



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

ELIGIBILITY AND SELECTION POLICY

Approval Date by GMEC	Effective Date	Revision Date
June 2016	July 1, 2016	

Purpose

To establish guidelines for selecting applicants admitted to LECOM Health-Millcreek Community Hospital residency/fellowship programs.

Applies To

All LECOM Graduate Medical Education (GME) residency/fellowship programs.

Policy

GME programs will utilize the recommended standards/criteria for selection of candidates for their residency/fellowship programs. Candidates must be eligible for a Pennsylvania medical training license and meet program and institutional requirements. Any resident/fellow transferring from another program may not be selected without formal communication from the transferring resident/fellow's program director.

Candidates for advanced placement must meet the eligibility requirements of the Specialty Board and ACGME.

Procedure

A. Resident/Fellow Selection

1. Programs should select residents/fellows from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, and communication skills.
2. Programs will not discriminate with regard to race, age, religion, color, national origin, disability, or veteran status.
3. Programs will participate in the National Residency/Fellowship Matching Program (NRMP)
4. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be effect at the time of his/her eventual appointment. (IR-IV.A.3)
5. Although the process of screening and interviewing applicants may be shared with members of the faculty, the final responsibility for resident/fellow selection rests with the program directors.



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B. Resident/Fellow Eligibility

Applicants with one of the following qualifications are eligible for appointment to the residency/fellowship programs;

1. Graduates of an AOA-COCA accredited College of Medicine
2. Graduates of medical schools in the US and Canada accredited by the LCME,
3. Graduates of medical schools outside the US and Canada who meet one of the following qualifications
 - a. have received a valid Educational Commission for Foreign Medical Graduates (ECFMG) Certificate, or
 - b. possess an unrestricted license to practice medicine in a US licensing jurisdiction (e.g. Puerto Rico),
4. Graduates of medical schools outside the US who have completed a Fifth Pathway program at an LCME-accredited medical school.

C. Resident/Fellow Requirements

1. All applicants are required to meet the requirements for and obtain Pennsylvania training licensure before the start of training. In general this requires passage of USMLE or COMLEX 1 and 2 and obtaining necessary visas acceptable to the institution.
2. Failure to obtain licensure on time will result in a hardship for the residency program and may result in the program petitioning for a waiver of NRMP commitment.

References

CPR-III.A.1.b) (Eligibility Criteria)

IR-IV.A.1 IV.A.2, IV. A2.a-d; IV.A.2.c 1-3 (Resident/Fellow Recruitment)



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Criteria for Promotion and/or Renewal of a resident/fellows appointment

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	

Purpose

To establish guidelines for the promotion of residents/fellows in the LECOM Health-Millcreek Community Hospital resident/fellowship programs.

Applies To

All LECOM Graduate Medical Education training programs.

Policy

Graduate medical education programs will use recommended standards/criteria for promotion of residents/fellows.

Procedure

- A. The final responsibility for the decision to promote the resident/fellow rests with the program director in concert with the Graduate Medical Education Committee
- B. The program director with input from the Clinical Competency Committee will make the decision to promote the resident/fellow using performance criteria including:
 1. Written evaluations of rotations
 2. Proficiency exam scores
 3. Input from faculty, and
 4. Input from other appropriate sources
- C. The program director will consider guidelines set by:
 1. The appropriate educational accrediting organizations,
 2. Specialty board guidelines,
 3. Institutional resources,
 4. Relative merit of individual compared to other trainees, and
 5. Program guidelines in making the decision
- D. A program must follow the Disciplinary Action Policy when the resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed.

References

IR-IV.C.1.a (Promotion, Appointment Renewal and Dismissal)



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Graduate Medical Education Policy Promotion, Disciplinary Action, Termination Policy, Due Process

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Each trainee accepted into one of LECOM Millcreek Community Hospital's graduate educational programs is recognized as a qualified candidate and is expected to satisfactorily complete the training program. In pursuit of the development of competent physicians, trainees are evaluated in terms of all the six competencies and are expected to perform satisfactorily on all components. Program directors are expected to provide trainees with ongoing feedback, to complete evaluations periodically as required by their ACGME specialty specific requirements and by the GMEC evaluation policy, to remediate trainees when necessary, and to recommend trainees for promotion and graduation per each program's promotion/renewal criteria.

Contracts are for a period of one (1) year. If a subsequent contract is not being offered, the resident/fellow will be notified by the program director a minimum of sixty (60) days prior to the end of the present contract.

In order to be identified as satisfactory, trainees must meet the clinical, academic, professional and humanistic requirements of the institution, the specialty requirements as outlined by the accreditor (ACGME, AOA, CPME, ASHP). Trainees with satisfactory performance may continue training and are promoted to the next academic year or graduated. Program Directors present their resident promotion list to GMEC for approval.

Trainees may be identified as unsatisfactory by a Program Director and/or the Clinical Competency Committee for reasons including, but not limited to, any of the following:

- a. Failure to meet the performance standards of an individual rotation



- b. Failure to meet the performance standards or basic competencies of the program
- c. Failure to comply with institutional policies and procedures
- d. Professional misconduct or unethical behavior

Trainees are counseled on unsatisfactory performance by a Program Director and/or the faculty designee. In the counseling session, the deficiency or problem is outlined and strategies for improvement/remediation are identified. Program Directors discuss all underperforming residents at the GMEC meetings.

Based on the offense, trainees may be placed on probation, suspension, or dismissed defined by the following terms:

- a. Probation:** a trial period in which a trainee is permitted to improve academic performance or behavioral conduct that does not meet the standards.
- b. Suspension:** a period of time in which a trainee is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.
- c. Dismissal:** the condition, in which a trainee is directed to leave the program, with no award of credit for the current year, termination of the trainee's contract, and termination of all association with LECOM-Millcreek Community Hospital and its affiliates.

When a trainee is placed on probation or suspension, the Program Director and/or the GME Committee or its designee shall notify the trainee in writing in a timely manner. The written statement of probation or suspension will include a length of time in which the trainee must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

Based upon a trainee's compliance with the remedial steps and other performance



during probation, he may be:

- a. Continued on probation
- b. Removed from probation
- c. Placed on suspension
- d. Dismissed from the program

Based upon a trainee's compliance with the remedial steps and other performance

during suspension, he may be:

- a. Continued on suspension
- b. Removed from suspension
- c. Dismissed from the program

When, after review, a trainee is found to be intellectually, educationally, temperamentally, morally, or otherwise unsuited to participate or continue in the program and remediation efforts have failed or would be inappropriate for the circumstance, the resident is dismissed from the training program. The trainee is notified in writing by the Program Director and/or the GME Committee designee (e.g. HR Director, DIO). Trainees have the right to appeal disciplinary action in accordance with the Due Process Policy.

Due Process Policy

The Graduate Medical Education Due Process Policy is designed to ensure that trainees have been treated fairly and to protect trainees from arbitrary or capricious disciplinary action. Trainees subject to the corrective actions of probation, suspension, or dismissal are entitled to those procedural safeguards outlined below:

- a. When a trainee is placed on probation, suspended, or terminated, the Graduate Medical Education Committee or their designee shall notify the trainee of the disciplinary action. Such notice shall contain a specific statement of the grounds for probation, suspension, or dismissal and shall refer to the trainee's right of appeal as herein set forth.



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- b.** Within five working days after the trainee's receipt of such notice, he may submit to the GME Committee or their designee a written request for a hearing before the GME Committee to appeal such probation, suspension, or dismissal. The trainee's written request should list any statements, documents, affidavits or other materials that the trainee intends to offer in his defense.
- c.** The GME Committee or their designee shall notify the trainee of the Committee's decision granting or denying the trainee's request for a hearing based upon the trainee's written request and accompanying documents, and review of the trainee's file. If the GME Committee's decision is to deny the trainee's request, then that decision shall become final and binding upon all parties. If the GME Committee's decision is to grant the trainee's request for a hearing, then the Committee or designee shall notify the trainee of the date, time and place of hearing.
- d.** At the hearing, neither the GME Committee nor the trainee shall be aided or represented by an attorney. Additionally, the chairman of the GME Committee or his designee may exclude anyone he wishes from the hearing.
- e.** At the hearing, both the GME Committee or their designee and the trainee may make opening statements. The trainee shall then present his case indicating why the suspension or dismissal action should be reversed. Both the GME Committee or their designee and the trainee may present written evidence, examine witnesses and cross-examine witnesses. Both the GME Committee or their designee and the trainee may make closing arguments. The Rules of Evidence that govern proceedings in a court of law, however, shall not apply.
- f.** Following the hearing, the GME Committee shall notify the trainee of their final, binding decision that shall affirm, modify, or reverse the original disciplinary action.
- g.** A trainee who appeals disciplinary action taken against him may resume clinical practice in the hospital, if at all; only after written decision has been rendered by the GME Committee.



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Graduate Medical Education EVALUATION POLICY

Approval Date by GMEC	Effective Date	Revision Date
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Purpose

To assure that the performance and progress of residents/fellows are monitored on a regular basis and they receive timely and appropriate feedback from faculty and their program directors.

Pertains To

All LECOM Graduate Medical Education residency/fellowship programs.

Policy

Residents/fellows should be evaluated after every rotation. The results of evaluations and other assessment tools will be compiled and cumulative evaluations will be reviewed with the resident/fellow by their program directors semi-annually and more frequently, as required.

Procedure

1. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment with the use of New Innovations™ software.
2. Areas to be evaluated will include, but are not limited to, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
3. The program must document progressive resident performance improvement appropriate to educational level.
4. Additional evaluations of a resident/fellow's performance may be obtained, if necessary, from a fellow, senior resident, a junior resident, a medical student, allied health personnel, and patients.
5. Summaries of a resident/fellow's performance should be compiled on an ongoing basis and discussed at least twice year.
6. Cumulative reports with feedback from all evaluations will be communicated to the resident/fellow in a timely manner and at least twice a year by the program director or his/her designee in a private meeting.
7. Record of evaluations, summaries, results of any examinations, and/or other appropriate written performance assessments, will be kept in a permanent file by the program director until the resident/fellow leaves the program. After residents/fellows leave the program, permanent records will be kept as prescribed by medical education accrediting organizations.
8. Residents/fellows will have appropriate access to their evaluation files.

References: CR-V.A.2.a), V.A.2.b).(1), V.A.2.b).(3) (Formative Evaluation)



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Graduate Medical Education

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Conflict Resolution and Grievance

Purpose

To provide a forum for residents/fellows to grieve a claim they dispute.

Applies To

All LECOM-MCH Graduate Medical Education (GME) training programs.

Policy

A claim or dispute by a resident/fellow against LECOM concerning the interpretation of the resident/fellow contract, rules, regulations or written policies.

