



Resident Eligibility, Selection, and Appointment

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IV.D.1		

Purpose: To establish guidelines for the eligibility, recruitment, selection, and appointment of residents/fellows in the LECOM sponsored GME residency and fellowship programs

Applies to: All applicants, residents, fellows seeking acceptance to a LECOM sponsored Graduate Medical Education training program; all residents and fellows selected and appointed to LECOM sponsored graduate medical education training programs.

Policy: Graduate medical education programs will use recommended guidelines for the recruitment, selection and appointment of residents and fellows.

Applicant Eligibility

LECOM has adopted the eligibility and selection criteria for Residents established by the Accreditation Council for Graduate Medical Education (ACGME), as well as the rules of the National Resident Matching Program and the federal guidelines set by the Affirmative Action Policies.

Only the following individuals will be considered as applicants in residency and fellowship programs in a LECOM sponsored residency program:

- Graduates of Liaison Committee on Medical Education (LCME)-approved U.S. and Canadian Medical Schools. LCME accredited schools are listed on the LCME website: <http://www.lcme.org/directory/>
- Graduates of American Osteopathic Association (AOA) accredited Osteopathic Medical Schools. AOA accredited schools are listed on the AOA website: <https://www.aacom.org/become-a-doctor/u-s-colleges-of-osteopathic-medicine>
- International Medical Graduates who have valid Educational Commission for Foreign Medical Graduates (ECFMG) certificates or who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
 - The resident or fellow will be responsible for meeting individual program requirements if they are more stringent from the overall GME requirements. Visa Status for International Medical Graduates must fall within the following categories:

- Eligible to seek J-1 visa
- Permanent Resident or Alien status (i.e., "Green card")
- LECOM sponsored GME residency and fellowship programs do not sponsor Residents "H1-B" visas.

Application Process and Interviews

- All LECOM sponsored programs candidate applications will be processed through the Electronic Resident Application Service (ERAS) except in those programs in specialty matches or fellowship programs which handle their own application process.
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by COMLEX and USMLE scores, medical school performance, and letters of recommendation. National Resident Matching Program (NRMP) NRMP and Rank Order Process for First Year (PGY-1) Positions
- LECOM sponsored GME Programs participate in the NRMP MATCH for all PGY-1 positions and will only consider applicants participating in the MATCH.
- All interviewed applicants will be considered for ranking in the MATCH in order of preference based on the following criteria: COMLEX and USMLE scores, medical school performance, letters of recommendation, residents'/fellows' and faculty perceptions during interviews, determination of communication skills, motivation, and integrity via interviews.
- Characteristics such as gender, age, religion, color, national origin, disability or veteran status, or any other applicable legally protected status, will not be used in the selection procedure.
- Recommendations of all interviewing faculty and residents will be considered in determining the rank order of interviewed applicants. All candidates must meet the pre-employment criminal background checks and obtain the required Pennsylvania clearances to be eligible for a residency contract. All residents must meet the pre-employment health and physical requirements including a drug screen.
- Applicants to a fellowship program must have completed the required prerequisite training for each of these specialties by the time they would begin in these subspecialty training to be considered for these programs. The Sports Medicine Fellowship does not utilize matching programs, however only applicants who meet all eligibility criteria will be considered.

Program Specific Eligibility Criteria

- Individual program policies may specify additional, specialty-specific eligibility and selection criteria.

Appointments

- Appointments will be issued to all matched applicants who meet eligibility requirements.
- Following release of the MATCH results, attempts will be made to fill any vacant positions within the SOAP system. If an applicant is unable to fulfill a Match commitment, the Program will not recruit another candidate until the NRMP has granted a waiver.

- The Program Director may not appoint more residents than approved by their Review Committee.
- Initial Agreements of Appointment for all positions will be issued through the Graduate Medical Education Office of Millcreek Community Hospital following a review of eligibility by the Sponsoring Institution. The residency agreements/residency contract will be signed by the resident, the LECOM Designated Institutional Official, and the CEO/President of Millcreek Community Hospital. The residents are considered employees of Millcreek Community Hospital. All agreements are for one (1) year in duration.

