

# FMR Policy Manual



## PURPOSE

The purpose of the FMR Policy Manual is to define policies for the Altru Family Medicine Residency, OB Fellowship, and Sports Medicine Fellowship. The Policy Manual is also available in electronic form at [altru.org/fmr](http://altru.org/fmr)

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# **RESIDENT/FELLOW POLICY**

## **FATIGUE AWARENESS & PREVENTION POLICY**

Altru's Family Medicine Residency Program requires that faculty and residents are educated in recognizing the signs of fatigue. Education will include use of the American Academy of Sleep Medicine: Sleep, Alertness, and Fatigue Education in Residency (SAFER) program. Every faculty member and resident will participate in this program and in addition will sign receipt and understanding of this Fatigue Awareness & Prevention Policy.

There is a growing awareness that fatigue has an adverse effect on performance.

### **Fatigued residents typically have difficulty with:**

Appreciating a complex situation while avoiding distraction  
Keeping track of the current situation and updating strategies  
Thinking laterally and being innovative

Assessing risk and/or anticipating consequence  
Maintaining interest in outcome  
Controlling mood and avoiding inappropriate behavior

### **Signs of Fatigue Include**

Involuntary nodding off  
Waves of sleepiness  
Problems focusing  
Lethargy  
Irritability

Mood lability  
Poor coordination  
Difficulty with short-term recall  
Tardiness or absences at work  
Inattentiveness to details

Impaired awareness

### **High Risk Times for Fatigue-Related Symptoms**

Midnight to 6 am  
Early hours of day shift

First night shift or call night after a break  
Change of service  
First 2 to 3 hours of a shift or end of shift  
Early in residency or when new to night call

### **Response**

Excess fatigue and/or stress may occur in patient care settings as well as non-patient care settings such as lecture and conference. In patient care settings, patient safety and well-being of the patient mandates implementation of an immediate and proper response sequence.

Attending physician

- If the attending physician or supervising resident notices evidence of excessive fatigue and/or stress, the attending must release the resident from any further patient care responsibilities at time of recognition.
- The attending or supervising resident should privately discuss their opinion with the resident, attempt to identify the underlying reason for the fatigue, and discuss the amount of rest needed to alleviate the situation.
- The attending or supervising resident will coordinate the distribution of patient care responsibilities among the team and is expected to participate actively in completing the work.
- The resident should use the options of rest at the hospital (call room) prior to driving home, obtaining a taxi to get home or having a fellow resident or other individual drive them home.

Residents

- Other residents who notice a colleague’s fatigue have the professional responsibility to notify the supervising attending or chief resident without fear of reprisal.
- A resident who feels fatigued has the professional responsibility to notify the supervising attending or chief resident without fear of reprisal.

Program Director

- If the removed resident’s absence results in an immediate effect on other residents (i.e., call) this should be accounted for immediately.
- The resident’s call schedule, duty hour report, patient care responsibilities, and personal problems/stressors will be discussed.
- The rotation will be reviewed for potential changes and improvements if deemed necessary.
- If the problem is recurrent or not resolved in a timely manner, the resident may be removed from patient care responsibilities indefinitely and will likely be reviewed at the Clinical Competency Committee meeting to assist in determining what further evaluation needs to occur.

**FATIGUE AWARENESS AND PREVENTION**

I have read, understand, and agree with the Fatigue Awareness & Prevention Policy of Altru Health System – Family Medicine Residency.

\_\_\_\_\_  
Resident Printed Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

Reviewed and Approved by Faculty October 2014  
Reviewed and Approved by GMEC November 2014

## MEDICAL RECORDS POLICY

### Office Charting and Coding

- Residents/fellows are encouraged to complete outpatient clinic records within 24 hours of the patient encounter. The resident will receive an email from HIM at 5-days for a chart delinquency, a copy will be sent to the Program Director and Associate Program Director. A resident/fellow with an outstanding chart(s) greater than seven days will be removed from their scheduled rotation and will require being present at the FMR clinic to complete the overdue chart(s). The resident/fellow will be charged with half day of vacation.
- Altru Family Medicine Residency coders can identify unusual work patterns entering their coding queues as these increases in workflow commonly representing backlogs or delinquent charts. These are identified by resident/fellow name and reported to the Program Director.

### Hospital Charting

- The medical records department routinely advises faculty of delinquencies with expectation that such delinquencies will be addressed.
- Admission H&P's and daily progress notes should be completed at the time of service. Discharge summaries should optimally be completed within 48 hours from the time of discharge.
- The resident will receive an email from HIM at 5-days for a chart delinquency, a copy will be sent to the Program Director and Associate Program Director. A resident/fellow with an outstanding chart(s) greater than seven days will be removed from their scheduled rotation and will require being present at the FMR clinic to complete the overdue chart(s). The resident/fellow will be charged with half day of vacation.

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## PATIENT DISMISSAL POLICY

### Reasons for Dismissal

- Persistent failures
- Noncompliance with treatment plan (prescription agreement plans)
- Rude, disruptive, unreasonably demanding, or threatening behavior
- Seductive behavior toward staff or physician
- Sentinel event (verbal threat, violence, criminal activity)
  - o Ground for termination with only one violation
- Other violations deemed appropriate by physician

### Procedure for dismissal and policy

- Written notice (certified mail) of letter outlining practice dismissal and ability to be available for emergent basis for medical needs for next 30 days.
- Letter template is available in epic (“A Medication Agreement Dismissal Letter”). Modify letter appropriately if cause for termination is other than “Medication Agreement” violation.
- If there is a combination of three dismissals from FMR, FMC, FM EGF, or FMS the patient “will no longer be seen by Altru Family Medicine.” This statement should be added to the letter.
  - o The “three strike policy” is from 1/30/14 onward
- If the physician feels that a single dismissal is cause for patient to no longer be seen by Altru Family Medicine, they can have case reviewed with Department Chair and Medical Director for review and decision. (not needed for sentinel events).
- Residents who determine that dismissal is necessary must discuss the case with the Program Director, write the dismissal letter, and review the letter with the Program Director. The Program Director will then place an FYI in the patient’s medical record specifying “patient may no longer be seen by residents,” or “patient will no longer be seen by Altru Family Medicine.”

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## **PROGRESS COMMITTEE (PC)**

### **Rationale**

Provides a structured methodology for identifying and intervening with issues related to resident/fellow performance and conduct.

### **Goals**

1. Early identification of concerns related to resident/fellow performance or conduct through a systematic, easily identifiable indication for referral to the progress committee
2. Develop an action plan, with involvement of the resident/fellow, to rectify an issue related to performance or conduct through a completed academic action plan
3. Consistent, structured follow up within the committee to improve accountability and longitudinal reassessment
4. PC reports to the faculty meeting twice a month, as necessary, providing an overall assessment of resident performance
5. All proceedings related to the PC will remain confidential and a paper trail of the proceedings will not be placed in the resident's/fellow's folder, unless the committee deems it appropriate, and not without prior notification to the resident/fellow.

### **Committee Members**

The committee will be composed of at least (2) Assistant/Associate Program Directors, (1) Faculty Behavioral Scientist, and (1) Third Year Resident (chosen by the core faculty physicians).

The committee will elect a committee chairperson and secretary each year.

A resident/fellow advocate will be chosen by core faculty to serve as an ad hoc member of the PC. The advocate will be a well-respected community faculty member. Residents/fellows may use the resident/fellow advocate if he/she has concerns regarding the residency program but is uncomfortable addressing concerns with residency faculty or supporting staff. The resident/fellow advocate will attend PC meetings at the discretion of a concerned resident/fellow or per the request of the PC.

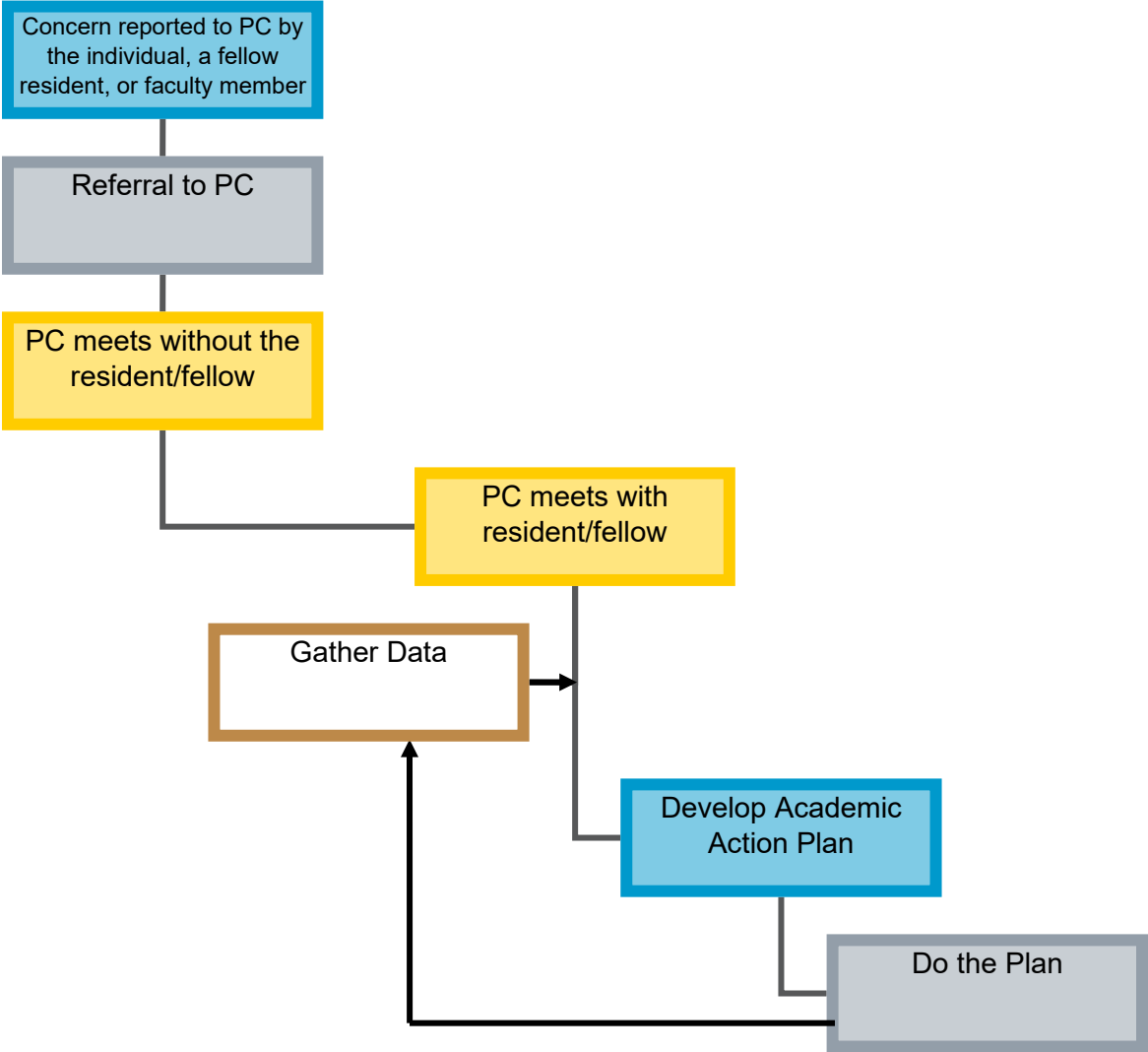
### **Meeting Arrangements**

The committee will meet the second Wednesday at 12:15 p.m. of each month, as necessary, in the residency conference room and at additional times, as necessary. Lunch will be provided. Resident/fellow files will be available for review. The meeting minutes will be recorded by the committee secretary and will be reviewed at the beginning of the subsequent meeting.

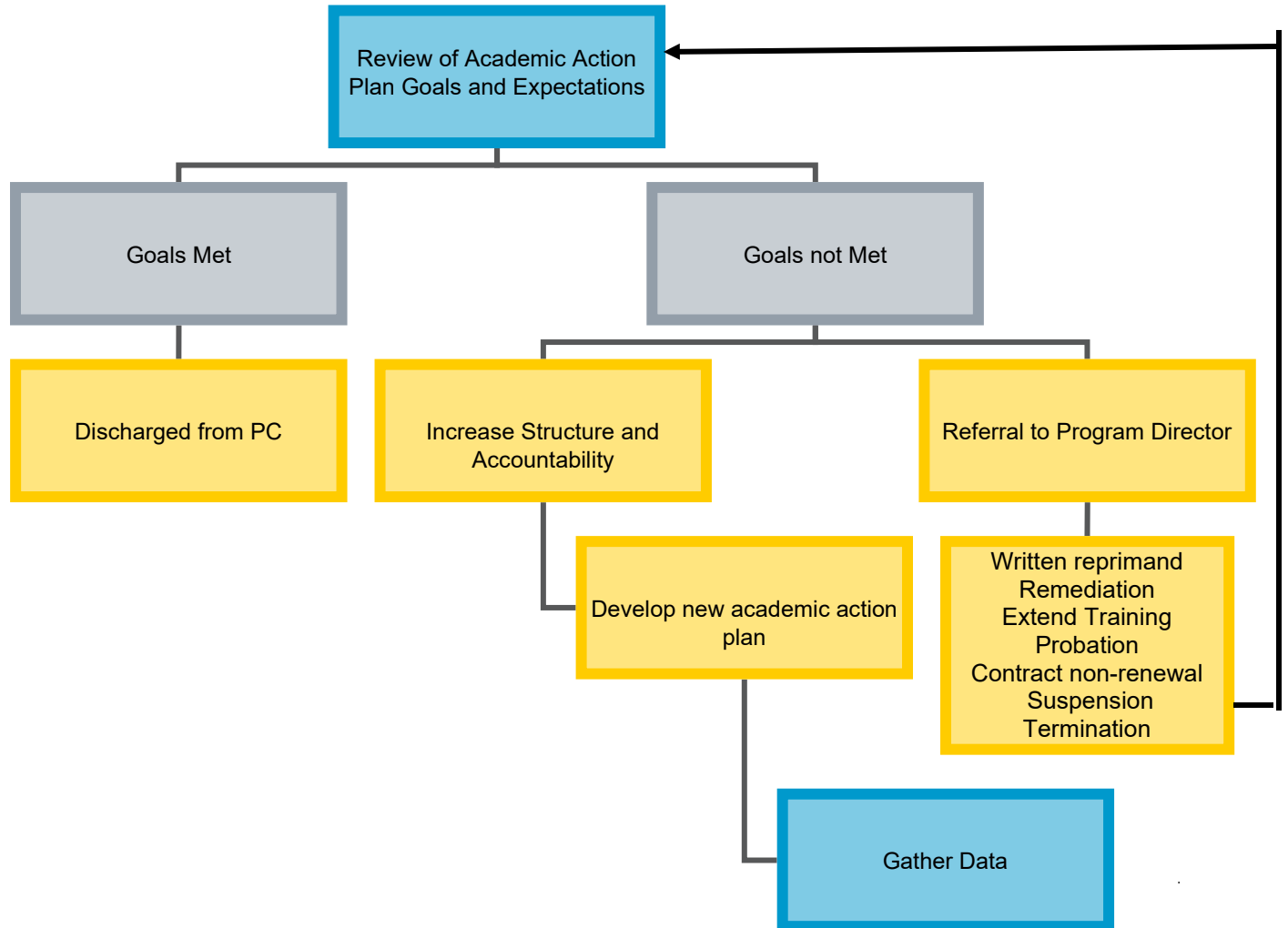
### **Potential Indications for Referral include unsatisfactory performance in ACGME core competencies:**

- Professionalism
- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and Communication Skills
- Systems-based practice

**Flowchart for Progress Committee (PC):**



## Review of Goals



## Family Medicine Residency Academic Action Plan

### Personal Data:

<b>Resident:</b>	<b>Date:</b>
<b>Program Year Level:</b>	

### History:

Mark all that apply:	Date(s):	Description:
<input type="checkbox"/> Verbal Counseling		
<input type="checkbox"/> Written Counseling		
<input type="checkbox"/> Focused Educational Plan		
<input type="checkbox"/> Remediation		
<input type="checkbox"/> Suspension		
<input type="checkbox"/> Probation		
<input type="checkbox"/> Extension of Training		

### Area(s) for Growth:

<b>Patient Care-</b> Deficiency Area: Yes or No
Brief description of deficiency with examples:   
<b>Medical Knowledge-</b> Deficiency Area: Yes or No

Brief description of deficiency with examples:

**System-Based Practice-** Deficiency Area: Yes or No

Brief description of deficiency with examples:

**Practice-Based Learning and Improvement-** Deficiency Area: Yes or No

Brief description of deficiency with examples:

**Interpersonal and Communication Skills-** Deficiency Area: Yes or No

Brief description of deficiency with examples:

**Professionalism-** Deficiency Area: Yes or No

Brief description of deficiency with examples:

Assessment of Relevant Program Issues: (see appendix 1)

Assessment of factors impacting the resident's capabilities: (see appendix 1)

## **FMR Academic Action Plan Appendix 1**

### **Program issues that can affect resident performance:**

- Leadership
- Morale
- Defined Goals and Objectives
- Appropriate Evaluation and Feedback System
- Effective Supervision
- Communication
- Work Environment
- Duty Hour Regulations
- Faculty
- Patient Experience
- Resident Complement

### **Personal factors that can affect resident performance:**

- Preparation and Education prior to Residency
- Personal Life Issues
- Fit between Resident and Program
- Cultural Conflict
- Drugs, Alcohol, or other Substances
- Medical Conditions
- Mental Health Conditions
- Learning Disorder
- Stress Management
- Attitude
- Doubts about Profession
- Work Ethic
- Professional Ethics
- Intellectual Integrity



## Progress Committee Documentation

**Resident:**

Dates of Proposed Action: _____ to _____
Area(s) for growth:
<p><b>Action Proposed:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal Counseling</li> <li><input type="checkbox"/> Written reprimand</li> <li><input type="checkbox"/> Focused Educational Plan</li> <li><input type="checkbox"/> Referral to Program Director for consideration of:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Written reprimand</li> <li><input type="checkbox"/> Remediation</li> <li><input type="checkbox"/> Probation</li> <li><input type="checkbox"/> Extension of Training</li> <li><input type="checkbox"/> Contract non-renewal</li> <li><input type="checkbox"/> Suspension</li> <li><input type="checkbox"/> Termination</li> </ul> </li> </ul>

**Action plan for competency not being met:**

Competency:	Plan:	Evaluation Tool:
Patient Care		
Medical Knowledge		
System-Based Practice		
Practice-Based Learning and Improvement		
Interpersonal and Communication Skills		
Professionalism		

**Date of next re-evaluation:** \_\_\_\_\_

**RPC Chair Signature and Date:** \_\_\_\_\_

I have reviewed and discussed the contents of this form with the RPC chair (or designated associate) and understand that further academic action such as remediation, probation, extension of training, non-renewal of contract, suspension or termination could be recommended at any time during the period covered above if I am unable to meet defined goals.