Definition

The grievance policy may be invoked for serious claims other than for dismissal from a program; non-promotion to the next PGY level; nonrenewal of a resident's/fellow's agreement; suspension; probation; and not recommended for Board certification for training completed.

This policy and procedure does not apply to complaints by a Resident/Fellow related to sexual harassment, including sexual misconduct or violence. Any Resident/Fellow who believes that he or she has been subjected to sexual harassment is urged to immediately contact the Designated Institutional Official (DIO) of GME, and the Human Resources Director/ MCH Corporate Compliance Officer (814-864-4031), and to follow Institutional policies addressing such concerns.

This policy and procedure also does not apply to complaints by a resident/fellow related to discrimination based on any status protected by law including race, color, national origin, religion, age, veteran status, citizenship status, disability, sexual orientation, gender identity, or marital status. Resident/Fellow complaints about discrimination may be reported to the DIO &/or the LECOM-MCH Human Resource Director/Corporate Compliance Officer at 814-864-4031 and should follow Institutional policies addressing such concerns found in your employee handbook.

Procedure

All GME programs at LECOM-MCH will promote fair, reasonable, efficient and equitable resolution of concerns that may arise in the course of residency or fellowship training. LECOM prohibits retaliation against any individual who, in good faith, reports a concern or participates in the review or resolution of a concern under this policy.

A concern may be brought regarding any matter affecting the interpretation of the resident/fellow contract, rules, regulations or written policies. As noted above, claims or concerns about harassment or discrimination will be handled through a separate institutional policy and procedure. Human Resource Personnel is available to Resident/Fellow for consultation and support throughout this process.



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1. The resident/fellow should first attempt to resolve the concern informally by consulting with the chief resident, appropriate faculty, or via the available residency forum meetings.
2. If the resident/fellow is unable to resolve the concern informally, he or she should attempt resolution through his/her Program Director. The concern (recommended to be in writing) should include a description of the concern and the desired resolution. The Program Director (or his/her designee) will meet with the Resident/Fellow at a mutually agreeable time within seven (7) business days (Monday-Friday) of the receipt of the concern; and thereafter, within (10) business days allowing the Program Director sufficient time to fully review and consider the matter, will issue a decision to the Resident/Fellow regarding the concern.
3. If the Resident/Fellow does not believe the concern has been satisfactorily resolved, the Resident/Fellow may submit the concern *in writing* to the DIO or DME within five (5) business days of receipt of the Program Director's decision. The DIO (or his/her designee) will meet with the Resident/Fellow at a mutually agreeable time within seven (7) business days of receipt of the concern, and within (10) business days allowing the DIO sufficient time to fully review and consider the matter will thereafter issue a written decision to the Resident/Fellow regarding the concern, and provide a copy to the Program Director. The problem/concern may proceed to the GMEC where the decision is considered final. If the DIO is involved in the concern, the role of the DIO will be replaced with an appropriate administrator as appointed by the GMEC Chair.
4. Residents also have the option of utilizing the LECOM-MCH Corporate Compliance phone available 24/7, to report issues of concern anonymously. All reports are treated in a confidential fashion and are routed to the institutional compliance officer.

If at any time it is determined that a concern raises or may raise a compliance concern, the matter shall be referred to the Corporate Compliance Office for further review and resolution. In this event, the Resident/Fellow and Program Director shall be so informed.

Parties are discouraged from submitting via electronic email, but rather formal written process. Copies of all concerns, review requests and decisions mentioned above will be maintained by the GME Office.

References

IR: IV.D.



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Graduate Medical Education

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Leave of Absence Policy

Purpose

The purpose of this policy is to clarify leave of absences for residents/fellows that involve time away from work (both paid and unpaid) for situations that meet the requirements of the Family and Medical Leave Act (FMLA), Military Leaves of Absence that meet the requirements of the FMLA or USERRA, Personal Leave of Absence, and/or Educational Leave of Absence.

Applies To

All LECOM MCH residency/fellowship training programs.

Policy

Residents/fellows must follow set procedure when requesting any type of leave of absence from their programs. **They also must follow the LECOM MCH Human Resource Policy titled “Leave of Absence”.** See your **Employee Handbook from LECOM MCH Human Resource Department.**

Procedure

- A. Residents/fellows are responsible for notifying their Program Director of pending request for leave of absence as soon as possible in order to allow time for the consideration of program needs.
- B. Residents/fellows are responsible for completing any leave of absence forms required by the Human Resources Department and routing the completed form to the Program Director to review and sign.
- C. Residents/fellows are responsible for scheduling appointments with the Benefits Staff of Human Resources to arrange for benefits coverage during the leave, if applicable.
- D. Residents/fellows must follow the Human Resource Policy titled “Leave of Absence”

Making up Leave Time

- A. Residents/fellows may have to make up time missed from training in order to be eligible for full credit toward their boards. Any absence beyond a total of the specific specialty board allotted time (including vacation and other paid time off) in any given year will require an extension in his/her contract in order for the resident/fellow to receive credit for the year. Extensions for making up time are routinely up to 12 weeks. Longer periods would be determined on a case-by-case basis by the program director.
- B. Residents/fellows are informed and acknowledge that additional training after a leave of absence may be needed for successful completion of program requirements and/or board certification requirements. The amount of time needed to make up for the leave of absence shall be determined by the program director and the requirements of the pertinent specialty certifying board. The resident/fellow will be responsible for contacting the appropriate specialty certifying board regarding the impact the leave of absence will have on their board eligibility.

References

IR: IV.G. (Vacation/Leave of Absence)

Excerpt from Employee Handbook

MCH offers several types of leaves of absence as explained in the Human Resources Policy Manual. We offer Military Leave, Temporary Disability Leave, Personal Leave, Job Injury Leave (Workers' Compensation), Funeral Leave, Jury Duty Leave, Administrative Leave, in addition to Family and Medical Leave (FMLA).

The following information pertains to Family and Medical Leave:

A. Eligibility and Amount of Leave

Millcreek Community Hospital will grant up to twelve (12) weeks of family and medical leave ("FMLA Leave") during a twelve (12) month period to eligible employees, in accordance with the Family and Medical Leave Act of 1993 ("FMLA"), as amended. Employees are eligible for FMLA leave if they have worked for at least twelve (12) months and for at least 1,250 hours during the twelve (12) month period immediately preceding the request for FMLA leave.

Millcreek Community Hospital will grant up to twelve (12) weeks of unpaid FMLA leave for the following reasons:

- (1) to care for the employee's child after birth, or placement for adoption or foster care;
- (2) to care for the employee's spouse, child or parent who has a serious health condition;
- (3) for a serious health condition that makes the employee unable to perform his/her job;
- (4) for incapacity due to pregnancy, prenatal care, or pregnancy; or
- (5) for a qualifying exigency arising from the employee's spouse, child, or parent who is in the armed forces being notified of an impending federal call or order to active duty in the armed

forces to a foreign country.

Any FMLA leave taken by an employee during the preceding twelve (12) month period will be used to determine the amount of available FMLA leave. For purposes of FMLA leave, the term "serious health condition" shall be defined as set forth in the FMLA. In the case of unpaid leave for serious health conditions, the leave may be taken intermittently or on a reduced hours basis only if such leave is medically necessary. Millcreek Community Hospital reserves the right to temporarily transfer the employee to better accommodate the needs of Millcreek Community Hospital and the employee where the employee is granted leave on an intermittent or reduced hours basis.

B. Prior Notice for Leave

In order to be eligible for FMLA leave, where the need for the leave is foreseeable, the employee must give at least thirty (30) days advance written notice of request for leave. Notice must be given as soon as practical if the necessity for leave arises less than thirty (30) days prior to the leave. The employee shall make a reasonable effort to schedule leave, if possible, so as not to unduly disrupt the operation of Millcreek Community Hospital. Appropriate forms must be submitted to the Human Resources Department to initiate family or medical leave and to return to active status.

C. Medical Certification

Millcreek Community Hospital may require medical certification acceptable to Millcreek Community Hospital to support a request for FMLA leave because of a serious health condition, and may require second or third opinions and a fitness for duty report to return to work. Millcreek Community Hospital may also require an employee on FMLA leave to report periodically on his/her status and the intention of the employee to return to work, and periodic recertification of the medical condition. If notification and appropriate medical certification are not provided in a timely manner, approval of leave may be delayed.

D. Use of Paid Time Off

If the employee is granted FMLA for reasons due to their own serious health condition, prenatal care, the father's attendance at the birth of a child, parent's care of a newborn son or daughter, adoption or foster care, the employee is required to use available paid sick time first, then personal time, and then vacation time in that exact order during the twelve (12) week FMLA period. However, if the employee is granted FMLA to care for a spouse, child, or parent having a serious health condition, then the employee is required to use available vacation time first, then personal time, and then sick time in that exact order. Vacation, personal and holiday time will not be granted while out on leave. Sick time will not be earned while out on leave. Employees who receive workers' compensation or short-term disability benefits shall not be required to use personal time, vacation time, or sick time.

E. Benefits during Leave

During FMLA leave, Millcreek Community Hospital will continue to provide health insurance, provided the employee pays his/her portion of the premium for such coverage. All other group insurance benefits will cease during any FMLA leave unless the employee elects to continue and pay for such coverages. If an employee does not return to work after the expiration of the FMLA leave, the employee may be required to reimburse Millcreek Community Hospital for payment of health insurance premiums made during the FMLA leave.

During FMLA leave, the employee shall not accrue employment benefits, such as vacation, sick, or personal time. Employment benefits accrued by the employee up to the day on which FMLA leave begins will not be lost.

F. Return to Work

Employees who return to work from FMLA leave within or on the business day following the expiration of the twelve (12) weeks of FMLA leave are entitled to return to their job or an equivalent position with equivalent pay, benefits, and other employment terms. Failure to return to work on the day after the expiration of leave may compromise your continued employment with Millcreek Community Hospital. Medical return to work certification/documentation is required prior to returning to work from FMLA leave for the employee following serious illness or injury, or for the birth of their child.

G. Qualifying Exigency Leave

Millcreek Community Hospital will grant eligible employees up to twelve (12) weeks of unpaid leave for a qualifying exigency arising from the employee's spouse, child or parent who is in the armed forces being notified of an impending federal call or order to active duty in the armed forces to a foreign country. The following is a list of eight situations when qualifying exigency leave may be taken:

- In short-notice deployment situations, where a covered military member is notified of an impending call or order to active duty seven or fewer days from the date of deployment, in which case an eligible employee may take military exigency leave for a period of seven days beginning on the date when the covered military member is notified of the impending deployment;
- To attend military events, ceremonies or programs sponsored by the military that are related to the active duty or the call to active duty of a covered military member, or to attend similarly related family support or assistance programs or informational briefings sponsored or promoted by the military;
- For certain childcare and school activities necessitated by active duty or the call to active duty status of a covered military member, including to arrange for alternative childcare, to provide childcare on an urgent, immediate need basis (but not routine, regular or everyday) basis, to enroll or transfer a child in a new school or day care facility, or to attend meetings with school or day care staff;

- To make or update financial or legal arrangements to address a covered military member's absence while on active duty or call to active duty status;
- To attend certain counseling arising from active duty or the call to active duty status of a covered military member;
- To spend time with a covered military member who is on a short-term, temporary rest and recuperation leave during a period of deployment for up to 5 days of leave for each instance of rest and recuperation;
- To attend certain post-deployment activities, such as arrival ceremonies and reintegration briefings and events, and to address issues arising from the death of a covered military member while on active duty status; and
- For certain additional activities arising out of a covered military member's active duty or call to active duty where the employer and employee both agree on the timing and duration of the leave.