Appointments of Residents Transferring from Another Program

- In accordance with ACGME Common Program Requirement, “Before accepting a Resident who is transferring from another Program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring Resident.”
- The DIO/GME Office must receive copies of this documentation before a transferring resident can begin training at his/her institution, and before a contract can be extended.

Qualifications for Appointment

To be accepted for an appointment, the Resident/Fellow must:

- 1) Meet all institutional, departmental, and specialty eligibility requirements for their respective training programs. E.g. Out of state training license for out-rotations.
- 2) Meet minimum and essential technical standards and functions, like those established by LECOM for admission to medical school: motor skills; sensory and observational skills; communication skills; conceptual, integrative, and quantitative skills; and behavioral/social skills and professionalism.
- 3) Successfully pass USMLE Steps 1 and 2 (CK and CS) and/or COMLEX-USA Parts 1 and 2, and PE as required by each program and submit a copy of the results to his/her Program Director and the Millcreek Community Hospital GME coordinator before beginning training.
- 4) Meet all federal regulations for work authorization including providing adequate documentation for completion of the I-9.
- 5) Residents must have a valid social security number prior to beginning training.
- 6) Residents on employment visas are responsible for meeting all guidelines for lawful entry and continued stay in the United States. Failure to maintain the legal right to work in the United States will result in immediate termination of employment.
- 5) Meet all requirements for employment as defined by the Millcreek Community Hospital Human Resource Department.
- 6) Complete all HR and GME onboarding by the deadlines defined by Human Resources and the Millcreek GME office. Onboarding documents are uploaded to New Innovations™.



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

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IV.D.1		

Purpose: To establish guidelines for the promotion of residents/fellows in the LECOM sponsored GME residency and fellowship programs

Applies to: All residents in LECOM sponsored Graduate Medical Education training programs (ACGME and CPME)

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

Procedure:

- A. The final responsibility for the decision to promote the resident/fellow rests with the program director
- B. The program director with input from the Clinical Competency Committee will make the decision to promote the resident/fellow using performance criteria including but not limited to:
 1. Written evaluations of the residents
 2. Proficiency exam scores
 3. Input from faculty
- C. The program director will consider guidelines set by:
 1. Specialty board guidelines
 2. Program specific ACGME or CPME Review Committee guidelines
 3. Sponsoring Institution and Participating Sites
 4. Accrediting organizations (ACGME, CPME)
- D. A program director must follow the Disciplinary Action Policy when the resident's/fellow's contract will not be renewed, when the resident/fellow will not be promoted to the next level of training, or when the resident will be dismissed.



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

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	7/18/2022

Purpose: To assure trainees in LECOM sponsored graduate medical education training programs have a defined policy regarding disciplinary action, promotion, termination, and due process.

Policy:

1. Each trainee accepted into one of LECOM graduate medical education training programs is recognized as a qualified candidate and is expected to satisfactorily complete the training program.
2. Residents and fellows are expected to perform satisfactorily on all components.
3. 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 Graduate Medical Education Committee (GMEC) evaluation policy, to consider recommendations of the Clinical Competency Committee, to remediate trainees when necessary, and to recommend trainees for promotion and graduation per each program's promotion/renewal criteria.
4. 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.
5. 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, CPME). Trainees with satisfactory performance may continue training and are promoted to the next academic year or graduated.
6. Program directors present their resident promotion list to the Graduate Medical Education



LECOM
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Committee

7. Trainees may be identified as unsatisfactory by the program director and 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 his or her 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 are expected to discuss all underperforming residents at the GMEC meetings.
- When a program director determines that a trainee is underperforming or is not meeting standards of professionalism, the program director may place the resident on probation, suspension, or dismissal 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 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. The trainee's program may need to be extended to allow the trainee to meet his or her 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 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 that the trainee must complete, and the consequences of non-compliance with the remediation.