**Resident Signature and Date:** \_\_\_\_\_

**Review of Action Plan:**

Date:
Area(s) for growth:
Results: <input type="checkbox"/> Action plan completed <input type="checkbox"/> Action plan not completed <input type="checkbox"/> Repeat action plan <input type="checkbox"/> Referral to Program Director

Reviewed and Approved by Faculty 2/1/23  
Reviewed and Approved by GMEC 3/8/23

## PROFESSIONALISM POLICY

### Goal

Physicians, fellows, residents, and medical educators are expected to consistently demonstrate professional behavior. Professional competence is the habitual use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. Altru FMR endeavors to achieve professional competence.

### Policy

- Residents, fellows, and faculty will demonstrate respect, compassion, and integrity
- Residents, fellows, and faculty will demonstrate a responsiveness to the needs of patients that supersedes self-interest and a commitment to excellence and on-going professional development
- Residents, fellows, and faculty will demonstrate a commitment to ethical principles, confidentiality of patient information, informed consent and business practices
- Residents, fellows, and faculty will demonstrate sensitivity and responsiveness to patient' culture, age, gender, and disabilities
- Residents, fellows, and faculty will recognize impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team
- The Residency, in partnership with their Sponsoring Institutions, will provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.

### Expectations

- Work hard and put forth best effort always.
- Be on time to all rotations, educational opportunities, meetings, patient care activities, rounds, etc. If a resident/fellow is going to be late due to an unavoidable circumstance, they will notify the person in charge as soon as reasonably possible that they will be late and when they expect to arrive.
- Be diligent in-patient care activities and address issues in a timely fashion (except when away on vacation or on an away rotation). Residents will adhere to the following guidelines.
  - Address routine patient telephone and medication requests by 5:00 pm of the next business day.
  - Address urgent patient telephone, lab, or medication requests by 5:00 pm daily.
  - Notify patients of all test results (immediately by phone for life-threatening results, within 24 hours by phone for those that are significantly abnormal, all others within one week by phone, letter, or My Chart). Document notification appropriately
  - Residents are expected to complete clinic progress notes in the EPIC medical record system within 24 hours from a visit though ideally residents are strongly encouraged to complete the notes on the same day as the clinic visit. Failure to complete a clinic note(s) within seven days will result in a removal for a half day from a scheduled rotation and the resident will be charged with the loss of one-half day of vacation to facilitate time to complete delinquent charts.
  - Complete patient paperwork or forms as necessary.

- Be attentive and actively engaged in all educational activities (e.g., rounds, conferences).
- Be prepared and ready for discussions related to patients.
- Complete assignments in a timely fashion.
- Treat patients, medical students, residents, fellows, staff, and faculty with courtesy, respect, and dignity.
- Praise others in public, provide constructive feedback in private, and avoid gossip.
- Commit to total honesty and integrity. Examples include the following.
  - Residents/fellows are where they are supposed to be.
  - Document only what is performed and what occurred.
  - Do what is right even when nobody is looking.
  - Residents/fellows are accountable for what they do and don't do
  - Do not blame others.
  - Do not lie.
  - Show up prepared.
- Commit to teamwork, evidenced by the following.
  - As part of teamwork, residents/fellows will be responsible for their work first. If someone needs help, they will willingly assist without complaining.
  - Residents/fellows will recognize and appreciate contributions of all team members.
  - Residents/fellows will help set and understand team goals.
  - Residents/fellows will learn how to give and receive feedback graciously.
- Commit to excellence in patient care.
- Demonstrate “ownership” of patients.
- Place the safety of patients first and before personal interests.
- Conduct safe and complete patient handoffs.
- Make an honest effort to read daily on something medically related and engage in a pattern of life-long learning by actively asking and answering questions.
- Use sick leave for which it is intended – a personal or family illness.
- Assurance of personal fitness for work, including:
  - Management of time before, during, and after clinical assignments
  - Recognition of impairment, including from illness, fatigue, and substance use in themselves, their peers, and other members of the health care team
- **The potential hazards of copy-forward will be recognized. Copy-forward increases efficiency for documentation purposes; however, copy-forward can result in documentation that is inaccurate and does not reflect care that was provided and/or misrepresent current patient status. Copy-forward may be utilized, however, information must be authenticated.**
- Read and follow all policies as outlined in the FMR Policy Manual.

### Procedure

- The Program Director will meet with incoming residents/fellows during orientation to discuss punctuality, timely completion of medical records, on-call responsibilities, communication, unusual sick leave patterns, confidentiality, falsification of information in EMR, adherence to ethical principles, compassion, integrity, respect, and responsiveness to patient needs
- All rotation evaluations completed by the attending physician will have questions pertaining to professionalism. In addition, evaluations on resident/fellow performance will be completed by other residents for select rotations, and nursing staff at FMR. Residents/fellows may review the monthly evaluation. All evaluations are reviewed

monthly by all faculty members. In addition, the Clinical Competency Committee reviews all monthly evaluations to provide a summative evaluation no-less-than twice yearly. The summative evaluation will be reviewed with the resident or fellow by a scheduled meeting with a faculty member

- Patient satisfaction survey questions will address professionalism. Survey results will be shared with the residents and fellows at the bimonthly business meeting
- Residents/fellows will receive directive regarding professionalism at monthly practice management and bimonthly ethics conferences
- Breeches in professionalism will result in referral to the Resident Progress Committee
- **Untruthfulness may result in immediate termination from the residency or fellowship at the discretion of the Program Director**
- Residents are expected to perform no less than two scholarly activities during training as a means of ongoing professional development. Scholarly activity fulfillment will be reviewed with faculty at twice-yearly evaluation

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## QUALITY AND SAFETY POLICY

All physicians share responsibility for promoting patient safety and enhancing the quality of patient care. Altru FMR will prepare residents/fellows to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents/fellows who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents/fellows will demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents/fellows will apply these skills to critique their future unsupervised practice and effect quality improvement measures. It is necessary for residents, fellows, and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

A faculty member will be selected by the Program Director as the FMR Director of Quality and Safety.

### Definitions

- **Near-miss:** an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortuitous break in the chain of events prevented an injury, fatality, or damage; in other words, a **miss** that was nonetheless very **near**
- **Adverse event:** medical errors that healthcare facilities could and should have avoided

### Policy

#### SAFETY

- Educate residents/fellows and faculty on the difference between near-miss and adverse events
- Educate residents/fellows and faculty of the importance of identifying near misses within the practice environment AKA “good catch”
- Create an opportunity to report near-misses and adverse events in a structured and open environment
- Develop initiatives to improve quality through a root cause analysis of near-misses and adverse events
- Residents/fellows and faculty will participate in inter-professional teams to promote and enhance safe care
- Residents/fellows and faculty will receive training in how to disclose adverse events to patients and families. They will have the opportunity to participate in disclosure of patient safety events, real or simulated

#### QUALITY

- Residents/fellows and faculty will participate in Altru’s quality improvement programs, including an understanding of health care disparities
- Residents/fellows and faculty will participate in quality improvement initiatives at FMR and demonstrate impact.
- Residents/fellows and faculty will receive feedback on individual and system performance for quality initiatives
- As requested by Altru Quality and Patient Safety, residents/fellows and a faculty member will participate in hospital-based RCA’s
- RCA’s will be done at FMR on an as-needed basis

## Procedure

### SAFETY

- Residents/fellows and faculty will report near-misses and adverse events at FMR via Clarity
  - Clarity submissions will be reported to the Academic Coordinator
  - Clarity submissions will be reviewed at the quarterly near miss/adverse event forum. All residents/fellows and faculty will be in attendance. Near-misses and adverse events will be discussed. Consensus opinion will determine which Clarity submissions require root-cause analysis. Teams of residents/fellows will be assigned with a faculty member to perform root-cause analysis and present their findings at the following near-miss/adverse event forum
    - ⊖ Encourage ongoing reporting by offering incentives for Clarity submissions.
- Residents/fellows and faculty will report errors, unsafe conditions, and near-misses at Altru Hospital.
  - Residents/fellows and faculty will file reports through Clarity
  - Reports through Clarity will be handled per hospital protocol
  - If it is determined that the submitted report requires root cause analysis, residents/fellows and/or faculty will be involved in the hospital process, and report findings at the near miss/adverse event forum
- Twelve didactic noon lectures are dedicated to discussing patient safety/quality initiatives.
  - Educational Lecture discussing the importance of identifying near misses
  - Quarterly, a team of three residents will identify an area of interest pertaining to patient safety. Seventy-five charts will be reviewed. Prior to chart review, residents will determine the threshold they believe is necessary to satisfy that FMR is providing “safe care.” Quarterly, a quality-safety forum will be held where the team of residents will educate other faculty and residents/fellows on the safety issue of interest. Results will be discussed from the chart review. If FMR has not achieved the threshold set by the residents, another chart review will occur six months following to establish that “safe care” is being provided
  - Quarterly, a near-miss/adverse event forum will occur
  - Other lectures will be reserved for further review of root-cause analysis that has been performed
- A second- and third-year resident will serve on the Patient Safety and Antibiotic Stewardship committees at Altru. They will provide committee reports at bimonthly business meetings.

### QUALITY

- Twelve didactic noon lectures are dedicated to discussing patient safety/quality initiatives.
  - Quarterly, a team of three residents will identify an area of interest pertaining to quality patient care. Seventy-five charts will be reviewed. Prior to chart review, residents will determine the threshold they believe is necessary to satisfy that FMR is providing “quality care.” Quarterly, a quality-safety forum will be held where the team of residents will educate other faculty and residents/fellows on the quality issue of interest. Results will be discussed from the chart review. If FMR has not achieved the threshold set by the residents, another chart review will occur six months following to establish that “quality care” is being provided.

- Dashboard data, patient satisfaction data, performance on CMS Quality Measures, and individual/clinic CG-CAHPS scores will be reviewed with the residents at bimonthly business meetings.
- A second- and third-year resident will serve on the Altru Quality Council and Readmission Committee. They will provide committee reports at bimonthly business meetings.
- Understanding healthcare disparities will be discussed during bimonthly ethics conference and care provided at the jail, My Ally, New American physicals, and patients from the LaGrave Place.

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Reviewed and Approved by GMEC 9/13/2023  
Reviewed and Approved by Faculty 8/24/21  
Reviewed and Approved by GMEC 8/24/21



## RESIDENT/FELLOW WELLNESS POLICY

### Goal

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician; and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training. Altru FMR has the same responsibility to address well-being as they do to evaluate other aspects of resident/fellow competence.

Residents/fellows and faculty members are at risk for physician distress and depression. The Residency Program, in partnership with the Sponsoring Institutions, has the same responsibility to address well-being as other aspects of resident/fellow competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behavior and prepares residents/fellows with the skills and attitudes needed to thrive throughout their careers.

### Policy

- Efforts to enhance the meaning that each physician find 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.
- Attention to scheduling, work intensity, and work compression that impacts resident/fellow well-being.
- Evaluating workplace safety data and addressing the safety of resident/fellow and faculty members.
- Policies and programs that encourage optimal resident/fellow and faculty member well-being, and,
  - Residents/fellows will be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Attention to resident/fellow and faculty member burnout, depression, and substance abuse. The program will educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents/fellows and faculty members will be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, will:
  - Encourage residents/fellows and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence
  - provide access to appropriate tools for self-screening; and,
  - 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.
- There are circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. The program will have policies and procedures in place that ensure coverage of patient care if a resident/fellow may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

## Procedure

- Essence of being a resident/fellow/faculty member
  - Residents/fellows and faculty will have scheduled time in clinic (refer to “Clinic Schedule Guidelines”)
  - Residents/fellows will be allowed progressive autonomy, per supervision policy
- Scheduling and work intensity
  - Refer to Work Hour Policy
- Focus on quality and safety
  - Refer to Quality and Safety Policy
- Burnout, depression, and substance abuse
  - Residents/fellows and faculty have access to the Employee Assistance Program (EAP) by phone, in person, or online 24 hours a day, 7 days a week 365 days a year allowing free, confidential support for depression, stress, anxiety, chemical dependency, physician burnout, relationship & parenting issues, legal & financial concerns, employee conflict, etc.
    - Phone: 1-800-383-1908
    - VITALWorkLife.com
      - Username: Altru
      - Password: Member
- Physician Wellness via AltruLink
  - Resources include the following:
    - Coaching and Support
      - The program is staffed by licensed social workers, psychologists, and peer coaches trained to provide support and consultation to other physicians/providers. Why a peer coach? It is no secret that providers often are reluctant to ask for help. However, providers will often consult physician/provider peer coaches when they are experiencing:
        - unusual levels of stress or anxiety.
        - sudden loss of temper or uncharacteristic outbursts.
        - negative feedback from peers, patients or staff.
        - concerns about substance abuse.
        - difficulty balancing the demands of family and practicing medicine.
      - Your peer coach can be a confidential and knowledgeable sounding board for a variety of work- and home-related issues.
      - Your Provider Wellness Resources benefit also includes unlimited access to online resources, including articles, downloadable audio files, interactive learning sessions, self-assessment tools and financial calculators.
      - To learn more, download a copy of our Physicians’ Coaching and Support fact sheet, contact us or call 877.731.3949
    - Concierge/WorkLife Assistant
      - In addition to the traditional counseling, and support for emotional issues, Provider Wellness Resources features virtual concierge services – the WorkLife Assistant. Concierge experts can assist you when you are at home or traveling. In fact, they can provide complete trip planning services. They also can:
        - arrange for a house cleaner or schedule your car to be detailed.
        - purchase tickets to an event (even those that are hard to get into) or find a romantic nightspot.

- find summer camps for your children or elder care for a parent.
  - find that perfect gift or send flowers.
  - locate a rare bottle of wine or plan a retirement party.
  - Etc.
- Consulting
- Physician Intervention
- Physician Wellness Resources
- Training and Education
- Sick and emergency leave
  - Refer to Sick and Emergency Leave Policy
- Administrative ½-day
  - Residents are allowed ½-day of administrative time per month
    - Administrative ½-day cannot be taken Monday mornings or Friday afternoon
    - Administrative ½-day cannot be taken when a resident is scheduled for clinic or OB call
    - Administrative ½-day cannot connect to vacation time
    - Prior to starting a teaching service block, residents will work with the Program Coordinator to schedule their administrative ½-day
    - Residents who are not on the teaching service will determine the date of their administrative ½-day. The resident is responsible for notifying the rotation attending physician
- Medical appointments
  - Residents/fellows who cannot schedule a medical appointment over the noon hour, on their administrative ½ day, or who have urgent health care needs, should contact the Program Coordinator with notification of time that will be missed for the medical appointment. The Program Coordinator will arrange for patient care coverage in the residents/fellow's absence.
- Resident Wellness Committee
  - One faculty member and one-two resident representatives from each class-year
  - Budget \$5,000/ calendar year
  - At minimum, quarterly meetings
  - Plans wellness curricular activities for residents, fellows, and faculty
  - Arrange wellness didactic curriculum
  - Track workforce safety data with the assistance of the Program Coordinator

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 Reviewed and approved by GMEC 3/22/22

## TIME OUT POLICY

Prior to starting a medical procedure, the medical team stops for a Time-Out. The Time-Out is a deliberate pause in activity involving clear communication and verbal confirmation. The Time-Out is one element of Universal Protocol, designed to ensure that the appropriate steps are taken to operations and invasive procedures.

### PROCEDURE

Time-Out is required for the following outpatient procedures

- Implanon placement and removal
- Endometrial biopsy
- Vasectomy
- Colposcopy
- Lumbar Puncture
- IUD insertion
- Incision and Drainage abscess
- Punch biopsy
- Circumcision

Time-Out steps:

1. Everything stops
2. Identify the patient using name and date of birth
3. Correct side and site marked as indicated if applicable.
4. Agreement on procedure to be done, as read from the informed consent document.
5. When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.

Documentation: "Time out was performed. Correct patient was identified, and patient verified the procedure and correct site and side."

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## **OTHER**

Residents/fellows are employees of Altru Health System. Residents/fellows are expected to abide by all Altru policies including, but not limited to, medical treatment of minors, subpoena procedures, and substance abuse.

# RESIDENT POLICY

## AMBULATORY TRANSITION OF CARE POLICY

### General

Patients who transition care in the ambulatory setting are vulnerable to patient-safety errors. By preparing residents and patients for safe transitions of care, benefits will be recognized, including:

- Reduced errors related to transitions of care,
- Increased patient engagement in their own plan of care,
- Improved communications among patients, care partners and other facilities; and,
- Enhanced overall patient and clinician experience.

