of professional health care organization, or law enforcement agency.
  9. No patient of TidalHealth shall be subjected to discrimination in the provision of any care or service on the grounds of race, color, national origin, religion, political affiliation or opinion, age, sex, gender, physical handicap, sexual orientation, marital status, genetic information or, consistent with the charity care policies of TidalHealth, method of payment or lack of a method of payment.

## Promotion and Non-Renewal

### Policy:

TidalHealth will ensure Resident promotion and non-renewal criteria will be upheld in accordance with Accreditation Council for Graduate Medical Education (ACGME) requirements by all TidalHealth ACGME-accredited programs.

### Guidelines:

1. Each year the Residents are given the guidelines indicating promotion and stipend rates in their employment contract. The contract is to be signed and returned to the Medical Education Office by the required due date.
2. Each TidalHealth Residency Program has developed specific objectives for determining the criteria to be used in the promotion of individuals from one level of training to another, generally at the end of an academic year.
3. Resident Promotion
  - Residents showing satisfactory completion of education and experiential requirements as outlined by the training program in which they are enrolled will be promoted to the next level at the end of the academic year.
  - Each ACGME-accredited program at TidalHealth will determine the criteria for promotion and/or renewal of a Resident's appointment.
  - Promotion may be delayed if specific educational requirements have not been met or if a leave of absence or extended time off has caused the Resident to fail to meet accreditation requirements or other program criteria for promotion. In such an event, the Resident should review the Grievances and Due Process policies to determine their rights, if any, to appeal.
    - If the promotion delay is related to lack of completion of educational or experiential requirements, the Program Director will follow performance improvement guidelines for the program. A contract will be provided covering the length of remediation. Upon successful remediation and promotion, a new contract will be provided indicating the pay rate associated with the level of performance. The Resident must successfully complete training at the new level for the subsequent twelve months.
    - When the promotion delay is related to an authorized leave of absence, a contract will be provided covering the length of time that the Program Director has determined must be made up in accordance with the Leaves of Absence procedures. At the end of that period and upon promotion, a new contract will be provided indicating the promotion and new pay rate. The Resident must successfully complete training at the new level for the subsequent twelve months.
4. Non-Renewal/Dismissal
  - Each ACGME-accredited Program will provide the Resident with a written notice of intent when that Resident's agreement will not be renewed, when that Resident will not be promoted to the next level of training, or when that Resident will be dismissed.
  - Every Resident in each of TidalHealth's accredited Programs will be provided with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal.
  - The Clinical Competency Committee for each accredited Program will assist the Program Director in making decisions regarding each Resident preparedness to promote to the next level of training.

## Resident Agreement

### Policy:

TidalHealth will ensure that every Resident is provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a Program in accordance with Accreditation Council for Graduate Medical Education (ACGME) requirements.

### Guidelines:

1. TidalHealth will monitor each of its ACGME-accredited Programs regarding implementation of terms and conditions of appointment.
2. As part of the agreement, TidalHealth will provide Residents with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited Programs, or after completion of the Program(s) if the alleged acts or omissions of a Resident are within the scope of the Program(s). TidalHealth will provide official documentation of the details of liability coverage upon request of the individual.
3. The employed Resident will be offered health benefits for the Resident and their eligible dependents beginning on the first day of insurance eligibility. If the first day of health insurance eligibility is not the first day that Residents are required to report, then the Residents must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.
4. TidalHealth will provide disability insurance benefits for all Residents in its ACGME-accredited Programs beginning on the first day of disability insurance eligibility. If the first day of disability insurance eligibility is not the first day that Residents are required to report, then the Residents must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.
5. The Residency Program Agreement of appointment must directly contain or provide a reference to the following items:
  - Resident responsibilities
  - Duration of appointment
  - Financial support for Residents
  - Conditions for reappointment and promotion to a subsequent PGY level
  - Grievance and due process
  - Professional liability insurance, including a summary of pertinent information regarding coverage
  - Health insurance benefits for Residents and their eligible dependents
  - Disability insurance for residents
  - Vacation and leave(s) of absence for Residents, compliant with applicable laws
  - Timely notice of the effect of leave(s) on the ability of Residents to satisfy requirements for program completion
  - Information related to eligibility for specialty board examinations
  - Institutional policies and procedures regarding Resident clinical and educational workhours and moonlighting

## Special Review

### Policy:

TidalHealth will ensure effective oversight of underperforming Graduate Medical Education Programs by the Sponsoring Institution (TidalHealth) via the Designated Institutional Official and the Graduate Medical Education Committee. Specifically, this policy will establish criteria for identifying underperformance and address the procedure to be utilized when a Residency Program undergoes a Special Review.