Qualifying exigency military leave is not available to family members of soldiers in the regular armed forces, or in cases where the call to active duty comes from a state rather than the federal government.



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Graduate Medical Education

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IMPAIRMENT AND SUBSTANCE ABUSE POLICY

Purpose

To establish guidelines and requirements for resident/fellow supervision

Applies To

All LECOM MCH Graduate Medical Education training programs

Policy

It is the policy of LECOM and LECOM Millcreek Community Hospital that employees, volunteers, students of LECOM educational programs and affiliate schools, hereafter referred to as “students,” contract personnel, physicians, and residents/fellows be physically and mentally fit. The effects of controlled substance and alcohol abuse, i.e., physical and psychological dependence and impaired behavior, adversely affect personal safety and performance, as well as become a threat to the safety of fellow employees, patients, and others. This policy serves to address these concerns and commitments.

Procedure

Follow the LECOM MCH Human Resource Employee handbook

References

IR: IV.H. (Resident Services)

GMEC approved June 2016



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Harassment Policy

Purpose: To assure LECOM-MCH employees are entitled to work in a professional, dignified environment, and in this regard, we are committed to providing and maintaining an atmosphere that is free from discrimination and all types of harassment.

Applies to: All employees are protected as stated in our policy and the following classifications of people are prohibited from engaging in harassing behavior: employees, management and supervisory personnel, patients, medical staff and any other third party.

The following are some of the categories of prohibited harassment: race, creed, religion, age, sex, national origin, sexual preference, marital status, disability, veteran's status and any legally protected class.

Sexual harassment includes any unwelcome conduct of a sexual nature including sexual advances or requests for sexual favors or other inappropriate verbal or physical conduct of a sexual nature. It also includes any conduct of a sexual nature which creates an intimidating, offensive, or hostile working environment. Any unwelcome course of conduct including such things as comments about physical characteristics, comments about sexual preferences or practices, obscene or sexually oriented stories, jokes, photographs or drawings, inappropriate gestures or body language and improper touching are all prohibited. Such conduct may result in disciplinary action being taken against any employee who is found to have harassed another employee, up to and including termination of employment.

Such conduct is considered an even more serious issue when any supervisor or person in authority conditions any hiring, promotion, scheduling, disciplinary or other job related decision on submission to such advances or participation in such activities.

If you are a victim of any such conduct or are aware that such conduct is occurring, you are encouraged to report it promptly to your supervisor, or the Human Resources Department.

This would include all other types of harassment that could occur. A prompt and confidential investigation will be conducted and appropriate action will be taken. No employee will be penalized for reporting or participating in the investigation of such conduct. Please use discretion because a false report of such conduct can be extremely harmful to an innocent party.

In light of the trainees being enrolled in the LECOM Masters programs, the following is included from the LECOM policy /student handbook.

Policy Statement on Title IX Compliance and Affirmation of the Prohibition of Sexual Harassment, Misconduct or Violence

INTRODUCTION: TITLE IX

Title IX of the Education Amendments of 1972 (“Title IX”), 20 U.S.C. §§ 1681 et seq., and its implementing regulations, 34 C.F.R. Part 106, prohibit discrimination on the basis of sex in education programs or activities operated by recipients of Federal financial assistance.

Lake Erie College of Osteopathic Medicine (LECOM) forbids discrimination and harassment on the basis of sex and any form of sexual misconduct in all of its education programs, activities, as well as its employment practices. Likewise LECOM forbids retaliation against anyone who seeks to avail themselves of their rights under Title IX or participates in a related investigation.

POLICY SUMMARY

Sexual harassment, sexual exploitation or assault, domestic violence, dating violence, and stalking are forms of discrimination on the basis of sex. LECOM has a **zero tolerance** Policy of all such conduct whether perpetrated by employees, students, or campus visitors, whether committed on or off campus.

This Policy and its procedures apply whenever a Title IX violation is alleged. The procedures for conduct of an investigation, resolution of a complaint (including the imposition of sanctions), and process for an appeal apply to Title IX matters only and replace all general LECOM disciplinary and appeal procedures for these matters only.

Be advised that *everyone* in the LECOM community is both protected by and subject to this Policy. Additional information may be found in LECOM’s student catalogs.

DEFINITIONS

Complainant:

A person alleged to have been subjected to conduct in violation of this Policy, whether or not the individual makes a complaint or participates in the investigation. LECOM may still pursue a case even when the complainant is unwilling or unable to complain of misconduct or to participate in the investigation.

Consent:

Consent involves explicit communication. Affirmative consent is a knowing, voluntary, and mutual decision among all participants to engage in sexual activity. Consent can be given by words or actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual activity. Silence or lack of resistance, in and of itself, does not demonstrate consent. The definition of consent does not vary based upon a participant's sex, sexual orientation, gender identity, or gender expression.

- A sexual encounter is considered consensual when individuals each willingly and knowingly engage in sexual activity. Consent cannot be obtained through the use of coercion. Coercion is the use of pressure, manipulation, substances, force, and/or disregarding objections of another party to engage in sexual activity. Consent must be clearly and unambiguously communicated.
- Consent to any one sexual act or prior sexual activity does not necessarily constitute consent to any other sexual act. Consent may be given initially but withdrawn at any time. When consent is withdrawn or can no longer be given, sexual activity must stop.
- One who is incapacitated (whether by alcohol or drug use, disability, unconsciousness, or is otherwise helpless) cannot consent to sexual activity.

Dating Violence:

Dating violence means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the following factors: the length of the relationship; the type of relationship; and the frequency of interaction between the persons involved in the relationship.

Domestic Violence:

Domestic Violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Incapacitation:

Incapacitation is a condition such as due to the use of drugs or alcohol, when a person is asleep or unconscious, or because of an intellectual or other disability that prevents the student from having the capacity to give consent.

Intimidation:

Intimidation means to make fearful or to put into fear. Generally, proof of actual fear is not required in order to establish intimidation. It may be inferred from conduct, words, or circumstances reasonably calculated to produce fear.

Reporter:

A person reporting alleged conduct prohibited by this Policy. The Reporter may be the

Complainant or any other person.

Respondent:

A person accused of conduct that might be in violation of this Policy.

Responsible Employee:

“Responsible Employees” under Title IX are LECOM employees to whom violations of this Policy may be reported. The designated “responsible employees” are the Title IX Coordinator, Deputy Title IX Coordinators, the Provost, Deans, Associate Deans, Assistant Deans, Program Directors, Directors of Student Affairs, Faculty Advisors or any other member of the LECOM administration.

Retaliation

Retaliation is any action to penalize, intimidate, harass, or take adverse action against a person who makes a report of sexual misconduct, relationship violence, stalking or similar prohibited conduct, participates in an inquiry or investigation of impermissible conduct, or otherwise asserts rights protected by non-discrimination laws.

Sexual Assault:

Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. It includes both non-consensual sexual contact and intercourse.

Sexual Exploitation:

Sexual exploitation means taking sexual advantage of another person without his or her consent. Sexual advantage includes, without limitation, causing or attempting to cause the incapacitation of another person in order to gain a sexual advantage over such other person; causing the prostitution of another person; recording, photographing or transmitting identifiable images of private sexual activity and/or the intimate parts of another person; allowing third parties to observe private sexual acts; and engaging in voyeurism.

Sexual Harassment

Sexual Harassment is unwelcome conduct visited upon a person due to their sex or gender which creates a hostile environment or whose acceptance forms the basis of educational or employment decisions. Sexual assault and requests for sexual favors that affect educational or employment decisions constitute sexual harassment. Sexual harassment may also consist of unwelcome physical contact, requests for sexual favors, sexual exploitation, visual displays of degrading sexual images, sexually suggestive conduct, or remarks of a sexual nature. Sexual harassment can also be non-sexual in nature, such as denigrating, excluding or sabotaging someone because of their sex or gender. Such conduct will constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or admission to or participation in an academic program or school activity; or
- Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment status or academic standing; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's performance on the job or in the academic program; or

- Such conduct has the purpose or effect of creating an intimidating or hostile work or educational environment for an individual or group of individuals.

Sexual harassment can occur regardless of the relationship, position, or respective sex of the parties. Same sex harassment violates this Policy. Harassment because of one's actual or perceived sexual orientation or gender identity also constitutes a violation of this Policy.

Sexual Misconduct:

Sexual misconduct is a broad term encompassing sexual harassment, sexual assault, and any other non-consensual behavior of a sexual nature that is committed by force or intimidation, or that is otherwise unwelcome. Sexual misconduct may vary in its severity and consists of a range of behavior or attempted behavior.

Stalking:

Stalking is a pattern of repeated and unwanted attention, harassment, or any other course of conduct directed at a specific person that would cause a reasonable person to fear. Examples of stalking actions include, but are not limited to:

- Repeated, unwanted, intrusive, and frightening communications from the perpetrator by phone, mail, email, text, social media, and/or other means;
- Repeatedly leaving or sending a person unwanted items such as presents or flowers;
- Following or lying in wait for a person at places such as their home, school, work, or a recreation place;
- Making direct or indirect threats to harm a person or the person's children, relatives, friends, or pets;
- Damaging or threatening to damage a person's property;
- Posting information or spreading rumors about a person on the internet, in a public place, by word of mouth, or by other means; or
- Obtaining personal information about a person by accessing public records, using internet search services, hiring private investigators, going through the person's garbage, following the person, contacting a person's friends, family, work, neighbors, or others.

MAKING A REPORT OF SEXUAL MISCONDUCT, RELATIONSHIP VIOLENCE, AND STALKING

A Reporter may report any type of sexual harassment or misconduct which is defined above by invoking either a criminal process and/or an institutional process. The criminal process begins by calling local law enforcement or the Campus Police and Security Office. The institutional process may be instituted by contacting the LECOM Title IX Coordinator, a Deputy Title IX Coordinator, or any Responsible Employee.