- Trainees placed on probation or suspension are expected to meet with their Program Director for formal counseling sessions, at least at the end of the probation or suspension period, to discuss the trainee's progress in their remediation plan. Program Director will communicate with the trainee status: 1) continued probation, 2) removed from probation, 3) placed on suspension, or 4) dismissed from the program. Trainees who are continued on probation or suspension will, again, be required to meet periodically with his or her program director to discuss their progress.
- 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 (for example, 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 placed on probation, suspension, or dismissal or who have been recommended for contract non-renewal, are entitled to the procedural safeguards outlined below:

- a. When a trainee is placed on probation, suspended, terminated, or have been recommended by their program director for contract non-renewal, the Graduate Medical



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Education Committee or their designee shall notify the trainee of the disciplinary action.

Such written notice shall contain a specific statement of the grounds for probation, suspension, dismissal, or non-renewal of contract, and shall refer to the trainee's right of appeal as herein set forth.

- 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, non-renewal, 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.** Upon formal receipt of the trainee's request for a hearing, the GMEC, through its chairperson or designee, shall notify the trainee of the date, time, and place of the hearing.
- d.** At the hearing, neither the GME Committee nor the trainee shall be aided or represented by an attorney. Additionally, the chair of the GME Committee or his or her designee may exclude anyone he or she 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 or her 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 in writing 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.



Graduate Medical Education Policy Grievance and Conflict Resolution

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	
Reference: IR.IV.E		

Purpose: To assure trainees in LECOM sponsored graduate medical education training programs have a forum to grieve a claim they dispute.

Applies to: All LECOM trainees in LECOM sponsored graduate medical education training programs.

Policy:

LECOM sponsored medical education training programs shall provide a mechanism for residents to bring forth concerns or complaints related to their residency or fellowship contracts, rules, regulations, written policies, and clinical learning and work environment.

Definition:

The grievance policy may be invoked for serious claims other than for dismissal from a program; non-renewal, non-promotion to the next PGY level; suspension, probation; and termination.

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 DIO, program director, Human Resource Director, or the Hospital Corporate compliance officer. The resident /fellow shall refer to Sexual Harassment Policy addressing such concerns.

This policy also does not apply to complaints by a resident 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 Millcreek Community Hospital Human Resource Director or Corporate Compliance Officer at 814-864-4031, and should follow hospital policies addressing such concerns in the employee handbook.



Procedure

All GME program will promote fair, reasonable, efficient and equitable resolution of concerns that may arise in the course of residency/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 forth 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 policy and procedure. Human Resource Personnel is available for resident/fellow consultation and support through this process.

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/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 7 business days (Monday-Friday) of the receipt of the concern; and thereafter the program director will issue a decision to the resident/fellow within ten business days (allowing the program director sufficient time to fully review and consider the matter).
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 Designated Institutional Official within five 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 7 business days of receipt of the concern, and within 10 business days after fully reviewing and considering the matter will 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.
4. Residents also have the option of utilizing the Hospital 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 institution corporate compliance officer. If the concern is a compliance concern, the matter is handled via the corporate compliance officer for further review and resolution. In this event, the Compliance Officer will communicate with the resident, fellow and program director.



LECOM
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

5. Residents are encouraged to attend and participate in the Residency Forum Meetings. Peer-selected resident leaders organize quarterly meetings for residents to have a confidential meeting with their peers to discuss areas of concern, share ideas, and to problem-solve at a resident level. The Peer-selected residents from each program are all voting member of the GMEC and provide a resident voice and vote to this graduate medical education committee.
6. 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.



**Graduate Medical Education Policy
Leave Types and Usage, Including Leave of Absence**

Approval Date by GMEC	Effective Date	Revision Date
July 1, 2016/Sept 14 2022	July 1, 2016	September 14, 2022

Purpose

To provide to written policies regarding types of leave and leaves of absence (with or without pay) to include vacation, sick, parental, bereavement, military, jury, court appearance, domestic violence; these policies must comply with applicable laws. This policy must ensure that each program provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

Applies to

All LECOM sponsored graduate medical education programs and their residents and fellows

Policy:

Residents/fellows shall be entitled to leave with pay for the purpose of vacation and sick leave, depending upon the length of appointment, during the training period July 1 through June 30, as described in this section.