### Guidelines:

#### 1. Criteria for Identifying Underperformance:

- Underperformance by a Program can be identified through a wide range of mechanisms. These may include, but are not limited to:
  - Deviations from expected results in standard performance indicators:
    - Program Attrition: A pattern of Resident and/or Faculty attrition
    - Major Organizational Changes of the Program
    - Scholarly Activity
    - Board Pass Rate: Below the minimum required by the supervising Residency Review Committee
    - Clinical Experience: Example – Case log data from the Accreditation Council for Graduate Medical Education of recent graduates indicating that minimum requirements are not being met
    - Resident or Faculty Survey:
      - ◆ Mean score less than three in two or more of the seven categories
      - ◆ Two responses with less than 50% compliance and significantly below national norm in any of the seven categories
      - ◆ A pattern of significant downward trends since the last survey
      - ◆ Survey completion rate below the 70% (Resident) or 60% (Faculty) required by the Accreditation Council for Graduate Medical Education
      - ◆ Accreditation Council for Graduate Medical Education request for progress report related to concerns identified on the Resident or Faculty Survey
    - Milestones
    - Competencies
    - Failure to submit Accreditation Council for Graduate Medical Education-required data on or before identified deadlines
  - Communications about or complaints against a Program indicating potential egregious or substantive noncompliance with the Accreditation Council for Graduate Medical Education Common, Specialty/Subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with Institutional policy
  - A Program's inability to demonstrate progress in any of the following focus areas:
    - Integration of Residents into TidalHealth's Patient Safety Programs
    - Integration of Residents into TidalHealth's Quality Improvement Programs and efforts to reduce disparities in health care delivery
    - Establishment and implementation of supervision policies
    - Transitions in care



- Duty hour policy and/or fatigue management and mitigation
  - Professionalism
  - Self-report by Program Director, Associate Program Director, Core Faculty, or Department Chair.
2. Designation as “Underperforming”: When a Residency Program is deemed to have met the established criteria for designation as an underperforming program, the Designated Institutional Official/Chair of the Graduation Medical Education Committee shall schedule a Special Review. Special Reviews shall occur within 60 days of a Program’s designation as “underperforming.”
  3. Special Review Panel: Each Special Review shall be conducted by a panel including at least:
    - One member of the Graduation Medical Education Committee who shall serve as Chair of the panel
    - One additional Faculty member from a Program other than the one being reviewed
    - One Resident from a Residency Program other than the one being reviewed
    - A support staff person to support the process
    - Additional reviewers may be included on the panel as determined by the Designated Institutional Official/Graduation Medical Education Committee.
  4. Preparation for the Special Review:
    - The Chair of the Special Review panel, in consultation with the Designated Institutional Official/Graduation Medical Education Committee and/or other persons as appropriate, shall identify the specific concerns that are to be reviewed as part of the Special Review Process. Concerns may range from those that broadly encompass the entire operation of the program to a single, specific areas of interest. Based on identified concerns, the Program being reviewed may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.
  5. The Special Review:
    - Materials and data to be used in the review process shall include:
      - The Accreditation Council for Graduate Medical Education Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review
      - Accreditation letters of notification from the most recent Accreditation Council for Graduate Medical Education reviews and progress reports sent to the respective Residency Review Committee
      - Previous Annual Program Evaluations (APE)
      - Results from internal or external Resident surveys, if available
      - Any other materials the Special Review Panel considers necessary and appropriate.
    - The Special Review Panel will conduct interviews with the Program Director, key faculty members, at least one Resident from each level of training in the Program, and other individuals deemed appropriate by the committee.
  6. Special Review Report:
    - The Special Review panel shall submit a written report to the Designated Institutional Official and Graduation Medical Education Committee that includes, at a minimum, a description of the review process and the findings and recommendations of the panel.
      - The report shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for Graduation Medical Education Committee monitoring of outcomes.
      - The Graduation Medical Education Committee may, at its discretion, choose to modify the Special Review Report before accepting a final version.