Anyone who believes they have been subjected to any impermissible conduct is encouraged to report these incidents. If the Complainant reports directly to LECOM, the Complainant should prepare a written, signed complaint containing the name(s) of the alleged perpetrator(s) and other relevant information, including the date(s), location(s), description of the incident(s), and witness name(s) or documentation. The Complaint should be given to any Responsible Employee. At some point, Respondent(s) will be provided a copy of the complaint under the condition not to

engage in any form of retaliation.

LECOM staff and faculty have a duty to report knowledge of alleged or observed incidents of sexual misconduct, relationship violence, and/or stalking to their supervisor and/or Title IX Coordinator or a Deputy Title IX Coordinator upon learning of such information. Reports should include the complainant's/alleged victim's name, alleged perpetrator(s) name(s), LECOM status (employee, student, visitor), date of the alleged incident, location of alleged incident, description of the incident, and witnesses to the incident.

LECOM Title IX Coordinator and Deputy Coordinators

Institutional Title IX Coordinator

Aaron E. Susmarski, J.D.
Institutional Director of Human Resources
(814) 860-5101
asusmarski@lecom.edu

LECOM Erie

Dr. Melanie Dunbar, Deputy Coordinator
Director of Behavioral Health
(814) 866-8160
mdunbar@lecom.edu

Dr. Christine Kell, Deputy Coordinator
Associate Dean of Preclinical Education
(814) 866- 8169
ckell@lecom.edu

LECOM Bradenton (including dental clinic at DeFuniak Springs)

Ronald Shively, Deputy Coordinator
Director of Student Affairs
(941) 782-5930
rshively@lecom.edu

Dr. Katherine Tromp, Deputy Coordinator
Assistant Dean of Distance Education Pathway
Associate Professor of Pharmacy Practice
(941) 782-5644
ktromp@lecom.edu

LECOM at Seton Hill

Dr. Irv Freeman
Vice President for LECOM at Seton Hill
(724) 552-2870
ifreeman@lecom.edu

Complainants are also advised of the following additional resources of which they should avail themselves if they so choose:

Local Law Enforcement

At all LECOM locations, call 9-1-1 to contact local law enforcement, fire, or EMS to report an emergency or crime. Call 9-9-1-1 from a LECOM or Seton Hill University phone.

Erie, Pennsylvania

Erie Police Department
(814) 870-1125

Millcreek Police Department

(814) 833-7777

LECOM Campus Police and Security Office

Located inside the north entrance
1858 West Grandview Boulevard
Erie, Pennsylvania 16509
(814) 866-8415

If an officer is not at the desk, callers may leave a message or call the cell phone of the officer on duty at (724) 830-4999 .

Bradenton, Florida

Manatee County Sheriff
(941) 747-3011

Bradenton Police Department

(941) 932-9300

LECOM Security Office for College of Medicine & School of Pharmacy Building

Located inside the southwest entrance
5000 Lakewood Ranch Boulevard
Bradenton, Florida 34211
(941) 782-5908

LECOM Security Office for School of Dental Medicine Building

Located inside the south entrance
4800 Lakewood Ranch Boulevard

Bradenton, Florida 34211
(941) 405-1520

DeFuniak Springs, Florida
Walton County Sheriff
(850) 892-8111

LECOM at Seton Hill in Greensburg, Pennsylvania
Greensburg, Pennsylvania Police Department
(724) 834-3800

Pennsylvania State Police
(724) 832-3288

Seton Hill University (SHU) Police Department
Lowe Hall, room 117 (first floor) (Police Chief in room 115)
One Seton Hill Drive
Greensburg, PA 15601
Dial (724) 830-4999 for the officer on patrol (cell phone)

Crime Victim and Other Counseling Services:

Erie, Pennsylvania Resources
Crime Victim Center of Erie County
24 hour hotline: (814) 455-9414

Safe Harbor Mental Health
24 hour Crisis Center: (814) 456-2014
Outpatient Clinic: (814) 459-9300

Safe Net Erie (domestic violence)
24 hour crisis hotline: (814) 454-8161

Millcreek Community Hospital Behavioral Health
(814) 868-8714

Stairways Behavioral Health
(888) 453-5806

Physicians Health Programs (PHP; Pennsylvania)
(866) 747-2255 or (717) 558-7819

Secundum Artem Reaching Pharmacists with help (SARPh)
(800) 892-4484 or (610) 583-9884

Bradenton, Florida Resources

Centerstone Student Assistance Program
(941) 782-4379

Centerstone Crisis Center
(941) 782-4600

Bradenton- Hope Family Services, Inc.
(941) 747-7790

Rape Crisis Hotline - Bradenton
(941) 708-6059

Sarasota- Safe Place and Rape Crisis Center
24 hour hotline: (941) 365-1976

Bayside Center for Behavioral Health
Sarasota Memorial Hospital
24 hour clinical assessment: (941) 917-7760

Coastal Behavioral Health, Sarasota
24 hour Crisis Stabilization Unit: (941) 364-9355
Assessments: (941) 552-1950

DeFuniak Springs, Florida Resources

Shelter House, Domestic and Sexual Violence Center
Domestic Violence 24 hour hotline: (850) 863-4777 or (800) 442-2873
Sexual Assault 24 hour helpline: (850) 226-2027

Greensburg, Pennsylvania Resources

Rape Crisis Center (Pittsburgh Action against Rape)
24 hour helpline: (866) 363-7273
(412) 431-5665

Westmoreland Mental Health Crisis Intervention Hotline
24 hour hotline: (800) 836-6010

Center for Victims of Violence and Crime
24 hour hotline: (866) 644-2882

Physicians Health Programs (PHP; Pennsylvania)
(866) 747-2255 or (717) 558-7819

PROTECTING COMPLAINANTS, REPORTERS, AND WITNESSES

LECOM's primary goal is to ensure that any victim of sexual misconduct, relationship violence,

or stalking and the LECOM community are safe. Regardless of whether a Complainant chooses to pursue disciplinary action, LECOM will take interim measures to protect those involved and ensure that all safety, emotional, and physical well-being concerns are met.

Reasonable interim measures to protect the safety of the Complainant will be determined on a case-by-case basis. In making the determination, LECOM will consider, at a minimum, the Complainant's expressed need, the severity or pervasiveness of the allegations, the continuing effects on the Complainant, the likelihood that the Complainant will come into contact with the Respondent through daily activities, and whether any legal steps have been taken to protect the Complainant. LECOM will also consider, as appropriate, whether and what interim measures and remedies should be provided or offered to the Respondent.

Student Remedies:

Some examples of immediate remedies LECOM may provide to a student Complainant include modifying class schedules, workplace schedules, and/or extracurricular activities; assisting in obtaining counseling and academic support services; student financial aid guidance; offering extra time to complete a course if possible; and providing escort services on campus from the campus police. If an investigation against a named Respondent occurs, LECOM may also initiate a no contact order and alter the class, work, or extracurricular schedule of the Respondent. Where it is deemed appropriate, LECOM may issue an interim suspension for a student-Respondent.

Staff Remedies:

Some examples of immediate remedies LECOM may provide to a staff member Complainant include: modifying work schedule, workplace department or location, or supervisor; assisting in obtaining counseling services; providing escort services on campus and increasing security around Complainant. If an investigation against a named Respondent occurs, LECOM may initiate a no-contact order, issue a *persona non grata* order to prevent a person from coming on campus, and/or alter the assigned department, work schedule or work location, or the supervisor of the Respondent.

Faculty Remedies:

Some examples of immediate remedies LECOM may provide to a faculty member Complainant include: modifying teaching schedule, workplace schedule, and/or extracurricular schedule; assisting in obtaining counseling services; providing escort services on campus and increasing security around the Complainant. If an investigation against a named Respondent occurs, LECOM may initiate a no-contact order, issue a *persona non grata* order to prevent a person from coming on campus, and/or alter the class or work schedule of the Respondent.

Confidentiality:

Whenever possible and to the greatest extent possible, LECOM will honor requests for confidentiality and do its best to maintain the privacy of all Reporters and Complainants (may not be the same person). In cases where a Complainant expresses a desire to maintain confidentiality or requests that no investigation into a particular incident be conducted or disciplinary action taken, LECOM must weigh that desire and request against its obligation to provide a safe, non-discriminatory environment.

If LECOM honors the request for confidentiality, a Reporter and Complainant must understand that the ability to meaningfully investigate the alleged incident and pursue disciplinary action against the alleged perpetrator(s) may be limited. There may be times when LECOM may not be able to honor a Reporter or Complainant's request for confidentiality in order to provide a safe, non-discriminatory environment. If a violation of this Policy is found, a report of the incident may be included in the Institution's Clery Act crimes report.

Prohibition of Retaliation

LECOM does not tolerate retaliation and will pursue actions against those who take retaliatory measures against Reporters, Complainants, or witnesses. When an individual reports sexual misconduct, relationship violence, or stalking to any campus resource, that resource will work with the Title IX Coordinator or the Title IX Coordinator's designee to ensure that the Complainant and Reporter are protected from further misconduct and from retaliation for making the report. The Title IX Coordinator or her/his designee will consult with the Complainant regarding protective measures such as changes to a facet of the academic or employment setting and/or issuing a "no contact order." Protective measures applicable to students will be enforced under the Student Code of Conduct. Protective measures applicable to staff will be enforced by the Department of Human Resources. Protective measures applicable to faculty will be enforced by the Provost.

Prohibition of False Accusations

Deliberately false and/or malicious accusations of sexual misconduct, relationship violence, stalking or other conduct prohibited by this Policy, as opposed to complaints which, even if erroneous, are made in good faith, are serious and will subject the perpetrator of those accusations to appropriate disciplinary action. Good faith means that a report is made based on fact or reasonable beliefs and not solely on personal animus against the person accused.

INVESTIGATION PROCEDURES, INTERIM REMEDIES, AND INFORMAL RESOLUTION PROCESS

Assessment and Timeline

LECOM will investigate and resolve all reports of possible violations of this Policy promptly. Possible conditions that would extend the time needed for an investigation and resolution are, but are not limited to, the complexity of the reported incident, the number of witnesses involved, related and on-going criminal investigations, school breaks and vacations, or unforeseen circumstances. If a delay is necessary, LECOM will notify all parties of the progress of the process as it proceeds.

Receipt of a report or a Complainant's written complaint which includes allegations of prohibited conduct will trigger an initial Title IX assessment. This assessment will be conducted by the Title IX Coordinator or an assigned Deputy Title IX Coordinator who may consult with other appropriate individuals within LECOM (and the Seton Hill University Police Department if at LECOM at Seton Hill). The assessment will determine if any immediate risk of harm to an individual or the community exists, and will implement any necessary interim measures to address those risks, as well as whether the conduct as reported, if true, would constitute a

violation of this Policy.

If the initial assessment finds that a Title IX violation is alleged, the Title IX Coordinator, or Deputy Title IX Coordinator if applicable, will initiate the investigation/resolution process and will designate a manager of that process. Designated managers shall be administrative personnel trained to perform this function and who are not otherwise involved in the matter, i.e. are in a position to be impartial.