### Procedure

Ambulatory transitions of care require the following:

- Focus on patients most at-risk,
- Patient and resident education,
- Balanced caseloads for residents,
- Use a standardized EPIC template for the handoff, verbal communication will be necessary in some situations,
- Identify specific tasks that require follow-up,
- Make patient assignments clear after the handoff,
- Have patients establish care with the new provider as soon as possible after the handoff,
- Perform safety audits to ensure that sign-out occurs, patients receive appointments, no-shows are rescheduled, and task follow-up is completed.

### Policy

- Patient care
  - Six months prior to the anticipated graduation date, PGY-3 residents will be provided a list of their patient panel.
  - Residents will determine who of their patients are “high-risk”
    - All patients who are determined as “high-risk” must be enrolled in Medical Home
    - A letter will be sent to “high-risk” patients four months prior to graduation advising them that their physician will be departing FMR. Patients will be encouraged to set up an office visit to facilitate transfer of ambulatory care
      - Patients who have not set up an appointment will be contacted by the Health Coach
    - Office visits will occur with the graduating resident, Health Coach, and resident assuming care (if possible)
      - Medicare “high-risk” patients will be assigned to upcoming PGY-2 residents only
    - -up visit with new resident upon completion of the office encounter

- If the follow-up appointment is to occur in greater than 3-months, the future appointment will be tracked on the registration recall list to schedule
  - Patients who are not “high-risk” may be assigned to an upcoming PGY-1 or PGY-2 resident
    - Patients will be notified three months prior to graduation letter to establish care with a designated resident
    - Designation of the future resident-physician will occur in EPIC in the comments section of the appointment desk tab for scheduling purposes.
  - Patients who have a resident that will continue employment with Altru upon completion of residency will receive a letter notifying them of the new practice location or given the option to schedule an appointment with another resident
  - Patients who are not assigned to an upcoming PGY-1 or PGY-2 resident but are listed on a graduating resident panel will be sent a letter three months prior to graduation with a list of names for upcoming PGY-1 residents to choose as a new physician.
- Test Results and Medication refills
  - Patients of graduating resident panels who are not high-risk, and have not yet established with a new resident will be designated to a current resident for medication refill and test result communication
    - The acting resident and graduated resident will have a common FMR nurse.
- Graduating residents will be provided with a list of outstanding labs and imaging orders that must be closed prior to graduation.

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## BOARD CERTIFICATION

### Eligibility Requirements for Certification

Residents are required to take the American Board of Family Medicine examination to obtain board certification in April of their final year of training. Third year residents receive a total of \$2000 for CME and it is expected that a portion of the CME money is allocated to offset the ABFM examination fee.

Residents may apply and be permitted to take the examination prior to completion of residency training and prior to obtaining a full and unrestricted medical license. However, all requirements including the medical license and verification of training must be submitted by the final submission deadline to obtain certification.

To become certified by the ABFM, the following requirements must be met:

- Completion of 50 MC-FP points which includes:
  - Minimum of one (3) Knowledge Self-Assessment (KSA)-10 points each
  - Minimum of one (1) Performance in Practice Module (Part IV) with data from a patient population-20 points each
- Application and full examination fee for the MC-FP examination
- Attainment of a full, valid, unrestricted, and permanent medical license and compliance with the Guidelines on Professionalism, Licensure, and Personal Conduct
- Successful completion of family medicine residency training
- Successful completion of the MC-FP examination

Deadline for Completion of Training - Residents who are expected to complete training by June 30 are automatically provided with the application link for the April examination. Residents who are expected to complete training between July 1 and October 31 may be declared eligible to apply for the April examination based on a recommendation from their residency program director. Residents who are expected to complete after October 31 and before December 31 will be permitted to apply for the November exam.

### Satisfactory Completion of Residency

The Board prefers all three years of post-graduate training to be in the same ACGME-accredited Family Medicine program; however, other training may be considered as equivalent (e.g., Flexible/Transitional Year, AOA Osteopathic Internship, etc.). In these cases, and for physicians who have had international training, the American Board of Family Medicine requires residency programs to notify the ABFM of residents who have entering training with advanced placement credit. If the Program Director fails to comply, the Board will determine the amount of transfer credit at the time of its discovery of the transfer. Consequently, the resident may receive less credit toward certification than anticipated and may be required to extend the duration of training.

The last two years of Family Medicine residency training must be completed in the same accredited program. Transfers after the beginning of the PGY-2 year are approved only in extraordinary circumstances.

All candidates' education and training experiences are subject to review and approval by the ABFM.

**For more information, please visit the Home Page for the American Board of Family Medicine at <http://theabfm.org>**

Reviewed and Approved by Faculty 8/24/21

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## CLINICAL COMPETENCY COMMITTEE POLICY

### Policy

1. The Clinical Competency Committee (CCC) should:
  - a. Review all resident evaluations semi-annually.
  - b. Determine each resident's progress on achievement of specialty-specific Milestones; and,
  - c. Meet prior to the resident' semi-annual evaluations and advise the program director regarding each resident's progress.; and
  - d. Develop objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the family medicine milestone.

### Procedure

1. The Program Director must appoint the CCC.
  - a. The CCC will be composed of at least three members of the program faculty, at least one of whom is a core faculty.
  - b. Additional members must be faculty members from the program or other health professionals who have extensive contact and experience with the program's residents.
    - The CCC will meet, at minimum, every six months. Additional meetings may be scheduled for ongoing review of resident evaluations
    - The academic coordinator will be responsible for gathering all data for the CCC, coordinating all meetings, and documenting all meetings in the form of minutes
    - Following each CCC meeting, a summary of activity will be presented at the weekly faculty meeting

Reviewed and Approved by Faculty 2/6/19  
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## COMMUNICATION POLICY

Residents are required to provide patient care in a safe environment. Autonomy is encouraged. PGY-3 residents should be actively involved in providing supervision for PGY-1 and 2 residents and should be utilized as progressive supervision with the attending physician. PGY-3 involvement does not replace the supervising physician's responsibility.

Circumstances and events in which residents must communicate with the supervising physician:

- Admission to the hospital
- Significant change in patient status necessitating transfer to another level of care
- Cardiac arrest
- Unplanned intubation or ventilatory support
- Development of significant neurologic change (i.e., suspected CVA, seizure, new paralysis, etc.)
- In the absence of an urgent situation, prior to consulting with a specialist, residents are required to discuss the care plan with the attending physician
- Consideration of change in code status
- When hospital staff have questions regarding patient care which cannot be resolved with the residents providing care
- At the request of a nurse, physician, or patient
- For all labor and delivery patients:
  - OB triage patient
  - OB admission
  - Any deviation from normal labor management
  - Anticipated delivery
- Anytime the resident feels a situation is more complicated than they can manage

Reviewed and Approved by Faculty 6/14/19

Reviewed and Approved by GMEC 8/27/19

## CONFERENCES

### Attendance

All residents are expected to attend 80% of all noon conferences.

1. To be counted present you must be in attendance no later than 15 minutes from the beginning of the posted start time (i.e., 12:30 pm for noon conference, etc.)
2. If a resident cannot attend because of rotation conflicts or otherwise, they must report it to the chief resident prior to or shortly following the meeting. The chief resident will then determine if the excuse is valid.
3. All unexcused absences which exceed 80% for a given month will be assessed as a loss of one vacation day or an additional day of call.
4. Dental appointments, daycare, etc., are not excused absences, that is what the remaining 20% of lectures are for.
5. It is the chief resident's responsibility to take attendance at all meetings if they cannot; it is their responsibility to contact another third-year resident to do it for them. Attendance sheets should be turned in to the Academic Coordinator in a timely manner.
6. Remember...scheduled meetings are part of your job description...do your job.
7. If a resident is on vacation, they are not expected to be at conferences, it is excused.
8. If residents are not on vacation but have the day off per your preceptor, you are still expected to attend conference.

### Meals at Conferences

Meals will be paid for by the Altru Family Medicine Residency program for all conferences sponsored by the residency program. If the conference is cancelled, there is no meal provided. Wednesday Altru conference has a meal provided for them. If you are on call in the hospital, the hospital will provide you with meals while on call.

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## **DIRECT OBSERVATION OF RESIDENT POLICY**

### **General**

The Altru Family Medicine Residency will utilize direct observation via closed circuit monitoring to assess communication and physical exam skills of the residents.

### **Policy**

PGY1 residents will be directly observed on two occasions by a faculty member and once by a behavioral science faculty member at the start of Block 2 of the academic year. Thereafter, they will be observed by one faculty member Blocks 2, 4, 6, 8, 10, and 12. Also, all PGY1 residents need to have direct observation of two (2) sports physicals in Block 1.

PGY2 residents will be directly observed four times throughout the academic year by one faculty member, Blocks 1, 5, 7, 11.

PGY3 residents will be directly observed two times throughout the academic year by one faculty member, Blocks 3 and 9.

The Academic Coordinator is responsible for monitoring when a direct observation is to occur and documenting when a direct observation is complete. Each resident's nurse will be notified by Academic Coordinator when a direct observation for a resident is required. After a patient has been roomed, and the closed-circuit monitor has been activated, the nurse will find a faculty physician on administrative time to directly observe the patient encounter. The nurse will notify Wanda when the direct observation is complete. The Academic Coordinator will send a link to the faculty member from E-value to be completed. If for some reason, the Academic Coordinator is not available, a note or email should be forwarded to them with the relevant information.

Patient consent for observation is obtained yearly and scanned to the patients EHR. In addition, signage is placed in each exam room to notify the patient that closed-circuit monitoring may be performed. If a nurse is asked by a patient not to have closed circuit monitoring activated, the patient's request will be honored.

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## EDUCATIONAL LEAVE POLICY

Each resident is allowed \$1,000 for educational conferences in each calendar year. An additional \$1,000 is allocated in the third year to offset the expense of American Board of Family Medicine examination fees. To receive this allowance, the resident must be in good academic standing. The following steps must be followed.

1. Leave requests must be submitted through Workday 3 months prior to the dates requested.
2. The resident will pay the registration fee and be reimbursed after the conference.
3. Residents are responsible for making their own travel arrangements.
4. All travel and lodging receipts must be kept submitted through Workday to be reimbursed from Altru Health System. This includes:
  - hotel receipt
  - airline ticket stubs
  - canceled check for registration fee\*
  - rental car/taxi
5. Altru Health System will provide reimbursement of the following expenses incurred by resident physicians:
  - Tuition, travel and lodging, relating to meetings and educational courses which carry AMA and/or specialty approved credit
  - Professional journals and books
  - National AMA dues, professional society dues, non-North Dakota and Minnesota license fees and DEA registration fees
  - Continuing medical education materials which have MA and/or specialty-approved credit, not to include electronic devices and hardware
  - Meals will be reimbursed per IRS guidelines
  - Reimbursement will be provided for the following business-related expenses
  - Stethoscope, Otoscope, Ophthalmoscope, Hand-held ultrasound
6. **The following provisions will govern the reimbursement of the expenses:**
  - Expenses will be reimbursed for costs incurred only by the requesting doctor, i.e., expenses incurred for a doctor's spouse or other persons, are not reimbursable
  - All expenses reimbursed must be verified with proper detailed receipts and submitted through Workday. Credit card statements or records of credit card charges do not qualify as adequate substantiation of expenses
  - Reimbursement for business/education travel will be limited to domestic travel within the 50 United States
  - Travel expenses for Continuing Medical Education (CME) credits which can be obtained online, or in any manner where travel to another destination is not required to receive CME credit, i.e., Travel Medical Seminars, will be disallowed

**\*Travel expenses will not be reimbursed if these steps have not been followed.**
7. Residents may utilize educational leave time to prepare for USMLE Step 3 or ABFM examination. Leave must be taken within 60 days of the examination date.

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## FMR CLINIC

Altru FMR provides residents with a patient population representative of both the broad spectrum of ages, clinical issues, and medical conditions managed by family physicians and of the diversity of the community being served.

FMR will serve as a model practice and incorporate state-of-the-art modalities to best serve the patients and community through continuous improvement processes. Identifying health inequities is a critical component to the FMR educational environment for the learner, as is viewing health inequities as a health care quality problem that needs quantitative assessment and deliberate thought as to how to mitigate the inequity. This space supports continuous, comprehensive, convenient, accessible, and coordinated patient care.

FMR will organize patients into panels that link each patient to an identifiable resident and team. Each resident's panel of continuity patients must be of sufficient size and diversity to ensure adequate education, as well as patient access and continuity of care.

- Each graduate will complete a minimum of 1,000 hours dedicated to caring for FMP patients.
- Annual patient-sided continuity should be at least 30% at the end of the PGY-2 and 40% at the end of the PGY-3.
- Annual resident-sided continuity should be at least 30% at the end of the PGY-2 and 40% at the end of the PGY-3
- Panels will include a minimum of 10% pediatric patients (younger than 18 years of age)
- Panels will include a minimum of 10% older adult patients (older than 65 years of age).
- Panel size and composition for each resident will be regularly assessed and rebalanced as needed.
  - The FMP should utilize team-based coverage for patients when the continuity resident is unavailable.
- Residents must be able to maintain concurrent commitments to their FMP patients during rotations in other areas/services required by the program.

FMR will have members of the community, in addition to clinical leaders, serve on an advisory committee to assess and address health needs of the community. The advisory committee will have demographic diversity and lived experiences representative of the community.

FMR will involve all members of the practice participate in ongoing performance improvement and demonstrate use of outcome data by assessing the following: clinical quality for preventive care and chronic disease; demographics; health inequities; patient satisfaction; patient safety; continuity with a patient panel; referral and diagnostic utilization rates; and financial performance. This data will be measured and reported to the care team at least twice annually.

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## IN-TRAINING EXAMINATION

The American Board of Family Medicine In-Training Examination is a cognitive examination given annually on the last week of October. All residents are released from other rotational responsibilities to be present for the examination. The examinations are scored by the Board, but the results are reported to the Program Director.

The In-Training Examination is similar in emphasis and format to the Certification Examination. It consists of items written to test the core of knowledge and patient management skills in eight major areas: Internal Medicine, Surgery, Obstetrics, Community Medicine, Pediatrics, Psychiatry and Behavioral Sciences, Geriatrics and Gynecology. The physicians who write the test items, as well as the members of the special committee who review them, include both practicing clinicians and teachers in Family Medicine residency programs.

The Program Director and faculty will review both current and past test results to determine if a resident is demonstrating improvement on each successive year's results and to ensure that a resident is ready for the Certification Examination at the end of his/her residency training. Because of the above, together with the Program's commitment to the ideal of life-long learning, the Program specifies the following:

- Using the Bayesian score predictor provided with the In-training Examination, residents are expected to score at a level that is equal to or greater than 90.0% prediction of passing the certification exam.
- Failure to score above this benchmark requires additional course work.
- Residents scoring under this benchmark are required to complete the Core Content examination monthly (when available). The test booklet and answer booklet will be provided to the resident prior to the examination time. The exam will be held the first Wednesday of every available month at noon at the Family Medicine Residency Conference room. If the resident is unable to attend at the scheduled time, he/she must make arrangements to take the examination within a week of the scheduled time with the residency program coordinator.
- In addition, residents in their **third year** of post-graduate training scoring under the benchmark are also required to complete a board review course. This is an independent study program. The residency program will provide the board review course materials. The resident may choose to use their CME money to attend a live Board Review course which would also satisfy the additional course requirement.
- Residents will be notified in person and through a signed letter if they are required to complete additional course work as described above.

If a resident is unable to be present for the In-Training Examination, he/she must receive permission from the Program prior to the date of the exam to be granted an excused absence. Residents in the first two years of training, who were unable to take the exam and provided an excused absence, will be enrolled in the additional course work automatically for the academic year. If a third-year resident is unable to take the examination and has an excused absence, they will be provided the option to take the examination later under the supervision of the program. The examination will be hand scored by the Program and a Bayesian score predictor result will be provided to the resident. If the resident scored 90.0% or above, they will not be required to complete a board review course.

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## **LIFE SUPPORT CERTIFICATION**

All Family Medicine Residents are required to have current Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Neonatal Resuscitation Program (NRP), Pediatric Advanced Life Support (PALS) certification, Advance Trauma Life Support (ATLS), Advance Life Support in Obstetrics certification and STABLE.

Resuscitation Quality Initiative is a performance improvement program from the American Heart Association that delivers training to support mastery of high-quality CPR skills. Residents will be assigned, via Workday Learning, RQI modules that must be completed on a quarterly basis for BLS, ACLS, NRP and PALS.

These are paid for by Altru Family Medicine Residency.

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## MEANINGFUL ENCOUNTERS

FPTS, Internal Medicine, Pediatrics, pediatric/adult encounters in the ER, Newborn Nursery and NICU rotations require residents to achieve specific numbers of meaningful patient encounters during their residency.

Meaningful encounters required include the following:

- 750 patient encounters dedicated to the care of the hospitalized adult
- 100 patient encounters dedicated to the care of an ill child including at least 50 encounters for inpatient pediatric patients and 50 encounters for pediatric emergency care patients
- 125 adult encounters in the emergency department
- 125 Geriatric encounters (nursing home, home visits, pharmacotherapy)

A meaningful encounter shall be defined as resident involvement in patient care including gathering history, physical exam, ordering and interpreting testing, and subsequent assessment and plan. A single patient may meet criteria for one or more meaningful encounters on a single day. A “meaningful encounter” hard stop is generated when residents enter a patient’s chart in the hospital setting. If a hard stop is not generated, the resident can record the meaningful encounter through the tool bar in EPIC. Given the above criteria for a meaningful encounter, the resident will click on “meaningful encounter” and document the date and time. A report will be generated quarterly and distributed to the residents for tracking purposes.