## 7. Monitoring of Outcomes:

- The Designated Institutional Official and the Graduation Medical Education Committee shall monitor outcomes of the Special Review process, including actions taken by the Program and/or by the Institution with special attention to areas of Graduation Medical Education Committee oversight, including:
  - The Accreditation Council for Graduate Medical Education accreditation status of TidalHealth's and its accredited Programs
  - The Quality of the Graduation Medical Education learning and working environment within TidalHealth's, its Accreditation Council for Graduate Medical Education-accredited Programs, and its participating sites
  - The quality of educational experiences in each Accreditation Council for Graduate Medical Education-accredited Program that leads to measurable achievement of educational outcomes as identified in the Accreditation Council for Graduate Medical Education Common and specialty/subspecialty-specific Program Requirements
  - The Accreditation Council for Graduate Medical Education-accredited programs' annual evaluation and improvement activities
  - All processes related to reductions and closures of individual Accreditation Council for Graduate Medical Education-accredited Programs, major participating sites, and TidalHealth as the sponsoring institution.

## Statement of Commitment

### Policy:

The mission of TidalHealth is to improve the health of the communities we serve. The sponsorship of Graduate Medical Education furthers this mission by providing the highest quality health care experience to our patients by training future generations of physicians to serve the community.

To ensure the success of this mission, TidalHealth announces its commitment to supporting Graduate Medical Education in compliance with the Institutional, Common, and Program-Specific Requirements of the Accreditation Council for Graduate Medical Education. As an institutional sponsor, TidalHealth will provide all necessary financial support for administrative, educational, and clinical resources, including personnel necessary to ensure excellence in Graduate Medical Education. The TidalHealth Peninsula Regional and TidalHealth Nanticoke Board of Directors and senior administration affirm this commitment.

TidalHealth will provide administrative oversight and monitoring, including appointing a Designated Institutional Official and a Graduate Medical Education Committee, supporting the Graduate Medical Education Office, and partnering with clinical institutions as needed to provide optimal training sites for Residents and Fellows. The Designated Institutional Official, in collaboration with the Graduate Medical Education Committee, will provide oversight to ensure compliance with the Accreditation Council for Graduate Medical Education requirements. As Residents and Fellows are developing their professional, ethical, and personal skills, appropriate supervision and guidance will always be provided. Residents, Fellows, and faculty will be provided with the resources necessary for comprehensive, coordinated, cost-effective training that is responsive to their needs and abilities. All TidalHealth Graduate Medical Education Programs will encourage and exemplify the ethical qualities necessary for all health care professionals.

Residents and Fellows at TidalHealth have access to appropriate educational resources, such as library materials, proper facilities, teaching space and equipment, and information systems. TidalHealth will provide clinical information and support services so that Residents are not burdened with repetitive, non-educational tasks. Finally, TidalHealth will ensure Residents and Fellows have access to appropriate on-call rooms, food services, security, and related services.

### Guidelines:

This statement of commitment, approved by the Graduate Medical Education Committee, is supported by TidalHealth's Board of Directors, the administration, and the faculty.

Approved by the Graduate Medical Education Committee on June 12, 2020.

In accordance with the Institutional Requirements of Accreditation Council for Graduate Medical Education, this document will be reviewed, dated, and signed at least once every five years by the Designated Institutional Official, a representative of TidalHealth's senior administration, and a representative of TidalHealth's Board of Directors.



10/6/21

Steven E. Leonard,  
Designated Institutional Official  
Graduate Medical Education Committee Chair

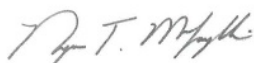
Date



10/6/21

Steven E. Leonard,  
TidalHealth President/CEO  
Representative of the Sponsoring Institutions Senior Administration

Date



10/6/21

Ryan McLaughlin, Chairman,  
TidalHealth Board of Directors  
Representative of the Governing Body

Date

## Supervision and Accountability

### Policy:

TidalHealth requires all training programs to provide oversight and supervision to Residents and Fellows in adherence to institutional and program-specific Accreditation Council for Graduate Medical Education requirements. TidalHealth's Graduate Medical Education Office will provide mechanisms that Residents and Fellows ("Resident") can utilize to report inadequate or inappropriate supervision and accountability in a protected manner that is free from reprisal.

Each of TidalHealth's Accreditation Council for Graduate Medical Education Accredited Graduate Medical Education Training Programs must establish a written program-specific supervision policy consistent with this institutional policy and the respective Accreditation Council for Graduate Medical Education Common and specialty-/subspecialty-specific Program Requirements.