The extent and depth of the investigation will depend upon such factors as the Complainant's willingness to participate in the investigation and resolution procedures outlined in this Policy, the risk posed to the community, and the nature of the alleged behavior. If the Complainant chooses to pursue criminal charges, the relevant school police department will work with the Complainant to connect him/her with appropriate local law enforcement if necessary. If a Complainant refuses to participate in the process, LECOM may determine that it is still appropriate to move forward with an investigation and the protocols set forth in this Policy.

Informal Resolution Process

Informal resolution is a mechanism for achieving resolution between parties without a formal investigation. This process may not be used in incidents where the reported behavior includes sexual assault. In some cases, the manager of the investigation/resolution process will determine that an informal resolution mechanism may be appropriate. This may include shuttle diplomacy, facilitated conversation, and/or training and education for individuals or groups.

If it is determined that a facilitated informal resolution may be appropriate, the manager of the investigation/resolution process will speak with the Complainant about this option. Complainants choosing this path of resolution do not forgo access to remedies needed to continue their education. If the Complainant agrees, the manager of the investigation/resolution process will next speak with the Respondent. Facilitated informal resolution will be pursued only with the consent of both parties. If the facilitated informal process results in a resolution, both parties will receive outcome notification that the process has concluded and the case will be closed. If the parties are unable to reach a resolution in a timely manner or if either party requests to terminate the facilitated informal resolution process prior to a resolution, the investigation and formal resolution process will proceed.

Investigation Process

As mentioned above, if it is appropriate and the parties choose and complete an informal resolution process there will be no formal investigation. If necessary, a full investigation will be promptly engaged and will follow the following course.

Such investigations will include interviews with the Complainant, Respondent, and relevant witnesses. In conducting the investigation, the manager of the investigation/resolution process may be assisted by other individuals, including special consultants engaged for the particular investigation. A thorough review of pertinent physical and documentary evidence will also occur. The evidence may include photographs, videos, electronic messages (including emails and text messages), social media postings, and any other relevant resources. Complainants should be most scrupulous in preserving all evidence.

It is possible that more than one meeting may be necessary for the Complainant and Respondent to have the opportunity to respond to information obtained. Complainants and Respondents will have the opportunity to present additional evidence and to suggest other fact witnesses. Character witnesses will not be heard and the Complainant's prior sexual conduct with anyone other than the Respondent will not be considered.

The Complainant and Respondent may each choose an advisor of their choice to accompany them during the investigative process or any related meeting that is part of the Title IX proceedings. An advisor is any individual who provides the Complainant or Respondent with support, guidance, or advice. This advisor may be a parent, a community advocate, or any other person. The advisor's role is purely supportive; the advisor may not speak on behalf of the Complainant or Respondent or otherwise directly participate in the investigation or resolution processes.

Upon completion of the investigation, the manager of the investigation/resolution process will prepare a Findings of Fact Report that will include the nature of the allegations reported, a summary of factual information, and any relevant physical and documentary evidence received.

The Complainant and Respondent will each have the opportunity to review the Findings of Fact Report in the presence of a LECOM official and deliver a written clarifying statement and/or impact statement. Any such written statement must be provided to the manager of the investigation/resolution process within three (3) days of the review of the Findings of Fact Report. Following the three-day period all parties will be notified that the investigation is complete. Resolution of the matter is possible at this point; otherwise, it will proceed to formal resolution.

FORMAL RESOLUTION PROCESS

The process used for resolution of complaints under this Policy, including application of sanctions, will be determined by a preponderance of the evidence. Complainants do not have to prove a case "beyond a reasonable doubt". Regardless of the process used, LECOM commits to providing the parties with timely notice, equal opportunities to be heard, present and rebut evidence and equal opportunities to respond to the reported behavior.

Once an investigation is conducted and a Findings of Fact Report of the investigation is prepared the formal resolution process will begin. The manager of the investigation/resolution process will submit a copy of the Findings of Fact Report and related materials to the Institutional Hearing Officer. LECOM has appointed Dr. David P. Fried, Director of Student Affairs ((814) 866-8116; dfried@lecom.edu), as the Hearing officer.

The Hearing Officer will determine whether a violation has occurred; if a violation has occurred whether the Respondent is "responsible"; and if the Respondent is "responsible" what the sanctions will be. These determinations will include a full review of all relevant information and be based on a preponderance of the evidence standard (i.e. whether it is more likely than not).

The Hearing Officer will issue an Outcome Letter outlining the decision made and explaining

any imposed sanctions and remedies. The sanctions imposed upon a finding that the Respondent is “responsible” will vary depending on the facts of the case. The sanctions may range from a no contact order to expulsion or termination from LECOM. This information will be provided in writing to the Complainant and the Respondent, taking into account any applicable privacy issues.

The Title IX Coordinator or a Deputy Title IX Coordinator will review the Outcome Letter with the Complainant and Respondent separately to ensure the reasoning of the decision is fully understood and to inform the Complainant and Respondent of the right to appeal. *Note, however, that a Complainant or Respondent who has refused to participate in the investigation process has no right to appeal.*

Visitors and other persons (not students or employees) who are found to have violated this Policy are subject to corrective action which may include removal from campus, being banned from campus, and/or having contractual arrangements terminated. Vendors or other agencies in contract with LECOM will be promptly notified if any of their employees are alleged to have violated this Policy and such employees may be banned from any or all LECOM properties or events and may also be subject to action deemed appropriate by their respective employer.

If it is determined that a violation of this Policy did not occur, but the reported behavior would violate a different LECOM Policy such as the Student Code of Conduct, the case may be referred to the appropriate office for resolution.

RIGHT TO APPEAL

Except as noted above, both the Complainant and the Respondent (if participating in the investigation process) have the right to appeal the decision. An appeal must be filed within seven (7) business days of the date of the Outcome Letter. An appeal may only be filed on three bases: 1) the appealing party has new information that was not included in the investigation Findings of Fact Report and could not have been provided earlier; 2) a preponderance of the evidence does not support the decision; or 3) the sanction was not proportionate to the offense.

The appeal (including an explanation of the basis of the appeal) should be timely submitted in writing to the Title IX Coordinator. The Title IX Coordinator will forward the appeal and all materials from the investigation to the President of LECOM for a final decision.

The President will review the Findings of Fact Report and related evidence, any written clarifying statements and/or impact statements, the Outcome Letter, and the appeal documents in making a determination. Using a preponderance of the evidence standard, the President will issue an Appeal Outcome Letter detailing the final decision, which may affirm, reverse or modify the decision of the Hearing Officer. The decision of the President is final.



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
January 5, 2018	Immediately	

Accommodations for Disabilities

Purpose: LECOM MCH is committed to the fair and equal employment of people with disabilities. Reasonable accommodation is the key to this non-discrimination policy. While many individuals with disabilities can work without accommodation, other qualified applicants and residents may face barriers to employment without the accommodation process.

It is the policy of LECOM GME to reasonably accommodate qualified individuals with disabilities unless the accommodation would impose an undue hardship. In accordance with the Americans with Disabilities Act, accommodations will be provided to qualified individuals with disabilities when such accommodations are directly related to performing the essential functions of a job, competing for a job, or to enjoy equal benefits and privileges of employment. This policy applies to all applicants, residents, and residents seeking promotional opportunities.

Pertains to: All LECOM MCH applicants, residents, and residents seeking promotional opportunities.

Definition

Disability: For purposes of determining eligibility for a reasonable accommodation, a person with a disability is one who has a physical or mental impairment that materially or substantially limits one of more major life activities.

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

Examples of accommodations may include acquiring or modifying equipment or devices; modifying training materials; making facilities readily accessible; modifying work schedules; and reassignment to a vacant position.

Reasonable accommodation applies to three aspects of employment:

1. To assure equal opportunity in the employment process
2. To enable a qualified individual with a disability to perform the essential functions of a job;
and
3. To enable a resident/fellow with a disability to enjoy equal benefits and privileges of employment.

Procedure-current residents

The Resident must notify the Human Resource Department and Program Director of a need for an accommodation. It is the responsibility of each and every applicant, candidate, and employee with a disability or handicap to submit a request for an accommodation pursuant to established procedures and to disclose on the appropriate supplemental application provided during the application process as well as disclose at the residency or fellowship interview. LECOM MCH has no obligation to accommodate disabilities of which it is unaware or disabilities or handicaps not covered by federal or state law. *Consistent with the Pennsylvania Human Relations Act, the American with Disabilities Act, and other state and federal law*

1. Both the resident and their physician will need to complete the ADA application and return it to the Human Resource Director. Please refer to the hospital employee handbook or contact the HR Director at 814-864-4031.
2. When a qualified individual with a disability has requested an accommodation, LECOM-MCH shall, in consultation with the individual, the HR Director, and the program director:
 - a. Discuss the purpose and essential functions of the particular job involved. (Completion of a step by step analysis may be necessary.
 - b. Determining the precise job-related limitation,
3. Identify the potential accommodations and assess the effectiveness each would have in allowing the individual to perform the essential functions of the job.
4. Select and implement the accommodation that is the most appropriate for both the individual and the employer. While an individual's preference will be given consideration, LECOM MCH is free to choose among equally effective accommodations and may chose the one that is less expensive or easier to provide.
5. The HR Director and Program Director will work with the resident to obtain technical assistance, as needed.
6. The HR Director will provide a decision to the resident within a reasonable amount of time.



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	

POLICY: ANNUAL INSTITUTIONAL REVIEW

PURPOSE:

To establish a formal, systematic process by which the GME Committee demonstrates effective oversight of the Sponsoring Institution's accreditation through an annual review and evaluation of institutional performance indicators in accordance with the Institutional Requirements of the ACGME (I.B.5) and any policies and procedures of the LECOM Health-Millcreek Community Hospital GME Committee

POLICY:

The GME Committee is charged among other things with the following responsibilities:

- A. Review, monitor and assess accreditation status of sponsoring institution and its programs, and responses to citations, ACGME notifications and concerns
- B. Review results of CLER visits, and review and approve responses to CLER visit reports
- C. Address results of focused or special program reviews
- D. Demonstrate Sponsoring Institution oversight of accreditation through an annual institutional review (AIR)

This policy describes the procedure by which the GMEC will fulfill its charge in conducting an Annual Institutional Review.

PROCEDURE:

1. At least one full meeting of the AIR committee will be dedicated to conducting the AIR.
2. The AIR should be conducted during or before November 1st of each academic year, preferably during September, unless rescheduled for other programmatic reasons.
3. Beginning approximately one to two months prior to the review date, the Designated Institutional Official (DIO) will:
 - a. Request from the GMEC the appointment of members to the AIR
 - b. Establish and announce the date of the review meeting
 - c. The AIR committee will consist of the DIO, the DME, and at least 1 program director and one faculty member and one peer selected resident representative.
 - i. The Residency Forum will be responsible to provide the peer selected resident to participate in the review. The process to select the resident representative will be completed at a residency forum meeting or by a virtual survey monkey nomination/voting process. This will be left at the discretion of the Chairman and Vice Chairman of the Residency Forum.