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## PROCEDURE POLICY

Family Medicine residents can perform many procedures in both the inpatient and outpatient setting on many rotations throughout the course of training. Each resident will need to track and record all procedures on the current database program. A printed document of procedural data can be generated and downloaded from this database. It is the resident's responsibility to record and maintain the procedure log. This logbook will be the basis for whether a resident is given hospital privileges to perform procedures upon graduation.

A database of resident's clinical and procedural experience, both in hospital and in the ambulatory settings is maintained. Most privileges are now granted on an experiential basis, so it is essential that this database be maintained accurately and kept current. While it is the program's responsibility to make such a system available, it is the resident's responsibility to utilize it and enter their procedure activities on the computer.

Procedures are an important part of family medicine. Reductionism in the practice of medicine frequently "streamlines" procedures that could be easily performed in the office to a custom-built center, which is almost invariably more expensive, and less convenient to the patient, than in an office setting. Notwithstanding, the procedures that a resident should hope to master will inevitably be directed by that resident's eventual practice site and the needs of his/her patient population. As far as the teaching of procedural skills during residency is concerned, the Program divides them into core, graduation requirement, and elective. A procedural elective is available.

Residents are required to log all procedures, using the database supplied through E-value. Each procedure has a "Basic Skills Qualification" describing the procedure and an assessment form to verify procedure competency. "Basic Skills Qualifications" are available on E-Value. Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator. All "core" BSQ's must be complete to graduate from the residency program. PGY-1 residents should complete at least six core BSQ's by completion of year one of training. PGY-2 residents should complete at least 12 core BSQ's by the completion of year two of training.

## Procedures/BSQ Curriculum

Focus	Core	BSQ	Elective	BSQ
<b>Derm</b>	<input type="checkbox"/> Incision & Drainage, abscess <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Biopsy, skin, excisional <input type="checkbox"/> Biopsy, skin, punch <input type="checkbox"/> Biopsy, skin, shave <input type="checkbox"/> Laceration, repair <input type="checkbox"/> One-hand knot tying	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Removal <input type="checkbox"/> cyst, inclusion <input type="checkbox"/> lipoma, simple	
<b>HEENT</b>	<input type="checkbox"/> Eye, fluorescein exam	<input type="checkbox"/>	<input type="checkbox"/> Eye, slit lamp exam <input type="checkbox"/> Removal, foreign body <input type="checkbox"/> nares <input type="checkbox"/> ear canal <input type="checkbox"/> cornea, superficial	<input type="checkbox"/>
<b>GI</b>			<input type="checkbox"/> Anoscopy <input type="checkbox"/> Excision, hemorrhoid, thrombosed <input type="checkbox"/> Sigmoidoscopy, flexible <input type="checkbox"/> Colonoscopy	<input type="checkbox"/>
<b>Ob/Gyn</b>	<input type="checkbox"/> Amniotomy <input type="checkbox"/> Repair, laceration, perineal <input type="checkbox"/> Pap smear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Biopsy, endometrial <input type="checkbox"/> Colposcopy w/biopsy <input type="checkbox"/> Insertion, electrode, scalp, fetal <input type="checkbox"/> Insertion, intra-uterine, device <input type="checkbox"/> Insertion & removal, Nexplanon <input type="checkbox"/> Insertion, IUPC <input type="checkbox"/> LEEP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Urology</b>			<input type="checkbox"/> Circumcision <input type="checkbox"/> Vasectomy	<input type="checkbox"/> <input type="checkbox"/>
<b>Inpatient</b>			<input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Intubation, endotracheal <input type="checkbox"/> Insertion, catheter, vein, central <input type="checkbox"/> Paracentesis <input type="checkbox"/> Thoracentesis <input type="checkbox"/> NG tube placement	<input type="checkbox"/> <input type="checkbox"/>
<b>Nail</b>			<input type="checkbox"/> Excision, nail plate, ingrowing <input type="checkbox"/> Hematoma, subungual, evacuation	<input type="checkbox"/>
<b>Ortho</b>	<input type="checkbox"/> Arthrocentesis/Injection, joint, major <input type="checkbox"/> Splinting and Casting	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Injection/aspiration <input type="checkbox"/> carpal tunnel <input type="checkbox"/> trigger finger <input type="checkbox"/> DeQuervain's <input type="checkbox"/> Reduction, dislocation <input type="checkbox"/> shoulder <input type="checkbox"/> finger <input type="checkbox"/> Reduction, nursemaid's elbow <input type="checkbox"/> Injection/aspiration <input type="checkbox"/> epicondyle <input type="checkbox"/> trigger point	
<b>Pulm</b>	<input type="checkbox"/> Spirometry, office	<input type="checkbox"/>		
<b>Cardio</b>	<input type="checkbox"/> EKG interpretation <input type="checkbox"/> Venipuncture	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Exercise stress test	<input type="checkbox"/>
<b>U/S</b>	<input type="checkbox"/> Transducer handling <input type="checkbox"/> Basic OB U/S <input type="checkbox"/> eFast (25 annotated images)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Injection/aspiration, major joint, U/S guided <input type="checkbox"/> U/S Venous access	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> Social Media	<input type="checkbox"/>

Reviewed and Approved by Faculty 4/27/2022; 7/19/2023; Reviewed and Approved by GMEC 6/09/22, 9/13/2023

## PROGRAM EVALUATION COMMITTEE POLICY

### **Program Evaluation Committee (PEC) responsibilities will include:**

- ⊖ Acting as an advisor to the program director, through program oversight.
- ⊖ Review of the program's self-determined goals and progress toward meeting them.
- ⊖ Guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- ⊖ Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
- The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.
- The PEC will be appointed by the Program Director and include at least two faculty, at least one of whom is a core faculty, and at least one resident
- The PEC must meet at least twice a year and additional meetings may be scheduled to continue to review data and formulate action items as needed
- The Program Coordinator will be responsible for gathering all data for the PEC, coordinating all meetings, documenting all meetings in the form of minutes, and disseminating all pertinent findings
- The PEC must document formal-systematic evaluation of the curriculum and is responsible for rendering a written Annual Program Evaluation (APE)
- The PEC must create an action plan for the following year
- Minutes will be taken at each meeting
- Following each PEC meeting, a summary of activity will be presented at the weekly faculty meeting

### **Annual Program Evaluation (APE)**

The annual program evaluation will be performed by the PEC annually as part of the program's continuous improvement process

- The Annual Program evaluation will consider the following:
  - ⊖ Curriculum.
  - ⊖ Outcomes from prior Annual Program Evaluation(s).
  - ⊖ ACGME letters of notification, including citations, areas for improvement, and comments.
  - ⊖ Quality and Safety of patient care.
  - ⊖ Aggregate resident and faculty:
    - Well-being.
    - Recruitment and retention.
    - Workforce diversity.
    - Engagement in quality improvement and patient safety.
    - Scholarly activity.
    - ACGME Resident and Faculty Surveys; and,
    - Written evaluations of the program.
  - ⊖ Aggregate resident:
    - Achievement of the Milestones.
    - In-training examinations.
    - Board pass and certification; and,
    - Graduate Performance.
  - ⊖ Aggregate faculty:
    - Evaluation; and,
    - Professional development.
- The annual review, including the action plan, will be distributed to and discussed with;
  - Members of the teaching faculty.
  - Residents; and,
  - Submitted to the DIO.

Reviewed and Approved by Faculty 6/16/2023

Reviewed and Approved by GMEC 2/26/19

## RESIDENT/ADVISOR MENTOR POLICY

### Policy

1. Advisors
  - a. Are **assigned** to assist the resident in creating, progressing, and attaining their goals and objectives
  - b. Collaborate with other program faculty to build relationships
  - c. Address resident's needs and concerns
2. Mentors
  - a. Are **chosen** by residents and will function for the same purpose as the advisor

### Procedure

1. First year residents will be randomly assigned an advisor by the Program Coordinator
2. Following completion of PGY -1, residents will be contacted by the Program Coordinator and given the option of continuing their advisor as a mentor or changing to a different mentor.
3. Faculty members will not be assigned more than three advisees or mentees.
4. If the relationship between the advisor/advisee or mentor/mentee is not satisfactory to either, the Program Coordinator will assign a new advisor/mentor
5. Following a known resident adverse event, the Program Coordinator will notify the advisor/mentor as necessary
6. Advisors/mentors will meet with their assigned residents twice yearly, at minimum, for general discussion

Reviewed and Approved by Faculty Meeting 2/6/19

Reviewed and Approved by GMEC 2/26/19

## **RESIDENT COMPLETION OF USMLE STEP 3 AND LICENSURE POLICY**

All residents participating in the Family Medicine Residency (FMR) program must receive a North Dakota Resident Training License to begin training.

All FMR residents must pass the USMLE Step 3 exam within 18 months of beginning their first post-graduate year of training. Residents who enter the Altru Family Medicine Residency program in other than the PGY-1 year must pass the exam within six months of entry. This applies to U.S. and international medical school graduates alike. Grace period of additional six months may be granted by the residency program director if, in the director's judgment, extenuating circumstances have affected a resident's ability to meet the requirement. Failure to pass Step 3 on the first attempt will necessitate a referral to the Progress Committee. Failure to pass Step 3 on the second attempt will require further review by the Progress Committee with the possibility of the recommendation of termination.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## RESIDENT EVALUATION

### Overview

The Altru Family Medicine Residency Program is committed to early, continuing, and progressive evaluation of resident competencies using a framework of developmental steps that relies upon clinical faculty to collect data, supplemented by academic faculty members' own observations, while charging academic faculty with the responsibility of evaluation through the Clinical Competency Committee. The milestone evaluation is explicit and understanding the developmental stages is stressed during residents' orientation and is also available on-line at the residency program's website and at E-value.net.

### Methodology

The program will provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice based on the milestones through multiple forms of evaluation. Online data collection instruments map the evaluations to the milestones to simplify clinical faculty data collection and improve consistency. These completed evaluations are available online to residents. This will allow each resident to appraise personal strengths and weaknesses together with indicating the path toward remediation or advancement. In addition, assessment will include direct observation of resident patient encounters. At a minimum, six observations for the first year, four in the second year, and three in the third year.

### Process

An early evaluation of all incoming residents is carried out to appropriately assess performance within the six core competency areas. This evaluation involves core faculty, select behavioral science faculty and nursing, together with self-evaluation by the resident. A simulated patient may be used, using a presentation of enough complexity to permit recognition of more advanced skills, and using the observation capabilities of the simulation laboratory of the School of Medicine and Health Sciences. Upon successful completion of the orientation process, the resident will progress into the core curriculum of residency training. Evaluations forms assessing the six core competencies as well as skill sets identified on the milestones will be completed by appropriate personnel (i.e., physicians, nursing staff, etc.) at the completion of each scheduled rotation. Separately, the educational experience is evaluated by the resident. Residents will be further evaluated by peers, residency clinic nursing staff, patients, and additional members of the health care team throughout all years of training. Additionally, self-evaluation is encouraged to be a continuous process throughout training to foster the development of skills necessary to become a family physician. This form of evaluation requires maturation throughout training and, while felt to be a daily exercise, it will also be formally completed at least twice yearly at required resident evaluation meetings with a core faculty member. All evaluations are maintained within the resident's written file as well as through an online secure database that is accessible always for review. Additionally, all evaluations will be reviewed within the Clinical Competency Committee to document progressive resident performance through the utilization of family medicine specific milestones. Evaluations and milestone assessment will be reviewed with the resident at least twice yearly with a faculty member assisting residents in developing individualized learning plans to capitalize on their strengths, identify areas for growth, and develop plans for residents failing to progress, following institutional policies and procedures. *Residents on remediation will be evaluated every three months.* Individualized learning plans will be documented at twice yearly evaluations with residents.

A summative evaluation and case log will be completed by the Program Director at the completion of residency.



### **Performance Improvement**

Formative evaluations, sentinel or “near-miss” event, concern from teaching faculty, peers, nursing staff or patients regarding resident’s performance, and/or inadequate performance in general measures (In-training Exam, Boards) will be used to identify a possible resident deficiency in one or more areas of the six core competencies. If a concern is identified, the resident will be referred to the Progress Committee (PC). If a deficiency is noted in one of the six core competency areas, it will be stated explicitly, and their correction focused. An academic action plan will be initiated and reviewed until appropriate advancement in the core competencies is obtained. A written record of the academic action plan will be completed and signed by the PC chair and the resident. An initial period of one to three months, at the discretion of the PC, for correction of deficiencies will be allotted.

At the discretion of the faculty, and if progress has been demonstrated, one further period of remediation not to exceed three months may be provided. Failure to reach explicit goals at that stage is considered academic failure and referral to the Program Director will occur.

On any occasion when action that could affect a resident's academic standing is contemplated, discussed, or implemented, an academic action plan will be placed in the resident's academic record. Further, such discussion will be noted in the minutes of the faculty meeting and that minute will be reviewed and approved or amended by the faculty no later than the following faculty meeting.

### **Program Director's Final Evaluation**

Towards the completion of training, the resident will meet with the program director for a summative evaluation. It is a review of the resident’s performance throughout residency. Family medicine specific milestones will be used as one of the tools to ensure that the resident is able to practice core professional activities without supervision upon completion of the program. This written evaluation will be part of the resident’s permanent record, maintained by Altru Health System, and accessible for review by the resident.

Reviewed and Approved by Faculty 7/19/23

Reviewed and Approved by GMEC 9/13/2023

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## SCHOLARLY ACTIVITY

Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate literature, appropriately assimilate new knowledge, and practice lifelong learning.

The program and faculty will create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.

The program's scholarship will reflect the mission and aims of the residency and the community it serves.

The residents at the Family Medicine Residency are taught literature search skills and then put them into practice and are evaluated on these skills in journal club, through the completion of scholarly activities, and on clinical rotations.

Each resident will be required to complete at least two scholarly activities throughout the three years of residency training.

Each resident will be required to be the primary presenter for an Internal Medicine topic of their choice as part of the ongoing Internal Medicine lecture series at Altru Health System. Each presentation will meet criteria to be eligible for CME hours for physicians in attendance and will adhere to guidelines necessary to qualify as a CME activity.

A second project will be a quality improvement project via a Part IV module completed through the ABFM. Completion of a Part IV module is required during the third year of residency.

Additional scholarly activities by the residents are encouraged.

All necessary support from the Altru Health System will be provided to allow for successful and meaningful completion of the scholarly activities.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## TELEHEALTH POLICY

### Background:

TeleHealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies. These include live video, mobile health (telephone visits), and remote patient monitoring. TeleHealth training is required for all Altru FMR residents who plan to perform direct live video provider-to-patient services via TeleHealth to ensure patient safety and patient satisfaction.

### Competency:

Altru FMR will confirm competencies for all residents who wish to conduct TeleHealth visits. This includes any resident who will provide direct provider-patient care through interactive communication technology. Competency in TeleHealth reflects proficiency in:

1. Proper use of the TeleHealth equipment and technology
2. Adequate documentation of services provided
3. Effective communication techniques
4. Understanding appropriate application to clinical care
5. Delivery of services within the scope of practice

### Patient Visit Criteria for TeleHealth:

Patients that meet the following criteria are appropriate for TeleHealth:

1. Routine patients who prefer a TeleHealth visit
2. Those who are already quarantined but need routine or new visit care
3. Patient unable to come to clinic but requesting evaluation
4. Elderly patients with chronic illnesses
5. Immunocompromised patients such as those seen by transplant, oncology, or autoimmune disease providers

Visits that require the following are not appropriate for TeleHealth:

1. Required physical, in-person examination (abdominal, pulmonary, cardiac, etc.)
2. Recording of vital signs
3. Use of diagnostic equipment
4. Labs (Ex: nasal swabbing)
5. Imaging
6. Procedures as part of their care

### Session Structure and Precepting:

1. Video visits will be scheduled in Epic by entering the order "MyChart Video Visit" through an orders only patient encounter
2. Scheduled telephone encounters will be scheduled in Epic after communicating to staff that the patient meets the above criteria
3. TeleHealth visits appear in the provider's schedule like a regular office visit.
  - a. A camera icon appears in the video column when the patient is connected for a video visit.
  - b. To begin the video visit, log onto Epic on your device and select the MyChart Video Visit from your schedule. Click on "Telemed" at the bottom of the screen and select "Start Video Call" to connect to the video visit.
  - c. For telephone visits, the provider will need to click "Start the Visit" in the Precharting tab and call the patient to begin.
4. Sessions should be at least 20 minutes, but may be variable based on needs
5. General recommendations for the telehealth session
  - a. Prior to starting a telehealth visit
    1. Ensure a **calm and quiet** environment with good indirect lighting to conduct the visit
    2. Verify patient identity by using **2 patient identifiers: Name and DOB**

3. Provide your **name, your credentials, and information on who to contact if the connection is lost during the telehealth visit**. The best contact in this situation may be the provider's clinic phone number or call center number. If the patient becomes unstable during the visit, please advise them to contact 911 immediately.
  4. Receive and document **patient's verbal consent** to conduct the visit via telemedicine
- b. During visit
    1. Make sure you are visible and properly illuminated
    2. Try to maintain eye contact with the patient as much as possible (camera placement is key for this)
    3. Remain centered in the camera's field of view
    4. If necessary, look away or if you are documenting something/reviewing the electronic medical record, be explicit and tell the patient
    5. Confirm any information that the patient discloses
    6. Receive verbal confirmation that the patient understands the information you are providing
    7. Precept the clinical case with supervising faculty (more details below on supervision)
  - c. Ending the visit
    1. Provide clear follow-up instructions (making appointments, treatment plans, prescriptions, etc.)
    2. If the patient has access to the patient portal, ask if they want instructions sent to their patient portal account
    3. Verify that they have no additional questions
  - d. Documentation
    1. Complete the note in EPIC consistent with an outpatient clinic encounter but document only physical exam findings that were visible during the visit (if applicable).
    2. Use the note template, **virtualvisitnote** and fill in the appropriate smartlists
6. Supervision:
    - a. Indirect Supervision with Direct Supervision Available:
      1. Faculty will be available either at the site of care or through telecommunication access to precept TeleHealth patients
      2. It is the resident's digression to precept patients before, during, or after the encounter

Reviewed and Approved by Faculty 7/19/23  
 Reviewed and Approved by GMEC 9/13/2023  
 Reviewed and Approved by Faculty 4/15/20  
 Reviewed and Approved by GMEC 4/18/20

## **TRANSITIONS OF CARE POLICY**

### **Family Practice Teaching Service (FPTS) and Obstetrics**

#### **Goal**

Transitions of care refer to the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Ineffective care transition processes lead to adverse events and higher hospital readmission rates and costs. Altru FMR carefully monitors transitions in care to improve effectiveness of the transitions which provide for the continuation of safe, quality care for patients in all settings.