Leave will be granted and charged in one-day increments for each workday of leave requested and approved.

Each program will specify the effect of leave on promotion, eligibility to participate in examinations by the relevant certifying board and length of training. If the leave taken



exceeds that which is allowed by a program, the resident may be required to extend his/her training to fulfill board requirements.

Requests for leave must be submitted to and approved by the program director (PD) prior to the date the leave is taken. All leave requests, whether paid or not, fall within the appropriate accrediting organizations guidelines. Overuse of leave during any given year may impact a resident's/fellow's on-cycle graduation.

TYPES OF LEAVE

Vacation Leave:

All residents/fellows shall be granted 15 days of vacation leave per contract year of full-time employment. Residents must follow the procedures of their program in requesting and approval of vacation leave. Residents must complete the required vacation request forms and have the required approval signatures before vacation days can be taken.

Sick Leave:

All residents/fellows shall be granted 3 days of sick leave per contract year of full-time employment. Residents must follow the GME policy for reporting illness an sick leave. Residents must call the GME office /residency coordinator as well as the program director and attending physician who he/she is on rotation with.

Residents/fellows shall be entitled to utilize sick leave for: time off from work because of exposure to a contagious disease that may endanger others; personal visits to doctors, optometrists, therapists, or dentists; and for personal illness, which includes absence caused by or contributed to by pregnancy. Additionally, sick leave may be



used in reasonable amounts for illness, injury, or death within the resident's/fellow's immediate family, as per the Family and Medical Leave Act (FMLA) guidelines. In instances of a serious medical condition of a resident/fellow or a member of the resident's/fellow's family, the resident/fellow may be eligible for an extended medical leave of absence under the (FMLA). Please see the FMLA section for more information.

Parental/Caregiver/Medical Leave:

Residents/fellows, in ACGME accredited programs, may take up to 6 weeks of leave for personal or familial needs, including the birth and care of a newborn, adopted, or foster child ("parental leave"); care of an immediate family member (child, spouse or parent) with a serious health condition ("caregiver leave"); or the trainee's own serious health condition ("medical leave"). Once during each resident's/fellow's training period, 4 weeks of paid leave will be provided for this purpose, which can be used in conjunction with 2 weeks of vacation leave for a total of 6 weeks **without requiring extension of training (additional leave periods may be allowed but would likely require an extension of training to meet requirements)**. If the leave period exceeds this 6 weeks, the resident may extend paid leave using any available vacation leave; the remainder of leave will be unpaid.

A parental leave period may begin two weeks before the expected date of the child's arrival and must occur within 12-months of the child's birth/adoption.

Residents/fellows who plan to utilize parental/caregiver/medical leave are expected to notify their PD as soon as possible of their intent to use this leave to facilitate appropriate scheduling. Complicated pregnancy or delivery will be handled in accordance with the FMLA and disability policies. The total time allowed away from a program in any given year, or for the duration of the program, will be determined by the requirements of the specialty board involved. Any absences must be made up in accordance with specialty board policy.



L|E|C|O|M
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Bereavement Leave:

Residents/fellows must submit requests for bereavement leave to their PD.

Residents/fellows will be paid up to 5 days bereavement pay for the death of a spouse or child. MCH will pay up to 3 days bereavement pay for the death of immediate family members. Time off for bereavement leave will be considered as an authorized absence. In all cases the employee must give verification of the death to Human Resources in the form of a newspaper clipping or a letter from a funeral director. Bereavement pay is calculated based on the base pay rate at the time of absence. Also, bereavement time is not counted as hours worked for the purposes of determining overtime.

Residents/fellows may, with their program director's approval, use any available vacation or personal days for additional time off as necessary.