- d. The Institutional coordinator or designated staff will be identified to assist the AIR with organizing the data collection, coordinating the review process, and report development.
 - e. Compile the data and information, at a minimum those performance indicators that are listed below, to be considered in the review
 - i. Results of most recent institutional self-study visit (or most recent accreditation site visit letter of notification)
 - ii. Results of ACGME surveys of residents/fellows and core faculty
 - iii. Notification of ACGME-accredited programs' accreditation statuses and self-study visits
 - iv. Any other supporting information the committee may deem necessary
 - v. Outcome of action plans resulting from prior AIRs
4. At the time of the meeting, the Committee will review its charges and responsibilities, the institution history including past citations and previous year's action plans, responses to prior action plans, and current performance indicators and outcome data such as that described above.
 5. Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations.
 6. Written minutes will be taken of all meetings and discussed at GMEC.
 7. As a result of the information considered and resulting discussion, the Committee AIR will:
 - a. identify any areas for improvement
 - b. develop an action plan(s) to address areas for improvement
 - c. include monitoring procedures for action plan(s) resulting from the review
 8. The AIR final report, action plan and DIO executive summary will be presented to and approved by the GME Committee
 9. The DIO will submit a written annual executive summary of the AIR to the Governing Body (the President) of the Sponsoring Institution.



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
October 2017	July 1, 2018	

Visa Policy

Purpose of Policy

The purpose of this policy is to ensure that all non-citizens applying to residency and fellowship programs at LECOM-MCH, in addition to meeting residency and fellowship eligibility requirements, must either have Permanent Resident Status, an Employment Authorization Card or be eligible to obtain one of the following employment visas; J-1, F-1OPT, or H-1B Transfer.

Pertains to:

All Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship program employees, residents and fellows.

Definitions

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

Policy Statement-Programs at LECOM MCH will ensure that all non-citizens applying to residency and fellowship programs must either have Permanent Resident Status, an Employment Authorization Card or be eligible to obtain one of the following employment visas

- **Sponsored Visa Categories**

- **J-1 Visa**

- The J-1 visa is a temporary nonimmigrant visa reserved for participants in the Exchange Visitor Program. As a public diplomacy initiative of the U.S. Department of State, the Exchange Visitor Program was established to enhance international exchange and mutual understanding between the people of the United States and other nations. In keeping with the Program's goals for international education, J-1 exchange visitor physicians are required to return home for at least two years following their training before being eligible for certain U.S. visas.

- The Educational Commission for Foreign Medical Graduates (ECFMG) is authorized by the U.S. Department of State (DOS) to sponsor foreign national physicians as Exchange Visitors in accredited programs of graduate medical education or training or advanced research programs (involving primarily observation, consultation, teaching or research). Exchange Visitors sponsored by ECFMG receive a Certificate of Eligibility for Exchange Visitor (J-1 Visa) Status (Form DS-2019). This document is used to apply for the J-1 visa.
- Foreign national physicians seeking J-1 sponsorship to enroll in programs of graduate medical education (GME) or training in the United States must fulfill a number of general requirements, which are detailed in the application materials. At a minimum, applicants must:

- Have passed Step 1 and Step 2 Clinical Knowledge (CK) of the United States Medical Licensing Examination™ (USMLE™) or COMLEX Step 1 and Step 2 and COMLEX PE [and/or an acceptable combination of components of the former *Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), the National Board of Medical Examiners® (NBME®) Part sequence, or the Visa Qualifying Examination (VQE)];

Hold a valid Standard ECFMG Certificate at commencement of training;

- Hold a contract or an official letter of offer for a position in a program of graduate medical education or training that is affiliated with a medical school;
- Provide a Statement of Need from the Ministry of Health of the country of most recent legal permanent residence, regardless of country of citizenship. This statement provides written assurance that the country needs physicians trained in the proposed specialty and/or subspecialty. It also serves to confirm the applicant physician's commitment to return to that country upon completion of training in the United States, as required by Section 212(e) of the Immigration and Nationality Act, as amended.

○ **F-1 OPT Visa**

- An F-1 student is a nonimmigrant who is pursuing a full course of study towards a specific educational or professional objective, at an academic institution in the United States that has been designated by the Immigration and Naturalization Service (INS) to offer courses of study to such students.
- The "Citizenship and Immigration Services" (CIS) may authorize students in F-1 status to engage in "optional practical training" (OPT) for up to 12 months after completion of studies, provided the appointment can be completed in 12 months. This OPT authorization is appropriate for the first or matched year, which is a 1-year contract. International Medical Graduates

who receive US medical degrees while in F-1 status may apply to the CIS for OPT work authorization.

- If the CIS grants employment authorization, the individual may use that authorization for residency education for a period of *12 months. The F-1 "designated school official" (DSO) at the US medical school can usually provide information necessary to make employment eligibility determinations for these graduates.

*Pending meeting program requirements, students engaged in OPT for 12 months could be sponsored for further training under the H-1B visa status.

○ **H-1B Transfer**

- The H visa category is for the temporary employment or training of foreign nationals by a specific employer. The H-1B visa allows professional foreign physicians to work in the US in specialty occupations for up to six years.
- Programs may consider candidates who are presently holding H-1B visas from other training programs. Each training program will apply certain program specific criteria for screening of H-1B applicants. The program then will present these candidates to the GMEC for final approval.
- There are several basic requirements physicians must meet to enter into an H-1B status to perform clinical medicine, including the following:
 - Have a license or other authorization required by the state where they will practice.
 - Have an unrestricted license to practice medicine in a foreign country or have graduated from a foreign or U.S. medical school; and
 - Have passed the *appropriate licensing examinations.

*The USMLE has become the exclusive examination for over 12 years. Passage of some earlier examinations is still recognized, but "mixing and matching" parts of different examinations is not permitted for H-1B purposes. Please refer to the Graduate Medical Education Accredited Residency and Fellowship Program Eligibility Requirements for a listing of acceptable licensing examinations.

References

<https://www.uscis.gov>

<http://www.ecfmg.org/>

<http://www.usmle.org/>

<https://www.nbome.org/>



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	

Moonlighting Policy

Purpose

To provide guidelines and requirements for residents/fellows who wish to engage in paid medical employment outside their residency/fellowship programs.

Applies To

All LECOM MCH Graduate Medical Education training residents and fellows

Policy

Residents/fellows with unrestricted licensure from the state of Pennsylvania may only engage in moonlighting activities if it is not restricted by their specific ACGME or AOA Program Requirements. Residents/fellows must request written permission, in advance, from their program directors and the GMEC. Forms for moonlighting are available in the GME office as well as on the GME portal under forms.

The program director is responsible for monitoring the ongoing performance of those residents/fellows engaging in moonlighting by means of observation, evaluations and feedback from faculty and other residents/fellows.

Definitions from the ACGME Glossary of Terms

- A. Internal Moonlighting** is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.
- B. External moonlighting** is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Procedure

1. Only residents/fellows with unrestricted licensure from the state of Pennsylvania may engage in moonlighting activities by obtaining written permission, in advance, from their program directors and the GMEC.
2. Residents/fellows are not required to engage in moonlighting.

3. PGY-1 residents are not permitted to moonlight.
4. The performance of these residents/fellows will be monitored by the program director and at the GMEC.
5. Moonlighting must be considered part of the 80-hour weekly limit on duty hours. Moonlighting hours must be included in the resident's/fellow's weekly duty hour log in New Innovations and monitored by the Program Director.
6. If it is established that a resident/fellow is engaged in paid medical employment outside their training programs without the written permission of their program director and/or the DIO, he/she will be subject to disciplinary action up to and including dismissal.
7. Residents /fellows' performance will be monitored for the effect of moonlighting with regards to their ability to meet the goals and objectives of the educational program and their fitness for work. Any adverse effects that may compromise patient safety will lead to withdrawal of permission. Residents/fellows may have their moonlighting privileges revoked at the discretion of their program directors or the GMEC. Residents must remain in good standing in order to continue the privilege to moonlight
8. Residents/fellows who are in the U.S. on J-1 or H-1 visas are not allowed to engage in moonlighting activities.
9. Residents that moonlight within the LECOM Health System are provided professional liability insurance coverage. Residents that moonlight outside the system entities will need to provide proof of liability insurance and will be a condition of the GMEC and DIOs final approval of such activity. A copy of such insurance must be submitted with the moonlighting request.

References

CR: VI.F.5; VI F.5a; VIF. 5. b; VIF.5.c (Resident Duty Hours)
IR: IV.J.1; IV.J.1. a-d (Duty Hours)



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Approval Date by GMEC	Effective Date	Revision Date
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WORK HOUR POLICY

Purpose

The purpose of this policy is to ensure that all residency/fellowship programs at LECOM MCH meet the accrediting organizations' requirements for resident/fellow duty hours and will support the physical and emotional well-being of all residents/fellows while fostering an educational environment that promotes patient care. Duty hour assignments recognize that faculty and residents/fellows collectively have responsibility for the safety and welfare of patients, including a process for residents/fellows to follow if their patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of either the resident/fellow or of patient care during or following on-call periods.

Applies To

All LECOM MCH Graduate Medical Education (GME) residency/fellowship programs

Policy

All GME programs will use standard criteria to coordinate resident/fellow duty hours and on-call schedules as mandated by the requirements of the educational accrediting organizations. All residents/fellows will use the duty hour's component of the GME web-based software program New Innovations to monitor resident/fellow duty hours. A process must be developed to address situations where resident/fellow fatigue may affect their ability to provide safe and effective patient care.

Definitions from the ACGME Glossary of Terms

- A. Duty Hours** are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- B. In-house Call** is defined as duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
- C. At-home (pager) Call** is defined as a call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but

does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).

- D. Internal Moonlighting** is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.
- E. External moonlighting** is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Procedure

A. Oversight

The Program Director is responsible for establishing and implementing formal written policies and procedures governing resident/fellow duty hours in compliance with the requirements of educational accrediting bodies. Requirements for resident/fellow's on-call or duty hours should reflect an educational rationale and patient need (including continuity of care).

1. All residency/fellowship programs have established written policies and procedures regarding resident/fellow duty hours and working environments consistent with the Institutional and Program Requirements.
2. Resident/Fellow duty hours and on-call periods are in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules focus on the needs of the patient, continuity of care, and the educational needs of the resident/fellow.
3. All programs ensure that the residents/fellows are provided with appropriate back-up support when patient care responsibilities are especially difficult or prolonged.
4. All programs monitor duty hours and call schedules, and adjustments are made as necessary to address excessive service demands and/or resident/fellow fatigue.
5. Work that is extraneous to the resident/fellow educational programs is minimized.