#### **Policy**

- Altru will demonstrate effective standardization and oversight of transitions of care
- Time will be allocated for transitions in care
- Transitions of care will occur in-person with electronic/written support
- Transitions of care will be minimized to the extent possible given the context of duty-hour restrictions by the Accreditation Council for Graduate Medical Education (ACGME)

#### **Procedure**

- FPTS
  - Dedicated time for verbal and written (FPTS list) exchange of information at morning (8 am) or evening (5 pm) “sign-out rounds” on weekdays and 8 am on weekends
    - Prior to sign-out rounds, residents will have evaluated their patients and updated Epic
    - The FPTS list will be updated including, at minimum, the patient room number, MRUN, name, code status, attending physician, PCP, admission date, vital signs, and resident comment which will include all, of the following: hospital diagnosis, significant past medical history, diet, IVF, recent pertinent labs, and plan. All list updates will include anticipated follow-up required following the transition in care.
    - All patients on the FPTS list will be designated as “visit required” or “visit not required.” All patients designated as “visit required” will be seen by the day or night shift resident.
  - The chief resident will train and evaluate incoming residents in handoff expectations
  - All morning sign-out rounds will be monitored by the chief resident and attending physician for the FPTS
  - Evening sign-out rounds will be monitored by the chief resident and PGY-3 resident on-call. Periodically sign-out rounds will be monitored by core faculty
  - With the exception of emergent circumstances, transitions of care are strictly limited to conformance with the ACGME regulations and duty hours.
- Obstetrics
  - Dedicated time for verbal and written exchange of information at morning (6 am) or evening (6 pm) “sign-out rounds” on weekdays and weekends, unless resident is on a 24-hr shift where 6 pm sign-out will not occur
  - The obstetrics list will be updated including room number, patient name, attending physician, gestational age, dilation, effacement, station, and resident comments. All postpartum care will be included in resident comment. Designation must be made as to the next time the patient will be evaluated.

- The obstetric fellows will train and evaluate incoming residents in handoff expectations
- With the exception of emergent circumstances, transitions of care are strictly limited to conformance with the ACGME regulations and duty hours.

Reviewed and Approved by Faculty 7/19/23  
Reviewed and Approved by GMEC 9/13/2023  
Reviewed and Approved at Faculty 2/22/2022  
Reviewed and Approved by GMEC 3/22/2022

# **SPORTS MEDICINE FELLOWSHIP POLICY**

## CONFERENCES

### Attendance

All fellows are expected to attend all quality/safety noon meetings, all scheduled sports medicine lectures for the residency, and all lectures of Medical Aspects of Sports (SMED312). In addition, fellows must participate in all Resident Education afternoons (4th Tuesday of each month), for which sports medicine topics are the subject matter.

1. Attendance for required lectures is 80%.
2. If you cannot attend because of rotation conflicts or otherwise, you must report it to the Academic Coordinator.
3. Personal commitments such as dental appointments, daycare, flat tire, etc., are not excused absences. Required attendance is 80%, allowing the fellow to not attend 20% of lectures to address personal commitments.
4. Remember...scheduled meetings are part of your job description...do your job.
5. If a fellow is on vacation, they are not expected to be at conferences, it is excused.
6. If you are not on vacation but have the day off per your preceptor, you are still expected to attend conference.

### Teaching

Fellows have knowledge that will benefit residents, medical students, and students in undergraduate studies. Fellows will be required to assist in the instruction of musculoskeletal ultrasound and selected topics in Medical Aspects of Sports, and quality/safety topics as chosen by the fellow (refer to Quality and Safety Policy).

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21



## EVALUATION

### Overview

The Sports Medicine Fellowship is committed to early, continuing, and progressive evaluation of fellow competencies using a framework of developmental steps that relies upon clinical faculty to collect data, supplemented by academic faculty members' own observations, while charging academic faculty with the responsibility of evaluation through the Clinical Competency Committee. The milestone evaluation is explicit and understanding the developmental stages is stressed during fellows' orientation and is also available on-line at the Altru Family Medicine Residency's website and at E-value.net.

### Formative Evaluation

The program will provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice based on the milestones through multiple forms of evaluation. On-line data collection instruments further map the evaluations to the milestones to simplify clinical faculty data collection and improve consistency. These completed evaluations are available online to fellows. The use will allow each fellow to appraise personal strengths and weaknesses as well as by the Program Director for summative evaluation.

### Process

Evaluations forms assessing the six core competencies as well as skill sets identified on the milestones will be completed by appropriate personnel (i.e., physicians, nursing staff, etc.) at the completion of each scheduled rotation. Separately, the educational experience is evaluated by the fellow. Fellows will be further evaluated by peers, residency clinic nursing staff, athletic trainer, patients, and additional members of the health care team throughout all years of training. Specifically, an evaluation form with questions linked to the milestones will be completed by the supervising provider for rotations including radiology, athletic conditioning, sports medicine, sports nutrition, FPTS, and psychology. Additionally, self-evaluation is encouraged to be a continuous process throughout training to foster the development of skills necessary to become a family physician. This form of evaluation requires maturation throughout training and, while felt to be a daily exercise, it will also be formally completed at least twice yearly at required fellow evaluation meetings with a core faculty member. All evaluations are maintained within the fellow's written file as well as through an online secure database that is accessible always for review. Additionally, all evaluations will be reviewed within the Clinical Competency Committee to document progressive fellow performance through the utilization of family medicine specific milestones. Evaluations and milestone assessment will be reviewed with the fellow at least twice yearly with a faculty member assisting fellows in developing individualized learning plans to capitalize on their strengths, identify areas for growth, and develop plans for fellows failing to progress, following institutional policies and procedures. Fellows on remediation will be evaluated every three months.

A summative evaluation and case log will be completed by the Program Director at the completion of fellowship.

### Performance Improvement

Formative evaluations, sentinel or "near-miss" event, concern from teaching faculty, peers, nursing staff or patients regarding fellow's performance, and/or inadequate performance in general measures will be used to identify a possible fellow deficiency in one or more areas of the six core competencies. If a concern is identified, the fellow will be referred to the Progress Committee (PC). If a deficiency is noted in one of the six core competency areas, it will be

stated explicitly, and their correction focused. An academic action plan will be initiated and reviewed until appropriate advancement in the core competencies is obtained. A written record of the academic action plan will be completed and signed by the FPC chair and the fellow. An initial period of one to three months, at the discretion of the FPC, for correction of deficiencies will be allotted.

At the discretion of the faculty, and if progress has been demonstrated, one further period of remediation not to exceed three months may be provided. Failure to reach explicit goals at that stage is considered academic failure and referral to the Program Director will occur.

On any occasion when an action that could **affect** a fellow's academic standing is contemplated, discussed, or implemented, an academic action plan will be placed in the fellow's academic record. Further, such discussion will be noted in the minutes of the faculty meeting and that minute will be reviewed and approved or amended by the faculty no later than the following faculty meeting.

### **Program Director's Final Evaluation**

Towards the completion of training, the fellow will meet with the Program Director for a summative evaluation. It is a review of the fellow's performance throughout fellowship. Family medicine specific milestones will be used as one of the tools to ensure that the fellow is able to practice core professional activities without supervision upon completion of the program. This written evaluation will be part of the fellow's permanent record, maintained by Altru Health System, and accessible for review by the fellow.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## **LEAVE POLICY**

### **Vacation**

1. Fellows shall receive three weeks (21 calendar days = 15 weekdays + 6 weekend days) of paid vacation annually to be taken in periods of time mutually agreed upon by resident, training site, and Program Director. Vacation is non-cumulative from one year to the next.
2. Vacation requests should be submitted to the Residency Program Coordinator for approval. Fellows wishing to take leave must have leave requests turned in at least six weeks for which leave is being requested. Fellows with tardy leave requests may still take leave but must first personally arrange cover for call and clinic
3. Fellows may take no more than seven consecutive days per month without special permission or no more than two days per two-week rotation
4. It is advised that you do not take vacation during the obstetrics or FPTS rotations. If fellow requests a vacation leave during these rotations, the request must be submitted to the Program Director for review and final approval
5. Fellows may obtain an extra vacation day by being on call during holidays as specified through Altru Policy.

### **Meetings**

Fellows shall receive one week (7 calendar days = 5 weekdays + 2 weekend days) of paid leave for professional meetings, annually and non-cumulatively. Further details are found in "Educational Leave Policy."

### **Sick Leave/Absences**

1. Refer to Institutional Sick Leave Policy
2. Fellows will be granted sick, or emergency leave as needed. Before taking emergency leave or sick leave, the fellow should contact the Chief Resident and the residency Program Coordinator
3. Fellows will accumulate one day of sick leave per month of work for a maximum of 12 calendar days of paid sick leave per calendar year for personal and dependent illness. Sick leave is noncumulative from one year to the next.
4. Fellows shall provide medical verification for absences due to illness when requested. Fellows who use all allotted sick leave may not meet ACGME or certification board requirements. Refer to "Make up for Extended Leave"

### **Leave of Absence**

1. Unpaid leave of absence may be granted for individual fellow needs at the discretion of the Program Director.
2. Any leave of absence or unpaid leave shall not be credited as training time and will result in makeup requirements.

**Funeral Leave**

1. Refer to institutional policy.
2. Funeral leave in this section counts towards the thirty (30) days of allowable leave.

**Military Leave**

1. Refer to institutional policy.
2. A fellow may be given credit for certain military leave if this is arranged and approved by the Residency Program Director and faculty. This will have to meet any and all guidelines of the ACGME, ABFM, and Altru Family Medicine Residency regarding continuity care, off-site rotations and military leave.

**Makeup for Extended Leave**

The minimum amount of training time during the contract year is defined for some residencies by the Accreditation Council on Graduate Medical Education (ACGME) Program Requirements or by the requirements of relevant certification boards as 40 weeks (8 weeks of Family Leave and 4 weeks Other Leave). For combined leave totals that exceed this amount, fellows shall be permitted to make up the excess amount or to have their program extended by an equivalent amount of time to meet the requirements of their residency program; however, for some programs, such an extension of program time may require the approval of the ACGME Residency Review Committee appropriate to that program. If it is determined that the fellow has not made enough progress in the program due to the amount of training time missed, the fellow may be required to make up training time.

Reviewed and Approved by faculty 2/6/19

Reviewed and Approved by GMEC 2/26/19

## **LICENSURE**

Fellows must receive a North Dakota and Minnesota State License prior to the start of training.  
Fellows must be certified by the American Board of Family Medicine prior to the start of training.

## **LIFE SUPPORT CERTIFICATION**

All Sports Medicine Fellows are required to have current Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification. ATLS is strongly recommended.

These are paid for by Family Medicine Residency.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## PROCEDURE DOCUMENTATION

Sports Medicine Fellows can perform many procedures in both the inpatient and outpatient setting on several rotations throughout the course of training. Each fellow will need to track and record all procedures on the current database program. A printed document of procedural data can be generated and downloaded from this database. It is the fellow's responsibility to record and maintain the procedure log.

A database of fellow's clinical and procedural experience, both in hospital and in the ambulatory settings is maintained. Most privileges are now granted on an experiential basis, so it is essential that this database be maintained accurately and kept current. While it is the program's responsibility to make such a system available, it is the fellow's responsibility to utilize it and enter their procedure activities on the computer.

are an important part of family medicine. Reductionism in the practice of medicine frequently "streamlines" procedures that could be easily performed in the office to a custom-built center, which is almost invariably more expensive, and less convenient to the patient, than an office setting. Notwithstanding, the procedures that a fellow should hope to master will inevitably be directed by that fellow's eventual practice site and the needs of his/her patient population. As far as the teaching of procedural skills during fellowship is concerned, the Program divides them into "Core", meaning graduation requirement, and "elective," not required for graduation.

Each procedure has a "Basic Skills Qualification" describing the procedure and an assessment form to verify procedure competency. "Basic Skills Qualifications" are available on E-Value. Prior to seeking BSQ certification, a fellow should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the fellow performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the fellow. The fellow then returns the competency assessment to the Academic Coordinator.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## SCHOLARLY ACTIVITY

***Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate literature, appropriately assimilate new knowledge, and practice lifelong learning.***

***The program and faculty will create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application and teaching.***

***The program's scholarship will reflect the mission and aims of the residency and the community it services.***

Each fellow will complete a scholarly or quality improvement project during the program.

- Evidence of scholarly activity should include at least one of the following:
  - Peer-reviewed funding and research.
  - publication of original research or review articles; or,
  - presentations at local, regional, or national professional and scientific society meetings.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## SUPERVISION POLICY

The faculty is committed to supervision commensurate with fellow competency and complexity of care while the educational curriculum and faculty and call schedules are designed to ensure such supervision. Progressive increase in fellow responsibility with independence is provided individually on the basis of expertise in the six ACGME core competencies with incorporation of the family medicine specific milestones and determined by multiple evaluation modalities. Notwithstanding, patient care complexity may always exceed fellow's capability and should be recognized.

- General Supervision Policy
  - In each patient assignment, the fellow will identify the practitioner ultimately responsible for the patient's care.
  - That practitioner will be appropriately credentialed for his/her area of expertise.
  - The fellow will introduce himself/herself at the beginning of each patient encounter and inform the patient of his/her role in the healthcare team.
  
- Supervision will be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care.
  
- Level of Supervision
  - To ensure oversight of fellow supervision and graded authority and responsibility, the following classification will be used:
    - Direct Supervision – the supervising physician is physically present with the fellow and patient.
    - Indirect Supervision:
      - with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
      - with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.
    - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
  - During orientation, fellow's skills will be evaluated in sports medicine simulation by a core faculty member and in the training room by Athletic Trainers as designated by core faculty. Information gathered will be provided to the CCC to determine the initial level of supervision required.
  - The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow will be assigned by the program director and faculty members.
    - The program director will evaluate each fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.



- Faculty members functioning as supervising physicians will delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.
  - Fellows will serve in a supervisory role of residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.
- There are circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
  - Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- Faculty supervision assignments will be of enough duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
- Specialty Rotations
  - Specialty rotations will be directly supervised by the physician preceptor or physician group (i.e., orthopedist for orthopedics surgery) for the rotation.
- Procedures
  - All fellows will be allowed to perform procedures with oversight supervision commensurate with the summative evaluation from their Program Director upon completion of residency.
  - All new procedures for the fellow will have direct supervision until the fellow is considered competent to perform the procedure with oversight supervision
  - Each procedure has a “Basic Skills Qualification” describing the procedure and an assessment form to verify procedure competency. “Basic Skills Qualifications” are available on E-Value. Prior to seeking BSQ certification, a fellow should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the fellow performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the fellow. The fellow then returns the competency assessment to the Academic Coordinator.

Reviewed and Approved by faculty 2/5/17  
 Reviewed and Approved by GMEC 5/23/17

# GME POLICY

## **Graduate Medical Education Mission Statement**

Altru Graduate Medical Education will provide a quality educational experience while fostering collaboration across health care disciplines. Graduate medical education will improve health and enrich lives in the communities served by providing an exceptional experience through meeting the needs and expectations of our patients, providing safe, high-quality care, while recognizing diversity, equity, and inclusion for all.

## **DISASTER PLANNING POLICY**

### **Policy**

- This Disaster Planning is intended to augment existing sponsoring institutional policy. It is intended to protect the well-being, safety, and educational experiences of the residents/fellows.

### **Procedure**

- Following declaration of a disaster, the Designated Institutional Official (DIO), Graduate Medical Education Committee (GMEC), Program Director(s) and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.
- To maximize the likelihood that trainees will be able to complete program requirements within the standard time required for certification in that specialty, steps will be taken to transfer the affected trainees to other local sites. If leadership determines that the sponsoring institution can no longer provide adequate educational experience for its trainees, the sponsoring institution will, to the best of their ability, arrange for temporary transfer of trainees to programs at other sponsoring institutions until the sponsoring institution is able to resume providing the educational experience.
- The Program Director will then give the trainees, who temporarily transfer to other programs because of a disaster, an estimated time that relocation to another program will be necessary. Should that initial time need to be extended, the trainees will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.
- If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.
- The Program Director will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.
- During and/or immediately following a disaster, the Sponsoring Institution will make every effort to ensure that the trainees continue to receive their salary and fringe benefits during any disaster event recovery period, and/or accumulate salary and benefits until utility restoration allows for fund transfer.
- Longer term funding will be determined based on the expected operations of the teaching sites, CMS and governmental regulations and the damage to the infrastructure of the finance and hospital operations.