Military Leave:

An employee who is inducted into or enlisted in the Armed Forces of the United States will be granted a Military Leave of Absence without pay. An employee who performs active or inactive duty with the Armed Forces while a member of a Reserve component will be granted a Military Leave of Absence including regular salary less military pay.

A reservist employee who is granted a leave of absence to perform active duty for training will receive his/her regular salary less the amount of his/her military pay for the period of active duty, not exceeding two (2) weeks provided he/she has completed one (1) year of service with the hospital. An employee may also opt to receive their regular pay from the hospital and return military check to the hospital upon return from leave. Such military leave not exceeding two (2) weeks will be granted in addition to the employee's regular vacation. A reservist employee whose period of active service may exceed two (2) weeks (10 working days), in the time of local or national emergency will receive his/her regular salary less the amount of military pay



for the first two (2) weeks only regardless of length of military leave approved.

Employee is eligible to receive pay only once a year.

At least two (2) weeks before employee is to leave for training duty, a copy of the employee's orders must be brought to the Human Resource department and fill out a "Military Leave & Pay Request" Form #347. The orders must be signed by the commanding officer, or other responsible officer, and should show the periods the employee is required to take training duty. Any absences must be made up in accordance with the applicable specialty board policy.

Jury Duty Leave:

The hospital will provide payment of employee's payroll check for regularly scheduled hours for a maximum of ten (10) days while employee serves on a jury according to the following provisions:

A. Upon receiving notice of jury duty (usually one (1) month in advance), employee will furnish the Human Resources Office with copy of summons and will sign an agreement to turn over Jury Duty payment via a personal Check or money order, when received, to the Hospital. (Jury payments are made via a prepaid debit card once jury service is completed). Any payment for jury service for days not part of the employee's regular work week shall be reimbursed to employee. Payment for travel allowance, included in the check, will also be reimbursed to the employee.

B. Efforts for postponement will only be made for employees who are considered essential to the Hospital's operations.

If in the department head's judgment, a postponement is warranted, the employee should be referred to the Human Resources Department with the notice of subpoena, and the Human Resources Department will prepare the



necessary correspondence for the employee to submit. A final approval by Administration is required.

Court Appearance Leave:

If employees have been subpoenaed or otherwise requested to testify as witnesses by MCH, they will receive paid time off for the entire period of witness duty.

Employees will be granted unpaid time off to appear in court as a witness when requested by a party other than MCH. Employees are free to use any available vacation or personal time to receive compensation for the period of this absence.

The subpoena should be shown to the employee's supervisor immediately after it is received so that staffing changes can be made, where necessary, to accommodate the employee's absence. The employee is expected to report for work whenever the court schedule permits.

Temporary Disability Leave (unpaid)

- a. Illness, surgery, maternity, or off the job accident.
- b. Maximum of three months.
- c. Physician's statement of nature and expected duration of disability is required.
- d. Physician's statement that the resident is able to return to work is required prior to the resident's return.

Personal Leave (unpaid)

- a. Personal reason or personal hardship.
- b. Maximum of one month.
- c. Resident must submit a letter of need.
- d. Must exhaust vacation and personal time first.



L|E|C|O|M
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

- e. May reduce the period of eligibility for Family Leave where the request criteria are the same.

Job Injury Leave (paid)

- a. Unable to work because of job-related injury.
- b. Extended as long as necessary

Administrative Leave:

Residents shall be placed on administrative leave if it is deemed necessary for the safety and wellbeing of the resident, patient(s), or others.

FMLA ENTITLEMENT

The Family and Medical Leave Act (“FMLA”) provides eligible employees with up to 12 work-weeks of unpaid, job- protected leave per year and requires group health benefits to be maintained during the leave as if the employees continued to work rather than taking leave. Residents/fellows may choose to use accrued paid vacation and/or sick leave instead of unpaid leave for any portion of the 12 work-weeks. The Hospital will grant an eligible employee up to a total of 12 work-weeks of unpaid leave during the FMLA Benefit Year for one or more of the following reasons:

- for incapacity due to pregnancy, prenatal medical care, or childbirth;
- placement of a child with the employee for adoption or foster care, and to care for the employee’s newly adopted child or child newly placed in the foster care of the employee;
- to care for the employee’s family member with a serious health condition; the employee’s serious health condition.