B. Monitoring

All programs will establish a method for obtaining data on compliance with the requirements of the educational accrediting bodies. Each resident/fellow is responsible for providing accurate and timely data to the Program Director or his/her designee and will provide the ACGME or the AOA with this information, if requested.

C. Duty Hour Requirements

1. Duty hours are limited to a maximum 80 hours per week, averaged over a 4 week period. This includes all in-house and at-home call (actual time called into the hospital only) along with all moonlighting activity.
2. Residents/fellows should have eight hours off between schedule clinical work and education periods.
 - a. There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of

clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

3. Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
4. Residents/fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
5. Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.
6. 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.
 - a. Additional patient care responsibilities must not be assigned to a resident/fellow during this time.
7. In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - a. To continue to provide care to a single severely ill or unstable patient;
 - b. Humanistic attention to the needs of a patient or family, or;
 - c. To attend unique educational events.
8. These additional hours of care or education will be counted toward the 80-hour weekly limit.

D. Duty Hour Exception

1. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
 - a. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures*.
 - b. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.

E. Moonlighting

1. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program, and must not interfere with the resident's/fellow's fitness for work nor compromise patient safety.
2. Time spent by residents/fellows in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
3. PGY-1 residents are not permitted to moonlight.

F. In-house Night Float

1. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

G. Maximum In-House On-Call Frequency

1. Residents/fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

H. At-Home Call

1. Time spent on patient care activities by residents/fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
3. Residents/fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

I. Resident/Fellow Fatigue

1. If patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of the resident/fellow or of patient care during or following on-call periods. Stress and long hours can cause extreme fatigue and there may be times when a resident/fellow may require added consideration.
2. Programs must encourage residents/fellows to use alertness management strategies in context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
3. The Residents/Fellows should discuss the problem with the supervising attending or with their Program Director.
4. The Program Director will make appropriate arrangements to address the immediate problem of fatigue and ensure safe patient care.

References

July 1, 2017, CR: VI F. (Clinical Experience and Education)
IR: IV.J.1;IV.J.1a-d



Graduate Medical Education

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LECOM GME Program Closures and Reductions Policy

Purpose: To assure the GMEC assesses the impact of proposed reductions in the number of trainees and/or GME programs and to make appropriate recommendations to the institutional leadership

Pertains to: All LECOM GME residency and fellowship programs and trainees

Policy: The GMEC is responsible to assess the impact of proposed reductions in the number of trainees and/or GME programs and make appropriate recommendations to institutional leadership.

- No ACGME program may terminate occupied trainee positions, or close, without approval by the hospital’s education committee.
- In the event of a reduction in trainee complement or closure of a GME program, commitments to current trainees and to those who have accepted an offer to matriculate in the future will be upheld: it is expected that closure or reduction in program size will be accomplished by recruiting fewer trainees, rather than by eliminating occupied positions. If an urgent situation arises that interferes with the provision of patient care and/or medical education, advice should be sought from the DIO, DME, & LECOM President.
- If it is determined that either the institution or a clinical program essential for resident or fellowship training must be closed, institutional leadership will notify the institutional officials responsible for GME and the hospital’s education committee as soon as the decision is made.
- Trainees who will be impacted by an emergent program or hospital closure or reduction in size will be informed as soon as possible after the decision is reached, and the institution will undertake efforts to help any displaced trainees obtain suitable positions in other GME programs in order that they may complete their training. LECOM will reach out to affiliate programs in the LECOMT OPTI (GME consortium).
- Should the institution lose Joint Commission; HFAP, or other accreditation/certification, the institutional officials responsible for GME will notify the Institutional Review Committee (IRC) of the ACGME as soon as such loss is known, and provide a plan of response to the IRC within 30 day

References: IR –IV.N. IV.N.1-2



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Approval Date by GMEC	Effective Date	Revision Date
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Disaster Policy

The definition of a disaster for GME purposes will be determined by the ACGME as defined in their published policies and procedures. Following declaration of a disaster, the hospital/LECOM and institutional GME leadership will take appropriate steps to maintain, restructure or reconstitute elsewhere the educational experience of GME trainees. If the full GMEC cannot be convened, planning in this regard will involve the implementation of an Executive Leadership team that includes the President of LECOM, the Millcreek Community Hospital CEO, the Designated Institutional Official, and the Director of Medical Education to the extent allowed by specific circumstances. This leadership team will assist in decisions pertaining to the graduate medical education programs. If the disaster involves acute clinical needs, then immediate attention will be focused on care of patients and safety of patients and personnel. As soon as possible after declaration of a disaster, the sponsoring institution will assess its ability to continue to provide an adequate education experience for its residents. This may require temporary or permanent restructuring of training, and/or reduction or discontinuation of some or all training programs. The DIO and GMEC leadership will communicate institutional decisions as quickly as possible to the GMEC, program directors and trainees, and will serve as the primary institutional contact with the ACGME regarding the issues addressed in this policy.

Any necessary restructuring of GME will seek to maintain full compliance with accreditation requirements and minimize any loss of training time, in order to maximize the likelihood that trainees will complete certification requirements within the originally anticipated time frame.

If it is determined that adequate education cannot be provided in one or more programs on a temporary basis, institutional leadership will seek to arrange for temporary transfer of the residents to other accredited programs. To the extent possible the institution will provide:

- Assistance in identifying programs willing to accept trainees;

- Transfer of information and documentation to support the transfer and the credentialing process;
- Continuation of salary for the period of temporary transfer;
- An estimate of the necessary duration of relocation.

If it is determined that prolonged or permanent reduction or closure of training programs is necessary, the institution will seek to arrange for permanent transfer of residents to other accredited programs.

To the extent possible the institution will provide:

- Assistance in identifying programs willing to accept trainees;
- Transfer of information and documentation to support the transfer and the credentialing process;
- Continuation of salary to support a period of transition and/or to facilitate transfer to another program that may have educational resources but lacks funding for additional GME positions.

References: IR IV.M., IV. M.1



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Approval Date by GMEC	Effective Date	Revision Date
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Vendor Interaction

Purpose: To address interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs.

Policy

The Graduate Medical Education Committee has adopted the LECOM MCH hospital policy for gifts and conflicts of interest as they apply to vendors.

To protect employees, the hospital and others, employees are prohibited from the following activities:

1. Using their position or knowledge for gain that could conflict with LECOM or the hospital's interests.
2. Accepting any individual gifts, tips or favors from patients, patient's families, or vendors and others that may influence the decision making that could affect LECOM or the hospital.
3. Disclosing any information relating to LECOM or the hospital's business for personal profit, e.g., giving information to a vendor or business to give them an advantage over their competition.
4. Performing work or accepting employment with others that conflicts with their residency work schedule or compromises LECOM or hospital's interest. A conflict may exist if any outside activity hinders or distracts an employee from their job or causes them to use LECOM or the hospital resources for other than LECOM or hospital purposes

For questions related to outside vendor interactions, please contact the Human Resource Director, your program director or the Designated Institutional Official/GME Office.

Reference IR: IV.K.



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GMEC Policy Restrictive Covenants

Purpose: To define the Institutional policy on restrictive covenants

Pertains to all LECOM MCH residents and fellows/Resident Support/Conditions for Appointment

Policy

LECOM (Sponsoring Institution) endorses the policy of the Accreditation Council for Graduate Medical Education (ACGME) which prohibits the inclusion of any restrictive covenants or non-compete clauses for residents or fellows. It is the policy that no LECOM ACGME accredited program will ask for a commitment by a resident or fellow on a non-compete or restrictive covenant clause as a contingency of graduate medical education training.

Residents and fellows are advised that they cannot sign a non-compete or restrictive covenant clause in conjunction with any LECOM GME documents. Residents and fellows must immediately advise the LECOM DIO or the GMEC Chairman if they are asked to sign such a document.

Reference: IR: IV.L.



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Institutional Policy-Supervision

Purpose The purpose of the policy is to delineate guidelines for supervision.

Policy: Each Program shall develop a policy on guidelines for supervision. The program director will monitor resident supervision at all participating sites. The expectations for a faculty member acting in a supervisory role will follow the LECOM Code of Professional Conduct as well as any additional expectations outlined by the program's faculty job description and contract.

Supervision

- Supervision must be consistent with safe and effective patient care, and the applicable accreditation Program Requirements.
- The identity of the attending physician will be readily available to residents, faculty members and patients.
- Program Director and faculty will delegate progressive responsibility and the privilege of a supervisory role for each resident through the promotion process.
- Each training program must provide appropriate supervision and communication appropriate to the individual trainee's level of education, competence and experience. The program will use the following descriptive classifications for supervision: direct, indirect, oversight.
- Supervising physician assignments should be of sufficient duration to assess knowledge and skills of each resident.
- Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program are part of the program's written curriculum.
- Supervising physicians should delegate to the resident the appropriate level of authority and responsibility for patient care based on the needs of the patient and the skills of the resident
- Programs must set guidelines for circumstances or events in which residents must communicate with the appropriate supervising faculty.

Reference IV.I.1 Institutional Requirements



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FATIGUE MITIGATION POLICY

Purpose

To develop a process to ensure the welfare of any resident/fellow who may suffer from sleep deprivation.

Applies to: All residency/fellowship programs at LECOM-Millcreek Community Hospital

Policy

Since LECOM MCH is a teaching hospital that hosts interns, residents and fellows and is concerned about their well-being, a process has been established to ensure their safety if sleep deprivation occurs. Programs may outline more detailed information and requirements in their residency manual. This policy serves as the basis/foundation for fatigue mitigation.

No resident/fellow should feel that he or she is in a situation that endangers patient care or in which work-related fatigue endangers the resident's/fellow's well-being. LECOM MCH recognizes that stress and lengthy hours can cause extreme fatigue and there may be times when House staff may require added consideration. The following procedure may be followed if patient care responsibilities are very difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize safety of the resident/fellow or patient care during or following on-call periods. Residents and faculty are provided education regarding fatigue and fatigue mitigation. The Resident/fellow should discuss the problem with the supervising attending or with his/her Chief Resident/fellow.

Procedure

- A. The Program Director/Chief Resident/fellow should be notified either by the Resident/fellow or Attending Physician.
- B. In the event that the work-related fatigue or stress is due to patient volumes, patients may be reassigned to other teams
- C. If a resident/fellow is unable to complete a shift due to fatigue, each program should follow their policy and procedure that ensures coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities. The hospital provides sleeping accommodations in the event that a Resident/fellow believes that he/she is not safe to drive home at the end of an assigned shift.
- D. A resident/fellow may call a ride-sharing company, such as Uber, for a ride to their home and then for a ride back to the hospital for their next shift or to pick up their personal vehicle. The receipt for this trip(s) may be submitted to the GME office for reimbursement.