Reviewed and Approved by Faculty 2/6/19

Reviewed and Approved by GMEC 2/26/19

## GRADUATE MEDICAL EDUCATION POLICY

### Policy

- Graduate Medical Education Committee (GMEC) oversight includes:
  - the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited program.
  - the quality of the GME learning and working environment.
  - the quality of educational experiences in the ACGME - accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements.
  - the ACGME-accredited program's annual program evaluations and self-studies.
  - all processes related to reductions and closures of the ACGME-accredited program, major participating sites, and the Sponsoring Institution; and,
  - the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
- The GMEC will review and approve:
  - institutional GME policies and procedures.
  - annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits.
  - applications for ACGME accreditation of new programs.
  - requests for permanent changes in resident/fellow complement.
  - major changes in the ACGME-accredited program's structure or duration of education.
  - additions and deletions of the ACGME-accredited program's participating sites.
  - appointment of new program directors.
  - progress reports requested by a Review Committee.
  - responses to Clinical Learning Environment Review (CLER) reports.
  - requests for exceptions to clinical and educational work hour requirements.
  - voluntary withdrawal of ACGME program accreditation.
  - requests for appeal of an adverse action by a Review Committee; and,
  - appeal presentations to an ACGME Appeals Panel.
- The GMEC will demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
  - The GMEC will identify institutional performance indicators for the AIR, to include, at minimum:
    - the most recent ACGME institutional letter of notification.
    - results of ACGME surveys of residents/fellows and core faculty members,
    - and each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

### Procedure

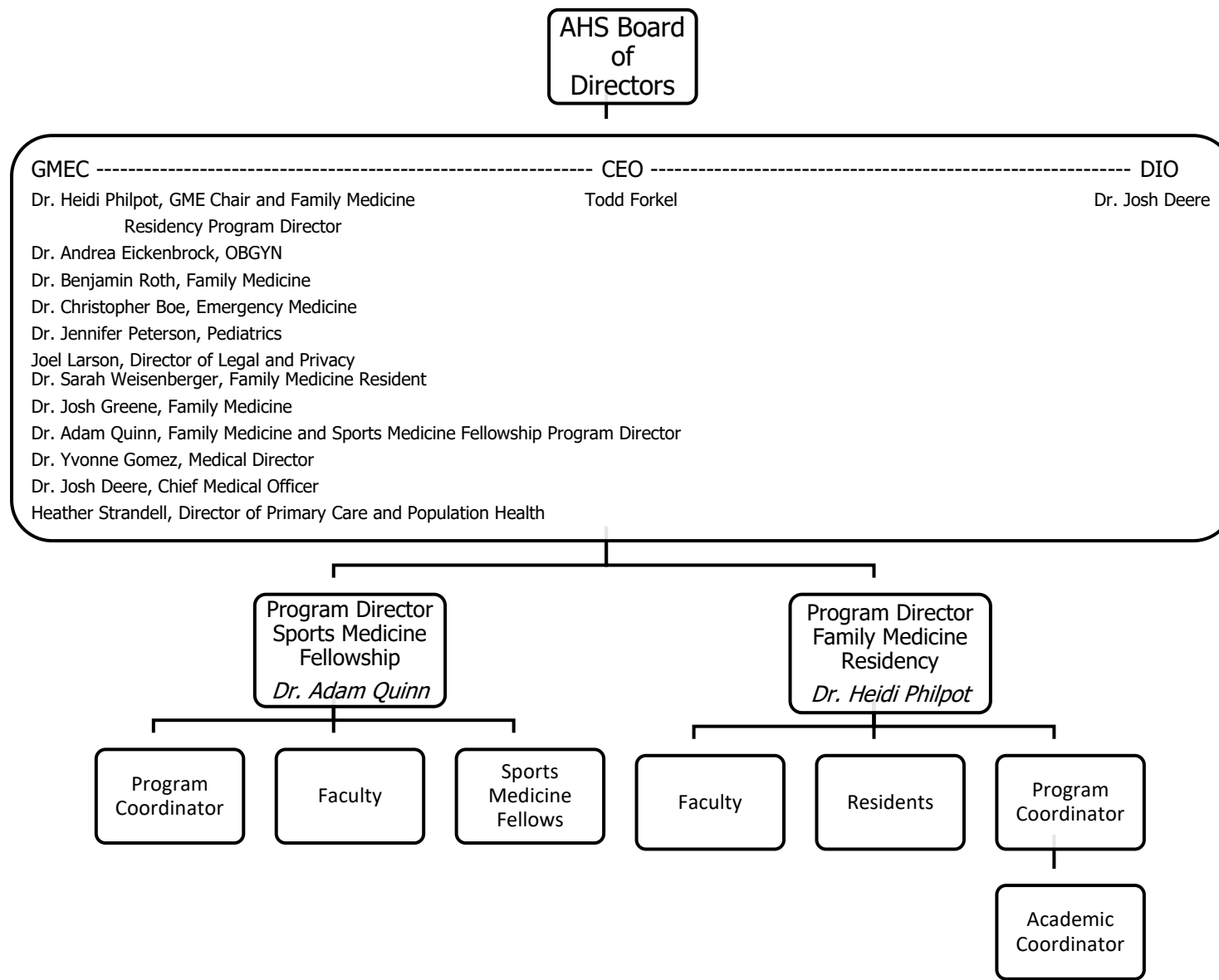
- GMEC members will include:
  - DIO.
  - Program Directors (2)
  - A minimum of two peer selected residents/fellows
  - One of the program's core faculty members other than the program director
  - The individual or designee responsible for monitoring quality improvement and patient safety; and,
  - One or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member.
- Additional GMEC members and subcommittees: To carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC
  - Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow
- The GMEC will meet a minimum of once every quarter during each academic year.

- Each meeting of the GMEC will include attendance by at least one resident/fellow member.
  - The GMEC will maintain meeting minutes that document execution of all required GMEC functions and responsibilities.
- **GMEC MEETING TEMPLATE**
    - **Quarterly**
      1. Call to order
      2. Review Minutes
      3. Quality of the GME learning and working environment
        - a. Resident evaluations (faculty and rotation)
        - b. Duty-hour review
        - c. Wellness activities
        - d. Chief report to GMEC
        - e. Progress Committee update
      4. Quality of educational experience
        - a. Resident evaluations
        - b. In-training exam scores (yearly)
        - c. Board pass rate (yearly)
        - d. Post-graduate survey (yearly)
      5. Patient safety report
        - a. Clarity submissions
        - b. Quality outcomes report
        - c. Quality-Safety Forum (Quality Improvement projects)
        - d. Adverse Event – Near Miss Forum
        - e. Root cause analysis
      6. Institutional GME policy and procedure
      7. GMEC subcommittee report
      8. Major changes in structure or duration of education
    - **Yearly**
      1. ACGME accreditation status
      2. FMR Resident Annual Program Evaluation
      3. Annual Data Submission review
      4. Recommendations regarding resident/fellow stipends and benefits
      5. Annual Institutional Review (AIR) – identify institutional performance indicators for the AIR that include, at minimum, the following:
        - a. ACGME institutional letter of notification
        - b. ACGME surveys of residents/fellows and core faculty
        - c. ACGME accreditation status and citations of residency and fellowship
        - d. DIO executive summary
          - i. Summary of Institutional performance on indicators for the AIR
          - ii. Action plans and performance monitoring procedures resulting from the AIR
      6. Advancement of residents
      7. Match result data
      8. Resident engagement survey
    - **As Necessary**
      1. Applications for ACGME accreditation of new programs
      2. Requests for permanent changes in resident/fellow compliment
      3. Deletions of ACGME-accredited programs
      4. Appointment of new program director
      5. Progress report requested by RC-FM
      6. Responses to Clinical Learning Environment Review (CLER)
      7. Requests for exceptions to clinical and educational work hour requirements
      8. Requests for appeal of an adverse action by a Review Committee

9. Initiate Special Review process for underperforming program
10. Self-study

Reviewed and Approved by Faculty 3/22/22  
Reviewed and Approved by GMEC 3/22/22

**GMEC ORGANIZATION CHART (Reviewed and Approved by GMEC 6/09/2022)**



## **MOONLIGHTING POLICY**

Only residents/fellows with a current full, unrestricted license to practice medicine are permitted to moonlight. Prior to moonlighting the resident/fellow must request and receive a letter from the Program Director granting them permission to do so. All moonlighting hours must be below the 80-hour duty hour limit when added to their residency duty hours.

**Residents/fellows are responsible for assuring they have malpractice insurance coverage for all moonlighting activities.**

Moonlighting activity must not interfere with residency/fellowship activities, either directly by overlapping schedules, or indirectly by undue fatigue and stress. Specifically, residents/fellows may not use sick leave to recover from moonlighting activities. If a resident/fellow was moonlighting and it interfered with clinical expectations this would be addressed with a meeting between the resident/fellow and the Program Director or a designee of the Director. Any comments made by other residents, fellows, attendings, either submitted verbally, written or listed on the monthly rotation's evaluation would be addressed with the resident/fellow individually.

Reviewed and Approved by Faculty 8/24/21  
Reviewed and Approved by GMEC 8/24/21



## **NON-COMPETITION POLICY**

### **Policy**

- The residency/fellowship employment agreement is a required, binding contract between the trainee and the institution. The effective date of the initial agreement is the first mandatory date the trainee is required to report to their GME training program.
- If the resident/fellow is in satisfactory standing, the agreement will be automatically renewed on an annual basis for the duration of the training program.
- There are no restrictive covenants on the post-training employment opportunities of trainees. Residents/fellows are free to compete for any physician or academic positions in any geographic area following completion of their training.

Reviewed and Approved by Faculty 8/24/21

Reviewed and Approved by GMEC 8/24/21

## **PROGRAM CLOSURE/SIZE REDUCTION POLICY**

In the event of the Sponsoring Institution reduces the size or closes the residency, the Sponsoring Institution will:

- Inform the GMEC, DIO, and affected residents/fellows as soon as possible; and
- Allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education.

Reviewed and Approved by Faculty 2/6/19

Reviewed and Approved by GMEC 2/26/19

## RESIDENCY SUPERVISION POLICY

The faculty is committed to supervision commensurate with resident competency and complexity of care while the educational curriculum and faculty and call schedules are designed to ensure such supervision. Progressive increase in resident responsibility with independence is provided individually based on expertise in the six ACGME core competencies with incorporation of the family medicine specific milestones and determined by multiple evaluation modalities. Notwithstanding, patient care complexity may always exceed resident capability and should be recognized.

Residents who have not satisfied the Program's requirements for advancement to indirect supervision (as defined by the ACGME and published at [altru.org/fmr](http://altru.org/fmr)) will not undertake any patient activity leading to change of status, acuity, or management, without the physical presence of an appropriately qualified physician. However, a resident will not interpret this in such fashion to curtail legitimate learning. All residents are encouraged to carry out activities necessary to strengthen history taking and physical examination skills, together with improving rapport with patients and their families, with whatever frequency the resident deems necessary. In the maturation of those skills, there is no substitute for patient contact.

### A. General Supervision Policy

- I. In each patient assignment, the resident will identify the practitioner ultimately responsible for the patient's care.
  - That practitioner will be appropriately credentialed for his/her area of expertise.
  - The resident will introduce himself/herself at the beginning of each patient encounter and inform the patient of his/her role in the healthcare team.

### B. Level of Supervision

- II. Family Medicine Residency Clinic Supervision
  - a. Faculty Availability
    - i. Faculty supervision is mandated whenever a resident is involved in patient care.
    - ii. The minimum ratio of faculty to residents actively involved in patient care is 1:4.
    - iii. Supervising faculty physicians are free from responsibilities that might prevent immediate availability.
    - iv. Regardless of a resident's assigned degree of independence, the faculty physician may obtain further history or perform a focused physical examination if either determines additional evaluation is necessary.
  - b. PGY-1 residents or upper-level residents who are transferring into the Program will be under direct supervision. Direct observation will be utilized with patient module(s) in the simulation lab. Evaluation will be based upon the six core competencies mapped to appropriate milestones. In addition, direct observation will occur for 2 sports physicals and the first two office encounters. Evaluations will be reviewed by the Clinical Competency Committee to permit advancement to indirect supervision with direct supervision immediately available within an outpatient setting.
  - c. Residents will precept all Medicare patients.

- d. Clinic procedures will have direct supervision until the resident is considered competent to perform the procedure with 'indirect supervision with direct supervision immediately available', because of faculty evaluation of skill and experience. Residents performing a procedure on a Medicare patient must be directly supervised.
- III. Hospital Supervision
- a. Specialty Rotations
    - i. Specialty rotations will be directly supervised by the physician preceptor or physician group (i.e., pediatricians for pediatrics) for the rotation.
  - b. Family Medicine Teaching Service
    - i. Each patient on the teaching service will have an identifiable attending physician ultimately responsible for the patient's care
    - ii. PGY-1 resident is directly supervised while involved in patient care by a family medicine physician or senior resident who has previously qualified to function in a supervisory role. (see stated requirements)
    - iii. Graded and progressive responsibility is encouraged and 'indirect supervision with direct supervision immediately available' is permitted for PGY-1 residents after thorough review of performance and evaluations at CCC meetings. Advancement will be documented in meeting minutes in addition to documentation within the resident file.
    - iv. PGY-1 residents may move to indirect supervision with direct supervision available after thorough review of performance and evaluations at CCC meetings. Advancement will be documented in meeting minutes in addition to documentation within the resident file.
    - v. PGY-3 residents serve as chief resident on the teaching service with responsibility for assisting in supervision of residents, medical students, educational opportunities, and management of service.
    - vi. Residents at all levels of training and independence are required to directly communicate with the attending physician any major change in patient's clinical status, transfer of care to a higher level of service (ICU, etc.) or initiating end-of-life orders.
- IV. Obstetrics
- a. Residents provide continuity of obstetrical care, including prenatal, antenatal, and postnatal care, at the Family Medicine Residency Center.
    - i. All residents, regardless of level, require preceptor approval of an initial obstetrical visit, intended induction of labor, or any time a pregnancy is deemed to have deviated from normal.
    - ii. Preceptor approval is required at 28- and 36-weeks' gestation.
    - iii. A resident is required to be present on the labor floor while the patient is in labor. A patient of the Family Medicine Residency Center will be supervised by the patient's attending physician but if the primary physician is a resident, then the attending physician will be the second preceptor on duty during the day or the family medicine department physician on call for labor and delivery after clinic hours. The minimum supervision required is defined below.
  - b. Supervision of Labor and Delivery
    - i. All patients on the labor floor will have an easily identifiable attending physician, either a member of the OB/GYN department or a family physician with obstetrical privileges.

- ii. Direct supervision for residents at all levels of training is required at the time of delivery, for the third stage of labor, as well as at the discretion of the attending physician depending on the resident's experience and/or complexity of care required to manage the labor.
  - iii. Circumstances requiring direct notification of the attending physician, include but not limited to pregnancy related complications (i.e., pre-eclampsia, HELLP syndrome); non-reassuring maternal or fetal status; prior to initiating augmentation for labor dystocia; and postpartum hemorrhage
  - iv. In-house supervision is available always for a PGY-1 resident by either the attending physician, OB fellow, or a senior resident. Senior residents are permitted to function in a supervisory role by successful completion of prior obstetrical rotations during the first year of training.
- V. Procedures
- a. Each procedure has a "Basic Skills Qualification" describing the procedure and an assessment form to verify procedure competency. "Basic Skills Qualifications" are available on E-Value. Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Reviewed and Approved by Faculty 8/24/21  
Reviewed and Approved by GMEC 8/24/21

## RESIDENT/FELLOW FAIR PROCESS AND GRIEVANCE PROCEDURE

### Statement of Purpose

The role of a resident or fellow at Altru Family Medicine Residency is educational in nature. A resident/fellow contract details a direct professional involvement with patients, other physicians, and institutions, and reflects a role that is unique and sensitive. It is therefore acknowledged by Altru Health System and the resident/fellow that the following grievance and fair process rights shall be the sole and exclusive rights to which a resident/fellow is entitled.

The policies and procedures contained herein relate to the Altru Health System discipline of residents and fellows. Also, contained herein is the process by which a resident/fellow may grieve.

### I. Policy on Discipline of Resident/Fellow

#### A. Altru Health System

1. Residents/fellows can be disciplined for both academic and non-academic reasons. Forms of discipline include, but are not limited to verbal counseling, written reprimand, remediation, probation, extension of training, suspension, non-renewal, and termination. Suspension, non-renewal, and termination can give rise to a Fair Process Hearing.

Grounds for such disciplinary actions result from unsatisfactory performance in the ACGME core competencies:

- Professionalism
  - Patient care and procedural skills
  - Medical knowledge
  - Practice-based learning and improvement
  - Interpersonal and Communication Skills
  - Systems-based practice
2. When problems arise concerning a Resident's/fellow's performance that may result in suspension, non-renewal, or termination of the Resident/fellow by the Program Director, the following procedure shall be followed:
    - a. Initial Investigation: The Program Director shall conduct an initial investigation. At the discretion of the Program Director, the resident/fellow may be placed on administrative leave during the initial investigation.
    - b. Informal Resolution: Unless the situation requires immediate action, the Program Director and the Resident/fellow shall meet to discuss the matter.
    - c. When an initial investigation has been conducted and no informal resolution has been achieved; the Program Director has the authority to:
      - Suspend the Resident/Fellow
      - Require remediation
      - Non-renewal of contract
      - Move to terminate the Resident or Fellow
    - d. Written Notice: Within forty-eight (48) hours of the decision by the Program Director to suspend, remediate, non-renew contract, or move to terminate the Resident/fellow, the Program Director shall

deliver or mail a written notice of the decision to the Resident/Fellow. If the decision is placed in the mail, it should be sent registered, return receipt.

- e. Right to Fair Process Hearing: The Resident/Fellow is entitled to a hearing for disciplinary actions of suspension, non-renewal, or action to terminate by submitting a written request for review by a Hearing Panel to the Designated Institutional Official (DIO) within five (5) working days after receipt of notice of the Program Director's decision. The Designated Institutional Official (DIO) will then convene the Fair Process Hearing Panel and schedule a date and time for the hearing, which is to occur within 15 working days after receipt of the written request for a hearing by the DIO.