L|E|C|O|M
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Eligibility:

All residents/fellows are eligible for up to 12 work-weeks of FMLA leave once they have worked at the Hospital at least 12 months (need not be consecutive) or at least 1,250 hours during the 12 months prior to the start of the FMLA leave.

FMLA Benefit Year

Millcreek Community Hospital uses as its FMLA Benefit Year a rolling calendar year based on when the leave is taken.

Serious Health Condition

Serious health condition means an illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care in a hospital, hospice, or residential medical care facility; or
- a period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider; or
- any period of incapacity due to pregnancy, or for prenatal care; or
- any period of incapacity (or treatment therefore) due to a chronic serious health condition; or
- a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective; or,
- any absences to receive multiple treatments (including any period of recovery therefrom) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than three consecutive days if left.



Definition of Family Member for Purposes of FMLA Leave

The Federal definition of “immediate family member,” for purposes of FMLA leave requests, is an employee’s spouse, children (son or daughter), and parents. The Hospital’s definition for “immediate family member” includes an employee’s spouse, domestic partner, great-grandparent, grandparent, parent, brother, sister, child, grandchild, or great-grandchild, or the grandparent, parent, brother, sister, child, grandchild, or great-grandchild of the employee’s spouse or domestic partner, or the spouse or domestic partner of any of them. Immediate family member also includes individuals for whom the employee is the current legal guardian.

While use of vacation and/or sick leave and extended medical leaves of absence are available for employees to use for the care of family members who meet the University’s definition of immediate family member, those absences will not be designated as qualifying as FMLA leave unless the employee’s family member also meets the federal definition of immediate family member.

Requesting FMLA

A resident/fellow must provide his/her program at least 30 days advance notice before FMLA leave is to begin if the leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or of a family member. If 30 days’ notice is not practicable, notice must be given as soon as practicable.

The resident/fellow will confirm with the Millcreek community Hospital Human Resources Office whether he/she is eligible for leave under FMLA by completing the form found in appendix A. If he/she is eligible, the Millcreek Community Hospital



Human Resources Office will provide the resident/fellow notice of his/her rights and responsibilities and will specify any additional information that may be required to be submitted. If the resident/fellow is not eligible for FMLA leave, the notice from the Millcreek Community Hospital Human Resources Office will provide a reason for the ineligibility.

Completed FMLA paperwork must be turned into either the PD or the Millcreek Community Hospital Human Resources Office, including physician certification before the leave begins. FMLA paperwork can be obtained through the program coordinator or Millcreek Community Hospital Human Resources

Additional FMLA information is available on the Department of Labor's website <http://www.dol.gov/whd/regs/compliance/posters/fmla.htm>

Benefits:

Residents may remain in the medical and dental insurance programs during the unpaid leave by arranging to send a payment for the full amount of the premium to the personnel department by the tenth of each month during the leave. For a Family/Medical Leave, Millcreek Community Hospital will maintain the employee's health benefits under the same terms and conditions applicable prior to going on leave. However, residents not electing to return to work at the end of the leave period will be required to reimburse Millcreek Community Hospital the cost paid for maintaining the resident's insurance coverage while on leave, unless the resident cannot return to work because of circumstances beyond their control. Residents also retain life insurance benefits while on leave for up to three months.