### Guidelines:

#### 1. Supervision of Residents:

- In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed, and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.
  - This information should be available to Residents, faculty members, staff, and patients.
- Residents and faculty members should inform patients of their respective roles in their care.
- Each TidalHealth sponsored Graduate Medical Education training program must demonstrate that the appropriate level of supervision is in place for all Residents who care for patients.
- Residents participating in patient care must always be supervised by faculty physicians, or by other individuals who have been designated by the Program Director as being qualified to provide appropriate supervision (per Accreditation Council for Graduate Medical Education requirements).
- Supervising physicians shall have clinical privileges for the procedures for which they supervise Residents.
- The Program Director has primary responsibility for ensuring, directing, and documenting adequate supervision of Residents.
- Schedules for faculty physicians must be structured to ensure that supervision is readily available to Residents on duty, including weekend and night call schedules.
- Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For some aspects of patient care, the supervising physician may be a more advanced Resident. Other portions of care provided by the Resident must be supervised by the appropriate supervising faculty member, either in the institution, or by means of telecommunication technology.
- The Program's Supervision and Accountability policy must define when physical presence of a supervising physician is required.
- If Residents feel their supervision is inadequate, they can submit their concern via email to the Program Director or TidalHealth's Graduate Medical Education Office without fear of reprisal. The Program Director or the Graduate Medical Education Office will review and take appropriate action in a timely manner to make sure that supervision and oversight is Accreditation Council for Graduate Medical Education compliant, and that the Resident's concern has been addressed.

#### 2. Levels of Supervision

- To promote appropriate Resident supervision and graded authority and responsibility, each program must use the following classification of supervision:
  - Direct Supervision: the supervising physician is physically present with the Resident during the key portions of the patient interaction.

- Direct Supervision through telecommunication: the supervising physician and/or patient is not physically present with the Resident and supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### 3. Progressive responsibility

- The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each Resident must be assigned by the Program Director and faculty members.
- The Program Director must evaluate each Resident's abilities based on specific criteria.
  - When available, evaluation should be guided by specific national standards-based criteria.
- Faculty members functioning as supervising physicians should delegate portions of care to Residents based on the needs of the patient and the skills of the individual Resident.
- Senior Residents should serve in a supervisory role of junior Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident.

### 4. Communication

- The list of supervision guidelines by Resident post-graduate level shall be provided to appropriate medical, nursing, and clinical staff in the settings where the Residents are involved in the provision of patient care. Any restrictions or limitations on a Resident's participation in patient care shall be communicated in writing to the Resident, to the supervising teaching staff, and to nursing administration, and to other appropriate parties prior to the assignment of the Resident to a clinical rotation or as otherwise deemed appropriate by the Program Director.
- Programs must set guidelines for circumstances and events in which Residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
- Each Resident must know the limits of their scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- PGY-1 Residents should be supervised directly to begin. Each Review Committee will describe the achieved competencies under which PGY-1 Resident's progress to be supervised indirectly, with direct supervision available.
- Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Resident and delegate to him/her the appropriate level of patient care authority and responsibility.
- TidalHealth shall provide Residents with appropriate systems for communication with supervisors, e.g., paging systems.

### 5. Clinical Responsibilities

- The clinical responsibilities for each Resident must be based on PGY-level, patient needs/ safety, Resident education, severity and complexity of patient illness/condition, and available support services. Optimal clinical workload will be further specified by each Review Committee.

### 6. Supervision on Outside Rotations

- Supervision of Residents on clinical rotations outside of TidalHealth must be documented and must be in adherence with this policy and the program-specific Supervision and Accountability policy.

## 7. Review and Evaluation of Resident Supervision

- Program Directors shall include in the Annual Program Evaluation information regarding Resident supervision procedures and issues for their program. The APE is reviewed by the TidalHealth Graduate Medical Education Committee.