3. Hearing Panel

- a. The Hearing Panel shall consist of five (5) physicians defined as those who currently hold staff or resident privileges at Altru Health System. They shall be selected from at least four (4) physicians nominated by the Resident/Fellow and at least four (4) physicians nominated by the Program Director. The Program Director and the Resident/Fellow shall each confirm the willingness and availability of their nominees to participate before submitting their names.
  - 1) Two physicians, one of whom may be a resident or fellow, selected by the (DIO) from the physicians nominated by the aggrieved Resident/Fellow. If the resident's/fellow's nominees prove to be unwilling, unable or ineligible to participate the DIO may appoint two other physicians of his or her own choosing.
  - 2) Two physicians selected by the DIO or designee from the physicians nominated by the Program Director. If the Program Director's nominees prove to be unwilling, unable or ineligible to participate the DIO may appoint two other physicians of his or her own choosing.
  - 3) A physician from a different department, who will act as Chair of the Hearing Panel, designated by the DIO.
- b. Convening of the Hearing Panel and the conduct of the hearing shall proceed according to Resident/Fellow Fair Process Hearing (Addendum A)
- c. Decision by Hearing Panel: The Hearing Panel will make a finding of facts and then choose from the following options in arriving at a decision:
  - 1) Affirm the Program Director's decision.
  - 2) Reverse the Program Director's decision and reinstate the Resident/Fellow; or
  - 3) Reverse the Program Director's decision and reinstate the Resident/Fellow only after the Resident/Fellow has met certain, specified conditions precedent to reinstatement, which conditions shall include established time limitations for completion by the Resident/Fellow.
- e. Confidential Hearing Record: A confidential hearing record will be maintained in the Resident/Fellow's educational record and will consist of:

- 1) A copy of the written notice sent to the Resident/Fellow of the action taken.
  - 2) A written summary of the hearing together with all documentary and other evidence offered or admitted into evidence.
  - 3) Any other materials considered by the Hearing Panel; and
  - 4) The written decision of the Hearing Panel.
4. Appeal to Designated Institutional Official:
    - a. The resident/fellow will have five (5) working days to submit an appeal in writing to the Designated Institutional Official.
    - b. An appeal to the DIO will trigger an automatic procedural review.
    - c. Within fifteen (15) working days after receiving the written appeal, the DIO shall issue a written decision based upon the confidential hearing record and the procedural review. All information relevant to the hearing process will be available to the Designated Institutional Official for review, if necessary. The Designated Institutional Official may approve, reject, or modify the decision in question or may require the original hearing to be reconvened for the presentation of additional evidence and reconsideration of the decision. If the Designated Institutional Official requires the hearing to be reconvened, the reconsidered decision made by the Hearing Panel may again be reviewed by the Designated Institutional Official. If the Hearing Panel is not reconvened or if the Designated Institutional Official approves the Hearing Panel decision or modifies the Hearing Panel decision, the Designated Institutional Official's decision is final and unappealable.
  5. Limitation on Reinstatement: Any decision, at any level of this appeal process, which includes a right to reinstatement must also include a specific timeline for completion of the condition's precedent to reinstatement and such reinstatement must comply with the applicable rules governing the residency program involved.
  6. Determination of Deadlines and Definitions: "Working days" are defined as Monday through Friday, excluding holidays. If the person responsible for making a determination is out of the office, the counting of "working days" is suspended until the decision-maker returns to the office.
- II. Procedures for Grievance Brought by a Resident/Fellow:
- A. Grievance Defined: A grievance is defined as a problem specific to the grieving Resident/Fellow regarding policies, procedures, or interpersonal-concerns. The items listed under section I.A.1. in this document, cannot be grieved under this section.
  - B. Informal Resolution: A Resident/Fellow with a grievance shall discuss the problem with the Program Director. If the grievance involves the Program Director, the Resident/Fellow shall discuss the problem with the Associate Program Director. If the grievance involves the Program Director and the Associate Program Director, the Resident/Fellow shall discuss the problem with the DIO. If the problem occurs within a hospital or ambulatory care setting, the Resident/Fellow shall first discuss the problem with the on-site supervising staff member unless the grievance involves the on-site supervising staff member, following which the site supervisor will discuss it with the Program Director. If the grievance involves the on-site supervisor, the Resident/Fellow shall discuss it with the Program Director.



- C. Formal (Written) Grievance: If the problem is not resolved informally, the grievance shall be submitted in writing to the Program Director stating the specific basis for the grievance and the relief requested. The Program Director shall submit a written response to the Resident/Fellow within ten (10) working days after receipt of the written grievance.
- D. Review of Grievance Decision: If the Resident/Fellow is not satisfied with the response received, the grievance may be submitted in writing to the DIO with the Program Director's response attached for review and final resolution. The DIO or designee shall provide the Resident/Fellow and the Program Director with a written statement as to the final resolution of the grievance within ten (10) working days after receipt of the grievance. This decision is not appealable.
- E. Determination of Deadlines: "Working days" are defined as Monday through Friday, excluding holidays. If the person responsible for deciding is out of the office, the counting of "working days" is suspended until the decision-maker returns to the office.

**Addendum A: Resident/Fellow Fair Process Hearing**

This hearing guideline is to be used when convening and conducting a Resident/Fellow Fair Process Hearing

- The Hearing Panel hearing must commence within 15 working days after receipt of the written request for review by the DIO. Written notice of the hearing date, time, and place must be provided to the Resident/Fellow by the DIO five working days prior to the hearing
- The Resident/Fellow and Program Director must submit nominees for the hearing panel within five business days of the request for a fair hearing
- At least 48 hours prior to the hearing, each party will provide the Chair of the Hearing Panel five copies of documents to be used at the hearing. If the Resident/Fellow desires any patient related material, a request must be submitted to the DIO to gather this material within five business days of the request for a Fair Hearing
- Each party may have an advisor, including legal counsel; however, the Resident/Fellow and the Program Director, not their advisors, will present the case. No advisor, including legal counsel, will speak on behalf of either party. If the Resident/Fellow decides to have legal counsel present, it is at his or her own expense. If the Resident/Fellow chooses to be accompanied by counsel or other advisor, notification of the presence of counsel must occur five (5) days prior to the hearing. If this notification does not occur in a timely manner, the hearing will be postponed until Altru counsel can be present.
- Hearing Procedure:
  - All present introduce themselves
  - Opening statements are presented by the Program Director followed by the Resident/Fellow
  - Hearing Panel members may ask questions of the Program Director and the Resident/Fellow
  - Closing statements are made by the Program Director and Resident/Fellow
  - The Program Director and Resident/Fellow are dismissed
  - The Hearing Panel will deliberate
- The hearing panel will decide among the following options:
  - Affirming the Program Director's decision

- Reversing the Program Director's decision and reinstating the Resident/Fellow
- Reversing the Program Director's decision and reinstating the Resident/Fellow only after the Resident/Fellow has met certain, specified conditions precedent to reinstatement, which conditions shall include established time limitations for completion by the Resident/Fellow
- The Chair of the Hearing Panel must submit a written decision to the DIO within five days of the Hearing. This will be kept in the resident's record indefinitely
- A procedural summary of the Hearing will be kept in the Resident's record indefinitely

This signature indicates I have read, understand, and agree to abide by this policy and its procedures.

\_\_\_\_\_  
Resident's/Fellow's Signature

\_\_\_\_\_  
Date

For the Contract Year June 26, 2023 – June 27, 2024

Reviewed and Approved by Faculty 8/24/21, 9/6/22, 2/1/23  
Reviewed and Approved by GMEC 8/24/21, 9/7/22, 3/8/23

## **RESIDENT/FELLOW RECRUITMENT, APPOINTMENT, ELIGIBILITY AND SELECTION POLICY**

All resident candidates must be graduates of LCME or an ACGME accredited schools of medicine or have a valid ECFMG certificate and meet current North Dakota Board of Medical Examiners criteria for licensure. All potential candidates will be screened for possible interview by the program coordinator and forwarded to the program faculty for consideration. All candidates will be considered based on their academic achievements, communication skills, interpersonal skills, motivation, integrity, and in full accordance with all equal employment opportunity standards.

All interviewed candidates will meet with representative faculty and current residents during their interview. All candidates will receive a copy of a current contract. Upon completion of all interviews, candidates will be ranked by faculty and residents and the rank list submitted to the NRMP.

Upon learning of the match results, matched residents will be contacted and sent letters of appointment and resident due process agreement. Residents are expected to make an application for and obtain a North Dakota resident training license prior to beginning training. All matched residents will be subject to a background check and Altru Health System Human Resources employee policies and procedures and Altru Hospital by-laws, rules and regulations, not specified otherwise by residency policy.

Reviewed and Approved by Faculty 7/19/23  
Reviewed and Approved by GMEC 9/13/2023  
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## RESIDENT LEAVE POLICY

### Residency Training Requirements for Board Certification Eligibility:

All residents must have core clinical training that includes the breadth and depth of Family Medicine. The Program Director is required to attest to the resident's satisfactory performance and completion of the program requirements. The Program Director is expected to sign, on behalf of the program, that the resident has met all requirements for board eligibility. These include, but are not limited to:

1. Residents are required to spend their PGY-2 and PGY-3 training in the same residency program's teaching practice, to provide sustained continuity of care to their patient
2. Each year must include a minimum of 40 weeks of continuity clinic experience
- 3.. ABFM will allow up to (12) weeks away from the program in a given academic year without requiring an extension of training, as long as the Program Director and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to (8) weeks total attributable to Family Leave, with any remaining time up to (4) weeks for Other Leave as allowed by the program.

### Vacation

1. Residents shall receive three weeks (3 weeks or 21 calendar days = 15 weekdays + 6 weekend days) of paid vacation annually to be taken in periods of time mutually agreed upon by resident, training site, and Program Director. Vacation is non-cumulative from one year to the next.
2. Vacation requests should be submitted to Workday for approval. Residents wishing to take leave must submit requests at least *twelve weeks* prior to requested leave. Residents with tardy leave requests may still take leave but must first **personally** arrange cover for call and clinic
3. Residents may take no more than seven consecutive days per block without special permission or no more than two days per two-week rotation
4. It is advised that you do not take vacation during the obstetrics or FPTS rotations. If a resident requests a vacation leave during these rotations, the request must be submitted to the Program Director for review and final approval
5. Any holiday that results in a four-day weekend on the FPTS, the entire FPTS will be expected to be available to round and provide coverage in the hospital on the non-federally recognized holiday. If the clinic is closed on the day the coverage is provided, residents will be compensated with an additional vacation day. For example, Thanksgiving is a holiday, and one resident will be assigned on call to cover the holiday for the FPTS. The Friday after Thanksgiving, all members of the FPTS will be expected to round and cover inpatient services until 5 PM and will receive an extra vacation day.

### Meetings

Residents shall receive one week (7 calendar days = 5 weekdays + 2 weekend days) of paid leave for professional meetings, annually and non-cumulatively. Further details are found in "Educational Leave Policy".

### Sick Leave/Absences

1. Refer to Institutional Sick Leave Policy
2. Residents will be granted sick or emergency leave as needed. Before taking emergency leave or sick leave, the resident should contact the Chief Resident and the residency Program Coordinator
3. Residents will accumulate one day of sick leave per month of work for a maximum of 12 calendar days of paid sick leave per calendar year for personal and dependent illness.

Sick leave is noncumulative from one year to the next. Sick leave days taken will count towards "Time Allowed for Family Leave of Absence."

4. Residents shall provide medical verification for absences due to illness when requested. Residents who use all allotted sick leave may not meet ACGME or certification board requirements. Refer to "Make up for Extended Leave"

#### **Family Leave of Absence Policy:**

Family Leave provided under this policy is intended to be provided in the same circumstances specified in the federal Family and Medical Family Leave Act (FMLA), including:

- The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
- The care of a family member with a serious health condition, including end of life care
- A resident's own serious health condition requiring prolonged evaluation and treatment

Time Allowed for Family Leave of Absence Family Leave Within a Training Year:

1. ABFM will allow up to 8 weeks for Family Leave in a given academic year. This leave is in addition to Vacation Leave allowed by the program. Eight weeks is defined as **42 working days or 60 calendar days**. Residents must **still achieve 40 weeks of continuity experience in each PGY year**, including any academic year in which they take Family Leave. Family Leave and Vacation Leave may be combined for up to 12 weeks away from the program each year to accommodate parental leave, personal medical leave, or care of immediate family. ABFM encourages programs to preserve at least one week of vacation outside of the Family Leave period for the resident to have for time off in that same year unrelated to their Family Leave. Family Leave taken will count towards resident elective time.
2. Total Time Away Across Training: A resident may take up to a maximum of 20 weeks of leave over the three years of residency (104 working days or 149 calendar days). This includes Family Leave (up to 8 weeks total) and Vacation Leave (as allowed by the program). If either 12 weeks away from the program in a given year, and/or a maximum of 20 weeks total, is exceeded (e.g., second pregnancy, extended or recurrent personal or family leave) extension of the resident's training will be necessary to cover the duration of time that the individual was away from the program in excess of 20 weeks. Residency Directors must make appropriate curricular adjustments and notify ABFM of requested extensions through the RTM system, for approval by ABFM. Reports must include an explanation for the absence from training, the number of total days missed, and a plan for resuming training as basis for calculating a new graduation date.
3. Residents are strongly encouraged to achieve 1650 continuity visits by the end of residency.
4. Additional Considerations:
  - ABFM will allow Family Leave to cross over two academic years. In this circumstance, the Program Director and sponsoring institution will be the ones to decide when the resident is advanced from one PGY-year to the next.
  - Vacation time may be taken as part of approved Family Leave, or in addition to approved Family Leave. The ABFM's position is that all Vacation Leave should not be exhausted for the purposes of Family Leave. Vacation Leave is important for resident well-being and should not be sacrificed entirely during a period of Family Leave. Programs should preserve a minimum of one week of Vacation Leave in any year in which a resident takes Family Leave.
  - Residents are expected to take allotted time away from the program (Vacation Leave or Sick Leave) according to local institutional policies. Foregoing this time by banking it in order

to shorten the required 36 months of residency or to retroactively “make up” for time lost due to sickness or other absence is not permitted.

- 5 ABFM does not require approval of a resident’s Family Leave if it is taken as outlined, and if the resident is on schedule to meet other training requirements. However, ABFM still requests that residencies report in RTM any Family Leave or other LOA, even when extension of training is not required, to allow for data tracking that supports ongoing evaluation of this policy change.

#### **Leave of Absence**

1. Unpaid leave of absence may be granted for individual residents at the discretion of the Program Director.
2. Any leave of absence or unpaid leave shall not be credited as training time and will result in makeup requirements as described in “Residency Training Requirements for Board Certification Eligibility”

#### **Funeral Leave**

1. Refer to institutional policy.
2. Funeral leave in this section counts towards the four weeks of Other Leave

#### **Military Leave**

1. Refer to institutional policy.
2. A resident may be given credit for certain military leave if this is arranged and approved by the Residency Program Director and faculty. This will have to meet any and all guidelines of the ACGME, ABFM, and Altru Family Medicine Residency regarding continuity care, off-site rotations and military leave.

#### **Makeup for Extended Leave**

The minimum amount of training time during the contract year is defined for some residencies by the Accreditation Council on Graduate Medical Education (ACGME) Program Requirements or by the requirements of relevant certification boards as 40 weeks (8 weeks of Family Leave and 4 weeks of Other Leave). For combined leave totals that exceed this amount, residents shall be permitted to make up the excess amount or to have their program extended by an equivalent amount of time to meet the requirements of their residency program; however, for some programs, such an extension of program time may require the approval of the ACGME Residency Review Committee appropriate to that program and be reported to the ABFM. If it is determined that the resident has not made sufficient progress in the program due to the amount of training time missed the resident may be required to make up training time.

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## **VENDOR POLICY**

### **Policy**

In accordance with guidelines set forth by the, acceptance of gifts from industry vendors is discouraged. Any gifts accepted by residents/fellows (trainees) should not be of substantial value. Accordingly, textbooks, modest meals and other gifts are appropriate only if they serve a genuine educational purpose. Acceptance of gifts should not influence prescribing practices or decision to purchase a device. Any gifts from patients accepted by trainees should not be of substantial value.

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## WORK HOUR POLICY

### General

The residency program is compliant with ACGME work hour policies. Compliance is monitored by the duty hours' log maintained in the electronic database at E-value.net. Any breach in duty hours requires written explanation from the resident/fellow on the duty hour entry. All breaches are reviewed immediately by the Program Director, Associate Program Director, and an Assistant Program Director. If there is question about a duty hour breach, the reviewing faculty member will have further discussion with the resident/fellow. In addition, a hard copy of the work hours' log is reviewed by all faculty monthly.

### Fatigue and sleep deprivation

There is required attendance at a yearly presentation on fatigue and sleep deprivation by a sleep disorder specialist. Attendance at the sleep disorder clinic is also part of the required behavioral medicine rotation. The resident/fellow provides sufficient redundancy to allow call substitution and recovery time in the event of a fatigued or indisposed resident/fellow.

### Transfer of patient supervision

Errors of omission and commission during patient care "hand-offs" present a significant threat to patient safety. Adequate, protected, time is provided for the handover of care, twice daily, at the change of shifts. Patient status is updated, and outstanding studies and continuing therapies are reviewed, with emphasis on the critically ill, unstable, and those needing further evaluation.

### Accommodation and subsistence

Residents/fellows are provided with food service, a study area with electronic database connectivity, and a private sleeping area, the latter separated from patient care areas. If a resident/fellow becomes too fatigued to safely travel home, the resident/fellow may utilize the sleep area to rest until sufficient wakefulness is achieved to drive safely.

### Work Hour Regulations

Clinical and educational work periods for residents will not exceed 24 hours of continuous scheduled clinical assignments.

- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident/fellow education. No new patient care responsibilities will be assumed.
  - In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their initiative, may elect to remain or return to the clinical site to continue to provide care to a single severely ill or unstable patient, humanistic attention to the needs of a patient or family, or attend unique educational events.
- Such shifts will be followed by 14 hours free from assigned duties or responsibilities.
- **Residents/fellows** must have one 24-hour period free from assigned "in hospital" duties and responsibilities, and absent from the hospital, every seven days, averaged over a four-week period.
- **No resident/fellow** will work more than 80 hours per week averaged over a four-week period.
- **At home call** will not average more than every third night over a four-week period. Time spent working at home will count towards the total work week hours.
- Onerous activity resulting from such call will require relief from responsibilities.
  
- **All the foregoing is monitored through E-value.net and the timely entering of data is a resident/fellow professional responsibility.**



- Failure to record accurate duty hours will result in notification on day five and seven via E-value. An additional day of call will be assigned to the resident for each day that the resident fails to record duty hours beginning at 10 days of deficiency.
- Certain exceptions to the work hour regulations are recognized for infrequent and extenuating circumstances, such as continuity of care for a severely ill or unstable patient, academic importance of an event, continuity of care of an obstetrical patient, or humanistic attention to the needs of a patient or family.
  - The decision to violate a work hour regulation is at the sole discretion of the resident/fellow.
  - Care of all other patients will be handed over to the appropriate team once the resident/fellow is in violation of a work hour regulation.
  - The resident/fellow must properly document in E-value the rationale for the work hour violation.
  - The violation will be reviewed by an appointed faculty member, discussed with the resident/fellow, and appropriate faculty documentation in E-value is completed.
  - The resident/fellow will also be provided a mandated rest period following the work hour violation, as appropriate for the type of violation
- Duty hours are reported by residents/fellows no less frequently than every 10 days. Duty hour reports are reviewed by three faculty members and the academic coordinator monthly. In addition, the chief resident is responsible for monitoring duty hours on a weekly basis. Residents/fellows who are at risk of averaging greater than an 80-hour work week over a four-week period have their work schedule modified to ensure compliance. The Program director is responsible for notifying the DIO of duty hour non-compliance, who provides action plan recommendations to ensure duty hour compliance

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# **INSTITUTIONAL POLICY**

## **DISCRIMINATION/ACCOMMODATION FOR DISABILITIES POLICY**

### **Policy**

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that required employers to not discriminate against applicants and employees with disabilities and when necessary, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they might perform the essential job duties of the position.

It is the policy of Altru Health System to comply with all federal and state laws concerning the employment of persons with disabilities. Furthermore, it is Altru's policy that it will not discriminate against qualified individuals with disabilities in regard to the application process, hiring advancement, discharge, discipline, compensation, training and other terms, conditions and privileges of employment.

### **Procedures**

When an individual with a disability requests an accommodation and can be reasonably accommodated without creating an undue hardship or causing a direct threat to workplace safety, he or she will be given the same consideration for employment as any other applicant. Applicants who pose a direct threat to the health, safety and well-being of themselves or others in the workplace when the threat cannot be eliminated by reasonable accommodation will not be hired.

Altru will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation or if the accommodation creates an undue hardship to Altru. All requests for accommodation will be reviewed on a case-by-case basis.

### **Definition of Terms**

As used in this policy, these terms are defined as follows:

**Disability**-A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment or being regarded as having such an impairment; Individuals who are currently using illegal drugs are excluded from coverage under this ADA policy.

**Major life activities**-include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, bending, speaking, breathing, learning, reading, thinking, communicating, and working.

**Major bodily functions**-include any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special 2 sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune circulatory, skin and endocrine. Also covered are any mental or psychological

disorders, such as intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness and specific learning disabilities.

Substantially limiting-according to the ADAAA final regulations, the determination of whether impairment substantially limits a major life activity requires individualized assessment and an impairment that is episodic and in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that might possibly return is also considered a disability.

Direct threat-a significant risk to the health, safety or well-being of individuals with disabilities or others when the risk cannot be eliminated with a reasonable accommodation.

Qualified individual-an individual who, with or without reasonable accommodation, can perform the essential function of the employment position the individual holds or seeks.

Reasonable accommodation-includes changes to the work environment and may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, telecommuting, reassignment to an open position, acquisition or modification of equipment or devices, appropriate adjustment or medication of examinations, training materials or policies, the provision of readers or interpreters and other similar accommodations for individuals with disabilities.

Undue hardship-an action requiring significant difficulty or expense by the employer. In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include:

- The nature and cost of the accommodation.
- The overall financial resources of the facility involved in the provision of the reasonable accommodation, the number of people employed at such facility, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility;
- The overall financial resources of the employer, the size, number, type and location of facility
- The type of operations of the company, including the composition, structure, and functions of the workforce; administrative or fiscal relationship of the particular facility involved in making the accommodation to the employer.

Essential function of the job-those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.

The examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.

## **HARASSMENT POLICY**

### **Policy**

Altru Health System strives to maintain a culture characterized by a respect for people. At a minimum, this means an environment that is free of Discriminatory Harassment and Sexual Harassment, as defined below. All such conduct is expressly prohibited, and individuals who engage in conduct prohibited by this Policy may be subject to disciplinary action, up to and including separation of employment.

### **Scope**

This Policy applies to all Altru employees, including physicians and organizational affiliates. This Policy applies to any allegations of Discriminatory Harassment or Sexual Harassment made towards or about an employee, patient or group of individuals while on Altru Health System's premises or in ways that may impact the individual's work or performance resulting in an intimidating, hostile or offensive environment.

This Policy does not restrict Altru Health System's right to address and take appropriate action with respect to conduct that, while not meeting the definitions of conduct prohibited by this Policy, is nevertheless not consistent with Altru's Behavior Standards.

### **Discriminatory Harassment**

Discriminatory Harassment is (1) unwelcome conduct (2) that is based on an individual's or group's race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, status with regard to public assistance, or other legally protected class or feature and (3) that interferes with performance, or creates an intimidating, hostile, or offensive environment.

Discriminatory Harassment may include the following types of misconduct directed at or made in the presence of an individual or group, when such misconduct concerns one or more of the characteristics listed above:

- Verbal abuse, slurs, derogatory comments, or insults.
- Display or circulation of written materials or pictures that are offensive or degrading.
- Physical contact, or threatening language or behavior.
- Other conduct that interferes with an individual's performance; or otherwise creates an intimidating, hostile, or offensive environment in the form of a microaggression.
  - A microaggression is a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group that communicates a hostile, derogatory or negative environment.

### **Sexual Harassment**

Sexual Harassment as defined and prohibited in this Policy includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature or pervasive, and objectively offensive.

These actions are illegal when submission to such conduct is (1) made either explicitly or implicitly a condition of employment, (2) submission to or rejection of such conduct is used as a

basis for employment decisions, or (3) such conduct has the effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive environment.

Sexually harassing conduct includes, but is not limited to, the following actions:

- Unwelcome sexual flirtations, propositions, offensive touching, commenting on a person's physical characteristics.
- Verbal abuse of a sexual nature, telling suggestive stories, conversations between employees about sexual preferences or desires.
- Displaying in the workplace sexually suggestive objects, pictures, pornographic magazines, or representations of any action or subject sexual in nature which can be perceived as offensive.
- Creating, displaying, or distributing e-mail content containing profanity, sexually offensive material, defamatory statements or illustration, and other material that could be perceived as offensive and unwelcomed.

### **Other Sex-Based Misconduct**

Other Sex-Based Misconduct may include, but is not limited to, any of the offenses listed below:

- Unwelcome conduct that is either based on an individual's or group's sex, sexual orientation, or gender identity, or that is sexual in nature, and that interferes with performance, or creates an intimidating, hostile, or offensive environment.

### **Reporting Process**

Any violations of this Policy shall be reported according to the Employee Grievance Policy #2110.

### **Disciplinary Action**

Altru Health System has zero tolerance for violations of this Policy. If Discriminatory Harassment or Sexual Harassment or Other Sex-Based Misconduct is found to exist, the behavior will be dealt with in accordance with the Disciplinary Process (Disciplinary Process Policy#3204) and may include separation of employment.

Employees deliberately making false claims are subject to disciplinary action.

Retaliation against employees for submitting a complaint about harassment is expressly prohibited and will result in disciplinary action and may include separation of employment.

## PHYSICIAN IMPAIRMENT POLICY

### **Purpose:**

Altru Health System is committed to maintain a safe drug free workplace to deliver patient-centered care. This policy is not intended as and should not be construed as a contract with any employee. This policy applies to all employees of Altru Health System, and all persons conditionally offered employment with Altru Health System including students and residents.

### **Policy:**

Altru Health System prohibits the use, possession, transfer, and sale of alcohol, inhalants and illegal drugs while working, while on all premises owned and operated by Altru Health System, and while operating any of the organization's vehicles, machinery, or equipment. It also prohibits reporting for work and working anywhere on behalf of Altru Health System under the influence of illegal drugs, inhalants or alcohol. This policy applies to all official and unofficial break and meal periods, and all other times during the working day in which an employee has reported for work.

**Illegal Drugs:** "Illegal drugs" means inhalants and controlled substances, and includes medications, which contain a controlled substance which are used for a purpose or by a person for which they were not prescribed or intended.

**Prescription Drugs:** The use and possession of properly prescribed drugs or medications is permitted provided that it does not interfere with the employee's job performance or pose a direct threat to the health or safety of the employee and/or others.

**Important Note:** Physician prescribed use of drugs or controlled substances can adversely affect workplace safety and job performance. If you are taking any such medication, you should inform the prescribing physician of the nature of your job and ask whether the medication poses a threat to your health or safety on the job, or to that of others. If your physician believes that such a threat exists, you **must** inform your leader prior to returning to duty.

**Medical Marijuana:** Employees using marijuana for medical purposes under state law must report use to their leader and human resources, so that Altru Health System may analyze the safety risk. Altru Health System will comply with applicable state laws with regard to the use of marijuana for medical purposes to the extent that those laws impose any obligations on employers and to the extent that safety is not compromised.

The only exception to this policy is the responsible use of alcohol at official Altru Health System sponsored social or business events at which alcoholic beverages are served. Violation of this policy may result in disciplinary action, up to and including separation of employment.

### **Persons subject to the policy**

All employees of Altru Health System and all persons conditionally offered employment with Altru Health System are subject to testing. Residents should refer to their handbook and may be required to test under Altru Health System policy.

Employees already in a licensing board mandated drug-testing program at the time of hire with Altru, will follow the drug testing conditions and requirements of their licensing board.

**Required Tests:** Employees and persons conditionally offered employment shall be subject to the following testing:

**Conditional Employment:** All candidates who have received conditional offers of employment will be required to undergo a drug test during their post offer health screen appointment. All locum tenens and contract employees will be required to meet the drug screen requirements.

**Driving and Department of Transportation (D.O.T.) Testing.** If an employee's job duties fall under D.O.T. guidelines, they will be subject to testing according to these guidelines. See D.O.T level guidelines in Section C below.

**Random Testing.** As part of our effort to assure the safety of our patients and employees, Altru will select a percentage of employees in "safety sensitive" positions at random, on an annual basis, to be tested for drugs and alcohol. Safety sensitive positions are defined as any job, including any supervisory or management position in which impairment caused by drug or alcohol usage would threaten the health or safety of any person. This includes all patient contact positions, as well as any position involving the use of automated machinery, motor vehicles, laboratory or radiologic equipment, etc.

Each month, Employee Health will generate a random listing of employees to be tested. Employee Health will notify the Leader when an employee has been selected for testing.

**Failure to Report for a Random Drug Test:** If an employee fails to report for a random drug test within the one (1) hour window, this will be considered a positive drug test and the employee will be subject to discipline up to and including separation of employment. In the event of a positive random drug screen result, Employee Health will notify Human Resources of the positive result. The Leader and Human Resources will meet with the employee and implement actions as appropriate and in accordance with this policy.

Employees in an Unlicensed Assistive Person (UAP), Licensed Practical Nurse (LPN), Registered Nurse (RN), Family Nurse Practitioner (FNP), or Certified Registered Nurse Anesthetist (CRNA) role who test positive on a random drug test will be reported to the Board of Nursing. Other disciplines may need to report positive drug screens as required by their licensing boards/agencies.

**Reasonable Suspicion.** An employee, faculty/instructor, resident, or student may be required to undergo a drug and/or alcohol test if there is a reasonable suspicion. The decision to test is made by a leader, with assistance from Human Resources, when there is a reasonable or clear belief that the employee is using a prohibited drug or alcohol based on the employee's physical, behavioral, or performance.

**Examples where employees may be required to undergo testing include, but are not limited to, the following:**

displaying violent or unusual confrontational, argumentative or other unusual behavior customarily associated with alcohol or drug use (e.g., glassy eyes, slurred speech); has caused a work-related accident or has operated or helped operate machinery, equipment, or vehicles involved in a work-related accident; or theft or diversion of medication.

**Right to Refuse a Reasonable Suspicion Test:** Any employee has the right to refuse to undergo drug and/or alcohol testing; in this case, no test will be administered. An employee who refuses



to be tested or whose behavior prevents meaningful completion of drug and/or alcohol testing will be subject to disciplinary action up to and including separation of employment.

Rights in the Case of a Positive Reasonable Suspicion Test: If the initial result on the drug and/or alcohol test is positive, the sample tested will be subject to a confirmatory test. No employee will be discharged, disciplined, or required to undergo rehabilitation until confirmatory results are reviewed. If the confirmatory test result is positive, next steps will be determined based upon current disciplinary policy and the following:

**First Positive Test Result on Confirmatory Test:** An employee will be given the opportunity to participate in a drug/alcohol counseling or rehabilitation program; if they refuse to participate, or fail to complete the counseling program, they may be subject to discharge. An inconclusive test will result in the employee being required to submit to an immediate recollection, with no advance notice.

An employee has the right to explain the positive test result and to request a confirmatory retest of the sample, to be conducted at the employee's expense. Any employee wishing to exercise these rights must do so within five (5) business days.

**Subsequent Positive Result on Confirmatory Test:** An employee who participates in a drug/alcohol counseling or rehabilitation program will be required to partake in scheduled testing. At any time throughout employment, if employee receives a subsequent positive result on a confirmatory test requested or required by the employer, the employee may be discharged. If the employee refuses a required test, they may be discharged.

Additional Rights: An employee who is requested or required to undergo drug testing will be provided with a copy of the test results upon request. An employee who is suspended without pay will be reinstated with back pay if the outcome of the confirmatory test or requested confirmatory retest is negative. Should anything in this Drug and Alcohol Policy conflict with state or federal law, state or federal law will govern.

After Care Random Testing:

An employee who has been referred for chemical dependency evaluation and treatment or who is participating in a chemical dependency program may be requested or required to undergo drug and/or alcohol testing without prior notice at any time according to the following: testing will occur for up to two (2) years following completion of any prescribed chemical dependency treatment program. Once the employee is placed on the random testing schedule, the cost of the testing will be paid by the employee. At the employee's discretion and Altru's expense, the employee can request in writing to continue in the random testing program beyond the two-year period.

**Substances Covered by Testing and Determination Process**

Below are two charts outlining the substances tested based on test initiated. Included are screening and appropriate confirmatory levels based on the substance tested.

**Altru MedPro \_Detail\_Subform**

Substance_Test	Lab_Finding	MRO_Determination	Screen_Level	Confirm_Level	Measurement
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Marijuana	Negative	Negative	20	15	ng/mL
Cocaine	Negative	Negative	300	150	ng/mL
Amphetamines	Negative	Negative	500	250	ng/mL
Opiates	Negative	Negative	300	300	ng/mL

#### Altru MedPro \_Detail\_Subform

Substance_Test	Lab_Finding	MRO_Determination	Screen_Level	Confirm_Level	Measurement
PCP	Negative	Negative	25	25	ng/mL
Barbiturates	Negative	Negative	200	200	ng/mL
Benzodiazepines	Negative	Negative	200	200	ng/mL
Methadone	Negative	Negative	300	300	ng/mL
Propoxyphene	Negative	Negative	300	200	ng/mL
Fentanyl	Negative	Negative	1	.5	ng/mL
Tramadol	Negative	Negative	200	100	ng/mL
Meperidine	Negative	Negative	200	100	ng/mL
Oxycodone	Negative	Negative	100	100	ng/mL

#### Altru 10 Panel \_Detail\_Subform

Substance_Test	Lab_Finding	MRO_Determination	Screen_Level	Confirm_Level	Measurement
Marijuana	Negative	Negative	20	15	ng/mL
Cocaine	Negative	Negative	300	150	ng/mL
Amphetamines	Negative	Negative	500	250	ng/mL
Opiates	Negative	Negative	300	300	ng/mL
PCP	Negative	Negative	25	25	ng/mL
Barbiturates	Negative	Negative	200	200	ng/mL
Benzodiazepines	Negative	Negative	200	200	ng/mL

Metadone	Negative	Negative	200	200	ng/mL
Methaqualone	Negative	Negative	200	200	ng/mL
Propoxyphene	Negative	Negative	200	200	ng/mL

**Miscellaneous**

Altru Health System reserves the right to contact proper law enforcement officials and/or State licensing/certifying boards regarding any matter subject to this policy.

If a violation of this policy involves the unauthorized access, procurement or use of controlled substances and any other pharmaceuticals belonging to Altru Health System’s pharmaceutical inventory, this must be reported to the Pharmacy Leader and as appropriate, the Chief Executive Officer so that required corrective processes can be initiated.

**NOTIFICATION**

Before requesting or requiring an employee to undergo drug and/or alcohol testing, the company will provide the employee with a physical copy of this Drug and Alcohol Testing Policy and will provide the employee with an opportunity to read the policy. The employee will be given this opportunity upon arriving to test, and/or through annual education.