Key contacts:

GME Office:

- Deborah Lee-Sanko, MHSA, DIO – 814-868-8361
- John Kalata, DO, Assistant DIO – 814-868-8369
- Kaitlin Hanes, Program Coordinator – 814-868-8217
- Laurie Mahoney, Program Coordinator – 814-868-2476
- Linda Palmer, Program Coordinator – 814-868-8294

Human Resources:

- Shane L. Thompson, Director of HR - 814-868-7747



Resident Impairment and Substance Abuse Policy

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	
References: IR.IV.1.2		

Purpose: To establish guidelines and requirements for residents and fellows in LECOM sponsored ACGME residency programs pertaining to controlled substance and alcohol abuse

Applies to: All applicants, residents, fellows seeking acceptance to a LECOM sponsored Graduate Medical Education training program, and all residents and fellows contracted to a LECOM sponsored graduate medical education training program.

Policy: Residents and fellows in LECOM sponsored graduate medical education training programs must be physically and mentally fit. The effects of controlled substances 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.

Residents and fellows are required to complete a pre-employment health screening physical and drug screen for contract and employment. The residents may also be required to submit to additional health and drug screen testing to meet participating site requirements to credential for their privilege to rotate.

Procedure

1. Residents, as employees of the Millcreek Community Hospital, shall follow all policies and procedures of Millcreek Community Hospital Human Resources Employee Handbook related to Impairment and substance abuse.
2. Resources for Physician Wellness are provided to residents on New Innovations portal and through Human Resources.
3. Residents and fellows, as employees of the Millcreek Community Hospital are eligible for all services offered by the hospital Employee Assistance Program (EAP).
4. Confidential assistance/referrals are outlined in the Employee Handbook found on the New Innovations portal.



LECOM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Harassment

Approval Date by GMEC	Effective Date	Revision Date
September 14, 2022	September 14, 2022	
References: IR IV.I.3		

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

Applies to: All residents and fellows in LECOM sponsored ACGME accredited training programs

Policy: LECOM sponsored ACGME accredited training programs shall abide by the Millcreek Community Hospital Sexual Harassment policy #203

MILLCREEK COMMUNITY HOSPITAL Erie, PA

Hospital Policy

CATEGORY: Human Resources

Hospital Policy No. 203

Effective Date: 9/2022

APPROVAL: _____
Mary L. Eckert, President/CEO

Supersedes: 1/2021

POLICY: SEXUAL HARASSMENT OTHER UNLAWFUL HARASSMENT

PURPOSE: It has always been the policy of LECOM Health Millcreek Community Hospital that all employees have the right to work in an environment free from any type of discrimination, including harassment. This policy statement is meant to ensure all of our employees that under no circumstances will LECOM Health Millcreek Community Hospital tolerate any form of harassment, which includes, but is not limited to: threatening, offensive or intimidating behavior or remarks; demands for sexual favors; or behavior which creates a hostile or intimidating atmosphere, because of someone's race, color, religion, gender, national origin, ancestry, ethnicity, citizenship, age, genetic characteristics, disability, or any other characteristics protected by applicable law.

Upon investigation, any employee who is found to have engaged in such conduct

of harassment of another person (including visitors or vendors) will result in disciplinary action, up to and including termination from LECOM Health Millcreek Community Hospital.

While all forms of harassment are prohibited, sexual harassment is sometimes less easily understood. For that reason, it is discussed specifically below.

NOTE, HOWEVER, THAT ALL FORMS OF HARASSMENT WILL BE DEALT WITH FOLLOWING THE SAME PROCEDURES THAT ARE SET FORTH FOR SEXUAL HARASSMENT.

POLICY:

Our policy on sexual harassment is as follows:

LECOM Health Millcreek Community Hospital prohibits the sexual harassment of and by its employees in any form, by any party. Such conduct shall result in disciplinary action, up to and including termination, being taken against any employee who is found to have harassed another party.

Sexual harassment is a form of unlawful discrimination under state and federal law. It may consist of actual or threatened sexual contact which is not mutually agreeable to both parties (or unwanted by at least one party), continued or repeated verbal abuse of a sexual nature, a threat or insinuation that a lack of submissiveness will adversely affect the victim's employment, academic standing or other vital circumstances.