References

CR: VI. c. (Alertness Management/Fatigue Mitigation)



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Approval Date by GMEC	Effective Date	Revision Date
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PROGRAM EVALUATION COMMITTEE POLICY

Purpose

To establish guidelines for the creation and utilization of a Program Evaluation Committee (PEC) that will assist the Program Director in a quality and advisory capacity in the evaluation of the LECOM ACGME accredited residency/fellowship programs.

Applies To

All LECOM Graduate Medical Education training programs.

Policy

- A. All residency and fellowship programs will implement Program Evaluation Committees effective the first year of their program approval in accordance with ACGME requirements.
- B. Program Evaluation Committees will meet with a frequency that may exceed that required by the ACGME but not less than annually.
- C. Outcomes of the Program Evaluation Committee will be reported to ACGME at least annually or more frequently, as determined by ACGME, and will start reporting as determined by ACGME. E.g. Programs Annual Update to ACGME
- D. The Program Evaluation Committee must document a formal, systematic evaluation of the curriculum at least annually and is responsible for rendering a written Annual Program Evaluation (APE).

Procedure

- A. Each program will have a PEC with a structure that meets ACGME requirements:
 1. PEC are appointed by the program director and must include two faculty and at least one resident; program director may participate on the PEC
 2. Requirements for membership:
 - a. Must participate in planning, developing, implementing, and evaluating education activities of the program
 - b. Must participate in reviewing and making recommendations for revision of competency-based curriculum goals and objectives
 - c. Must participate in addressing areas of non-compliance with ACGME standards
 - d. Must participate in reviewing the program annually using evaluations of faculty, residents and others



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B. Function of the PEC

- 1.** Document formal, systematic evaluation of the curriculum at least annually
- 2.** Provide a written and Annual Program Evaluation (APE)
- 3.** Monitor and track each of the following areas:
 - a. Overall performance of housestaff (e.g., in-service exam results, procedure logs, summary evaluations of housestaff)
 - b. Faculty development (e.g., CME activities, activities directed toward improving teaching abilities and professionalism)
 - c. Graduate performance (e.g., certification examination results, survey of graduates)
 - d. Confidential, written housestaff evaluation of the Program (e.g., ACGME Resident Survey, house staff survey, house staff evaluation of rotations)
 - e. Confidential, written faculty evaluation of the Program (e.g., Faculty Survey)
 - f. The previous year's improvement action plan to evaluate whether the identified improvements were achieved.
- 4.** Based on the review and evaluation, the PEC shall prepare a written improvement plan of action for the Program including how each area of improvement will be measured and monitored
- 5.** The PEC must maintain written meeting minutes. These minutes must include the written improvement plan of action for the upcoming year. The minutes must be maintained by the program coordinator. The summary findings must be presented to the GMEC and a written report submitted to the GMEC. The improvement plan of action must be presented to and approved by the Program's faculty as well as the GMEC

References

CR: V.C. (Program Evaluations and Improvements)



Graduate Medical Education

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QUALITY IMPROVEMENT/PATIENT SAFETY EDUCATION PROCESS

Purpose

To ensure that residents participate in Quality Improvement/Patient Safety activities as part of their educational program.

Applies to

All residency/fellowship training programs at LECOM-MCH

Policy

Each residency program must ensure all residents are involved in Quality Improvement/Patient Safety (QI/PS) activities.

Definition

In accordance with ACGME Common Program Requirements, residents must “systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.” As such, “the program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.”

Quality Improvement/Patient Safety activities may include such things as the following:

- Quality Improvement/Patient Safety Lectures
- Participation in institutional Quality Improvement/Patient Safety and related committees
- Institute for Healthcare Improvement (IHI) Patient Safety Course or AMA GCEP modules
- Grand Rounds
- Patient Satisfaction Surveys
- Core Measures
- Utilization Management
- Scholarly activity resulting in implementation of initiatives to improve patient quality and safety of care

Procedure

1. Each residency program must ensure each resident participates in Quality Improvement/ Patient Safety activities. The level of participation will vary depending on the QI/PS activities currently underway within the program and institution.
2. At a minimum, every program must incorporate Quality Improvement/Patient Safety Conferences into its curriculum
3. Each residency program must ensure each resident participates in the related AMA Competency Education modules related to Patient Safety and QI.

References

CR: IV.A.5.c).(4) (Educational Program)



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Vacation Policy

Approval Date by GMEC	Effective Date	Revision Date
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Pertains to: All LECOM MCH GME residents and fellows

Purpose: To assure residents and fellows understand the process to request vacation and CME benefits

Policy

Residents receive fifteen (15) paid vacation days and five (5) paid CME days.

Vacation requests must be received and approved no later than four (4) weeks prior to the start date of the time off requested. Residents will not be eligible to submit a request unless they are up to date with their logs, resident evaluations, research and other resident responsibilities. Requests will be denied for any outstanding items; requests can be resubmitted once deficient items are completed at least 4 weeks prior to time off. Resident time off requests will not be denied if there are outstanding attending evaluations.

A resident may not take more than five (5) week days of vacation during a single rotation. Vacation will not be granted during Block 1 and Block 13.

Year 1 residents will pre-schedule vacation for either the week of Christmas or the week of New Year. This scheduling will be completed at the new house staff orientation.

Resident should refer to their residency specific manual for residency program specific vacation requirements or procedures. Procedure guidelines are included on the request form “*Resident/Fellow Time off Request*” located on New Innovations™.



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

NRMP Requirements for Interview Process with Applicants

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	

Pertains to: All LECOM MCH GME programs and the program's interviewees participating in the NRMP match

Purpose: To assure each program participating in the NRMP match provides complete, timely, and accurate information to interviewees.

Policy

A. Prior to the Rank Order List Certification Deadline, programs must provide the following to each interviewee:

1. A copy of the program's PGY-1 contract that would contain the most updated information and is exact to what the applicant would be expected to sign if they were matched to the program.
2. The institution's policies on Visa status and eligibility for appointment to each applicant that is interviewed.
3. Acknowledgement Form, asking the applicant to sign in order to confirm that these items were provided to them.

B. All programs coordinators will remind applicants that they must register with the NRMP in order to be ranked in the Match. Program Coordinators will give each interviewee the program ID of the respective program for the rank order list.



Graduate Medical Education Acknowledgement Form

For interviewees of the NRMP Residency Match Programs (Specialty and Subspecialty):

I have been provided a copy of the PGY1 contract for the 2019-2020 Academic Year. I have also received information regarding this institution's policies concerning visa status and eligibility for appointment.

Applicant Name: _____

Applicant Signature: _____

Program Specialty: _____

Date: _____



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LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	June 2018

Purpose: To document the Sponsoring Institution’s commitment to GME

Policy: The DIO and GMEC will review annually at the AIR; per I.A.6 the statement will be resigned at least every five years by the DIO, representative of the institution’s senior administration, and a representative of the Governing Body.

Statement of Commitment to Graduate Medical Education

Educating the Next Generation of Physicians

The mission of the Lake Erie College of Osteopathic Medicine is to prepare students to become osteopathic physicians, pharmacy practitioners, and dentists through programs of excellence in education, research, clinical care, and community service to enhance the quality of life through improved health for all humanity. The professional programs are dedicated to serve all students through innovative curriculum and the development of postdoctoral education and interprofessional experiences.

The Lake Erie College of Osteopathic Medicine is committed to Graduate Medical Education (GME) and has committed the financial and human resources towards residency development for its graduates. LECOM seeks to educate the next generation of physicians and will ensure the financial support of the infrastructure to do so. We will provide educational and human resources in order to achieve compliance with the single accreditation system and the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common and Individual Program Requirements. We are committed to having an organized administration system, including a Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO), which complies with the ACGME Institutional Requirements. We further commit ourselves to ongoing monitoring of the quality of the GME programs, the performance of their residents, and the use of outcome assessment results for program improvement.

LECOM provides an environment of organized GME programs in which residents develop personal, ethical, clinical and professional competence under careful guidance and supervision. The GME program is designed to enable residents and fellows to develop the knowledge, skills and values that can serve as the basis for competent and compassionate clinical practice, scholarly research and public service. The

GME programs are organized around a framework of competency based education and assessment, using the ACGME milestones and core competencies. The institution promotes an environment of self-care and wellness-understanding the need to care for oneself is essential to being a quality caregiver. Program directors and faculty will monitor the progress of resident physicians providing graduated responsibility consistent with each trainee's demonstrated clinical experience and performance based upon program specific milestones. Programs will assure the safe and appropriate care of patients.

Faculty will commit to ongoing professional development in their own medical specialties, as well as in their teaching and evaluation skills. LECOM provides a structured faculty development curriculum and the Masters of Science in Medical Education through the Associate Dean of Faculty Development. Residents and fellows are encouraged to develop a process for self-evaluation and critical reflection to sustain a lifetime of responsible and committed practice of medicine. The educational program prepares residents to continue their own education and to teach their patients, colleagues and medical trainees throughout their careers. We are committed to ensuring that our graduates understand the scientific foundation of medicine, apply that knowledge to clinical practice, and extend that knowledge through scholarly activities. In addition, we provide the experience necessary for residents to become life-long learners who consistently evaluate, monitor, and improve their own practice patterns and enhance the quality of care and improve patient safety in the institutions in which they serve. LECOM encourages its trainees, faculty, and graduates to participate in providing care to the underserved and rural communities and to improve access to care, while decreasing disparities in health care delivery.

Deborah Lee-Sanko, MHSA
Designated Institutional Official, LECOM

John M. Ferretti, DO
President, LECOM

Revised. 2018 (inclusion of BOT signature and Admin)



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LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
June 2017	July 1, 2017	

Special Review Protocol-GMEC

Purpose: To define the role; composition; and criteria for the special review of underperforming residency or fellowship programs. The Special Review Protocol Committee (SRPC) an ad hoc Subcommittee of the GMEC.

Policy

1. The GMEC determines if the residency program(s) meet the criteria for an underperforming residency program (s). Refer to *LECOM GMEC Criteria for calling a Special Review* (attached)
2. The Designated Institutional Official (DIO) or his/her designee must schedule a Special Review conducted by the SRPC within 20 minutes days.
3. The SRPC is comprised of the DIO, The DME and one additional member of the GMEC, one faculty member, and one resident. No member of the SRPC will be from the residency program under review.
4. The SRPC must identify and address the particular concerns under review; concerns may be specific or broad.
5. The SRPC may address the concerns by (1) reviewing residency program data and materials such as, but not limited to, previous annual program evaluations, survey results, accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective residency review committees, the ACGME Common, specialty and sub-specialty specific program and institutional requirements in effect at the time of the review, and previous internal review residency program reports; (2) interviewing program directors, faculty and residents, and (3) other appropriate means as deemed necessary.