## Transition of Care

### Policy:

TidalHealth will facilitate professional development for Faculty members and Residents regarding effective transitions of care. Additionally, in partnership with its Accreditation Council of Graduate Medical Education accredited program(s), TidalHealth will ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

### Guidelines:

1. As part of their training, Residents at TidalHealth must care for patients in an environment that maximizes communication, including working as an effective member of an interprofessional team to delivery appropriate patient care and consistently providing accurate and complete transitions of patient care. Resident transitions of care, hereafter known as hand-off's, are verbal communication which provides information to facilitate continuity of patient care. Resident hand-offs must follow a standardized approach as determined by the Residency Program and must always include the opportunity to ask and respond to questions. Use of a hand-off form is allowed, however, hand-offs must occur in person allowing the receiving Resident an opportunity to ask questions.
2. Hand-off procedures will be in conjunction with (not be limited to) the following events:
  - Senders contact information
  - Illness assessment, including severity
  - Patient summary, including events leading up to illness or admission, hospital course, ongoing assessment, and plan of care
  - To-do action list
  - Contingency plans
  - Move to new unit
3. Verbal hand-offs are permitted when contacting another physician for change in patient's condition or with changes in on-call status only.
4. Certification of received information must be acknowledged by the recipient through a repeat-back or read-back as appropriate.
5. Oncoming Resident should have the opportunity to ask questions and received the information from the physician.
6. Hand-offs should be done in a matter that is free of interruptions and done privately, remembering the rules of HIPAA.
7. A senior Resident or attending must be present during hand-off process.
8. All Members of the team must:
  - Participate in discharge planning.
  - Initiate referrals to other disciplines as patient needs become evident.
  - Be responsible for reassessing the patient on a continuing basis to identify changes in clinical condition or family dynamics having the potential to alter the discharge plan.
  - Be responsible for working with the Attending Physician in developing the discharge plan, including all consults, labs, imaging, and other tests necessary for discharge.
  - Offer patients a choice when making post discharge arrangements for SNF or Home Care services as described in TidalHealth's policy "Patient Choice of Post Discharge Services" to ensure compliance with Federal regulations.
    - Initial Assessment of patient for discharge planning should include:

- Functional status: the ability to carry out activities of daily living and/or be cared for by others in the environment, i.e., the setting from which the patient was admitted to the hospital
- Cognitive status - the ability of the patient to participate in the discharge planning process and ability to learn new information
- Psychological status of the patient
- Patient's perception of self-care ability
- Capabilities of family/caregiver to support and give care to the patient
- Prior link to community services and post-acute health services
- History of readmissions to the hospital
- Assessment factors and diagnosis indicative of more complex discharge planning needs may include:
  - Inability to care for self
  - Confusion/disorientation
  - Homeless
  - History of Falls
  - Complex or new post discharge needs such as: TPN, complex wound care/wound vac, IV therapies, ostomies, tube feeding or pain control issues.
  - Pattern readmission within 30 days
  - Suspected abuse or neglect of child or adult
  - Weak/poor support system where primary caregiver is either unavailable or unreliable
  - Respiratory failure and ventilator dependency
  - Congenital deformities, premature birth, failure to thrive
  - Chronic illness, including renal disease, CHF, Chronic Obstructive Pulmonary Disease, new or uncontrolled diabetes
  - Head injury, paralysis, CVA
  - Terminal illness
  - Trauma, burns
  - Attempted suicide
  - Drug or alcohol abuse
  - Amputation
  - Fetal Demise
  - Guardianship
  - Adoptions
  - Age



## Vendor Relation

### Policy:

TidalHealth established guidelines for ethical interactions with commercial vendors/representatives. Residents at TidalHealth will not be allowed to interact with commercial/industry representatives without permission from the Program Director. Any vendor or industry representative wishing to interact with the Residency Program first must contact the Program Director for permission.

### Guidelines:

The following situation-specific rules apply:

1. Pharmaceutical Samples
  - The acceptance by a Resident or faculty of free pharmaceutical samples for delivery to patients is not allowed.
  - Acceptance of pharmaceutical samples for self-use is strictly prohibited for all Residents and faculty.
2. Vendor gifts
  - “Gifts” refers to items of value given without explicit expectation of something in return.
  - Gifts may also include outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, promotional items, and business courtesies, and meals and beverages.
  - Residents and faculty may not accept gifts, regardless of value, for themselves or on behalf of the program, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer. This includes food supplied at educational conferences as well as meals provided off-site.
3. Vendor Sponsorship of Educational Activities
  - Vendor sponsorship of Graduate Medical Education’s educational activities should take place under unrestricted grants and gifts only. An unrestricted grant or gift is one that given to the Program in which the donor(s) have specifically identified their intent to support certain activities (such as education for Residents). In instances where the grant is for Graduate Medical Education educational use, the donor may not specify content, topic, or speaker. However, the grant may specify whether the purchase of food for a conference is allowed.
4. Vendor Training
  - Vendors may appropriately orient, train, and advise Residents and Faculty on the proper use or calibration of a product that has already been acquired by TidalHealth. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products. Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients verbally and in writing.
  - Vendors must be identified as such so that they are not mistaken for clinicians.
  - In situations where the training is to take place at a site distant to TidalHealth, the vendor may not contribute to a specific Resident’s travel, housing, or per diem expenses incurred as part of this training. The vendor may contribute to an unrestricted grant that could be used by the program to reimburse Residents for travel costs and per diem according to TidalHealth policy. Vendor contribution to individuals is limited to waiver of any tuition or fees, and instruction manuals specifically related to the operation of the equipment.
5. Participation in Industry-Sponsored Programs
  - Residents and faculty may not participate as paid presenters or speakers in industry sponsored programs such as lectures and panels without express written permission of the program director. If approved, Residents participating in such activity must report for clinical and work hour purposes the

actual time spent in the activity and must also disclose to the program director the amount of any compensation offered, including nonmonetary items.

#### 6. Program Monitoring of Resident-Vendor Representative Interactions

- Program leadership should be aware of and discuss with Residents any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the Resident in a position of obligation to, or influence by, the vendor should be explicitly discouraged.
- Program should provide training to Residents on vendor relations and conflicts of interest, including reference to this policy and other relevant institutional policies.
- The Program Director must communicate this policy to trainees as part of program orientation and reinforce it through inclusion in program handbooks and other information sites for Resident reference.

## Visiting Residents

**Visiting Residents:** A Resident that is in an approved residency training program other than TidalHealth that is participating in a TidalHealth rotation.

### Policy:

TidalHealth is committed to providing consistency in the processing of requests for Visiting Residents to perform approved clinical rotations or observation status at TidalHealth.

### Guidelines:

- Visiting Residents will register in the GME office and the Medical Staff Services Department prior to any patient contact or observation only status.
- Visiting Residents will be in an approved residency training program.
- Visiting Residents will provide required documentation prior to participation in patient care. If unable to provide required documentation, only observation status will be allowed.
- Visiting Residents may participate in patient care with the approval of the respective Department Chair & Designated Institutional Official (DIO). Participation will be under the supervision of a sponsoring physician, who will be a member of the Medical Staff with approved delineated privileges.
- Prior to beginning the clinical rotation, the Visiting Resident is to provide written verification from their Residency Program to include:
  - Verification as a Visiting Resident in good standing
  - Approval of clinical rotation, naming specific rotation
  - Specifying exact dates of rotation
  - Verification of health/immunization status
  - Specific description of liability coverage
- The Visiting Resident's sponsor will inform patient's physician of Visiting Resident status before they participate in the patient's care.
- Evaluation and documentation of the clinical rotation will be maintained by the sponsoring physician and provided to the GME office for record keeping. Medical Staff Services will not maintain evaluation records for any clinical rotations or observers.

## Well-Being

### Policy:

TidalHealth recognizes that in the current health care environment Residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

### Guidelines:

1. The responsibilities of TidalHealth related to Residents' well-being include the following:
  - Enhancing the meaning each Resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships
  - Organizing schedules, work intensity, and work compression in a way that is cognizant of impact to Physician wellness
  - Collecting and evaluating workplace safety data and addressing the safety of Residents and faculty through the Program Evaluation Committee and Annual Program Evaluation
  - Ensuring Residents and faculty have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours without fear of intimidation or retaliation
  - Attending to Resident and Faculty, anxiety, burnout, depression, and substance abuse.
2. Faculty and Residents must complete a continued education module annually covering the identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.
3. When concerned that a Resident or Faculty may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence, Residents are encouraged to:
  - Call the Supervising Faculty
  - Call the Program Director
  - Call a Mentor/Faculty
4. When concerned that a Resident or Faculty may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence, Faculty are encouraged to:
  - Call the Program Director
  - Call the Designated Institutional Official
  - Provide access to appropriate tools for self-screening
  - Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
  - Reinforce availability and encourage use of Program/Institution Resources
5. Employee Assistance Program
  - The Employee Assistance Program provides members of TidalHealth with free, confidential assistance to help with professional problems that may interfere with work or family responsibilities. A Care Coordinator will confidentially assess the problem, assist with any emergencies, and connect you to the appropriate resources. The Care Coordinator then becomes a primary point of contact and will keep in touch to ensure the outcomes that are expected are achieved.
    - Services include: Childcare, Eldercare, Legal and Financial
    - EAP Phone number – 800-327-2251

## Workplace Violence

### Policy:

TidalHealth is committed to preventing workplace violence and to maintaining a safe work environment for all employees, customers, patients, vendors, and visitors. TidalHealth has adopted the following guidelines to address intimidation, harassment, threats of violence, and/or any acts of violence that may occur on any of its premises.

### Guidelines:

A. All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees must not engage in fighting, "horseplay," or any other conduct or behavior, whether physical, spoken or written, that is dangerous or reasonably may lead to danger to others. Firearms, weapons, and other dangerous or hazardous devices or substances of any kind are prohibited from the premises. Only licensed and designated Protection Services personnel required to carry a weapon as part of their position may possess a weapon on premises.

B. Conduct that threatens, intimidates, or coerces another employee, customer, patient, visitor, or a member of the public at any time, including during off-duty periods, will not be tolerated. This prohibition includes but is not limited to all acts of harassment, including harassment that violates TidalHealth's Workplace Harassment policy. No employee may incite violence or encourage another to do the same.

C. All threats of or actual violence, whether direct and indirect, must be immediately reported to the employee's supervisor or any other member of management and to Protective Services. This includes threats by employees, as well as threats by customers, patients, visitors, vendors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible. Any suspicious individuals or activities should be reported as soon as possible to a supervisor as well as Protective Services.

D. TidalHealth will promptly and thoroughly investigate all reports of threats of or actual violence and of suspicious individuals or activities. TidalHealth will, when determined necessary or appropriate, coordinate with the appropriate police agency for guidance and/or investigation. The identity of the individual(s) making a report of violence will be kept confidential to the extent practical. In order to maintain workplace safety and the integrity of its investigation, TidalHealth may suspend or place employees on leave pending investigation.

E. Anyone determined to be responsible for threats of or actual violence or other conduct that brings violence into the workplace, may be subject to disciplinary action up to and including termination.

F. Employees are encouraged to bring their disputes or differences with other employees or individuals at TidalHealth with whom they may have difficulty to the attention of their supervisors or the People Department before the situation escalates into potential violence. TidalHealth will assist in the resolution of employee disputes and will not discipline employees for raising such concerns.

G. It is important for you to be familiar with certain terms in the event of an emergency. The following page includes a list of the calls that you should recognize. Your leadership will provide you with how to respond to a code and additional pertinent information.

*The Workplace Violence policy is maintained by the TidalHealth People Department. This policy was reviewed for accuracy on August 29, 2022 by Beth Barnes, Director of Human Resources.*

## **TidalHealth Peninsula**

Code Red	Fire
Code White	Fire Alarm System Status
Code Pink	Infant or Child Abduction
Code Blue	Adult Cardiac/Respiratory Arrest - Adult
Code Blue	Pediatric Cardiac/Respiratory Arrest - Pediatric
Code Blue	Neonate Cardiac/Respiratory Arrest - Neonate
Code Yellow	Disaster/Emergency Management
Code Gray	Elopement/Missing Patient
Condition H	Review of Condition/Concern of Patient Requested by Family/Patient
Code OME	Outside Medical Emergency
CFR Team to Heliport	Crash, Fire, Rescue Team
Trauma Team to Heliport	Trauma Patient Arriving via Helicopter
Maintenance Stat (area)	Maintenance Emergency
Attention All Staff See Area Printer	Tornado Watch/Warning
Code RR	Rapid Response
Code Green	Security/Emergency Response for combative visitor
Code Orange	Hazardous Material Spill or Release
Code Gold	Bomb Threat
Code Purple	Security/Emergency Response for combative patient
Code Silver	Person with Weapon or Hostage Situation
Code Navy	Security/Emergency Response for verbally abusive patient

## **TidalHealth Nanticoke**

Code Red	Fire
Code Alpha	Emergency Management/Disaster Event Level 1
Code Delta	Emergency Management/Disaster Event Level 2
Code Pink	Infant/Child Abduction
Code Blue	Cardiac Arrest
Code Blue PALS	Pediatric Resuscitation
Code Blue NALS	Neonate Resuscitation
Code Black	Active Shooter
Code Green	Patient Elopement
Code Clean	Hazmat Event
Team One	Patient/Visitor/Staff Fall