Examples of sexual harassment include, but are not limited to: pressure, subtle or overt, for sexual favors, accompanied by implied or overt threats concerning one's job, inappropriate display of sexually suggestive objects or pictures, touching, pinching, patting, leering, or the brushing against another's body, use of sexually abusive language (including remarks about a person's clothing, body or bodily movement or sexual activities). In addition, any acts or words of a denigrating nature based on someone's sex constitute sexual harassment. Any member of the LECOM community may resist such harassment and/or complain about such harassment without fear of retaliation.

Specifically, no supervisor shall threaten or insinuate, whether explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employment, evaluation, wages, advancement, assigned duties, shifts, or any other term or condition of employment or career development of any employee.

Moreover, LECOM Health Millcreek Community Hospital will not tolerate any patient, guest or visitor engaging in any of the aforesaid types of harassment against any of its employees. Appropriate action will be taken against any such non-employee who sexually harasses an employee of LECOM Health Millcreek Community Hospital.

PROCEDURE:

LECOM Health Millcreek Community Hospital will not tolerate harassment by any member of its community. Any concerns or complaints regarding harassment, sexual or otherwise, should be brought to the attention of the persons designated

below. Complaints will promptly, fully, and objectively be investigated the complaints.

- Employees subject to acts of harassment should promptly inform their immediate supervisor. If the supervisor is unavailable or if the complainant believes it would be inappropriate to contact that person, the complainant should immediately contact the Director of Human Resources or the Corporate Compliance hotline ((814) 868-7617 or online at: <https://my.compliancehotline.com/report/MillcreekHospital> or via email (reports@compliancehotline.com)) promptly.
- Residents subject to acts of harassment should promptly inform their Program Director and the DIO. If the Program Director or the DIO is unavailable or if the complainant believes it would be inappropriate to contact the Program Director and DIO, the complainant should immediately contact the Director of Human Resources or the Corporate Compliance hotline ((814) 868-7617 or online at: <https://my.compliancehotline.com/report/MillcreekHospital> or via email (reports@compliancehotline.com)) promptly.
- All other individuals, including patients, students, visitors, or vendors, subject to acts of harassment should promptly inform the Millcreek Community Hospital Director of Human Resources or the Corporate Compliance hotline ((814) 868-7617 or online at: <https://my.compliancehotline.com/report/MillcreekHospital> or via email (reports@compliancehotline.com)).

Individuals subjected to such acts will be asked to sign a statement detailing the conduct which they feel constitutes harassment. All complaints will be thoroughly and impartially investigated, in strict confidence. Whenever a complaint is found to be meritorious, prompt action will be taken.

No individuals will be retaliated against on the basis of having asserted a complaint of harassment in good faith pursuant to this policy. Following an investigation, LECOM Health Millcreek Community Hospital will take the appropriate measures as soon as possible to redress the harms done. Anyone who is determined to have engaged in sexual or other unlawful harassment will be subject to disciplinary action, up to and including, termination of employment.

Reviewed: 1/2010, 2/2011, 2/2012, 10/2013, 12/2019, 11/20
Revised: 11/16, 1/21



GME Accommodations for Disabilities

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IR IV.1.4		

Purpose: To assure all LECOM sponsored residency and fellowship programs provide a fair and equal employment of people with disabilities. Reasonable accommodation is the key to this non-discrimination policy. While individuals with disabilities can work without accommodation, other qualified applicants and residents may face barriers to employment without the accommodation process.

Applies to: All applicants, residents, fellows seeking acceptance to a LECOM sponsored Graduate Medical Education training program. All residents and fellows contracted to a LECOM sponsored graduate medical education training program.

Policy: 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 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, fellows, and trainees seeking promotional opportunities.

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 or more major life activities.

Reasonable accommodation: A reasonable accommodation is a modification or adjustment to a job, an employment practice, or work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity. Examples of accommodation 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 accommodations apply to the three aspects of employment: performing the essential functions of a job, competing for a job, or to enjoy equal benefits and privileges of employment.

Procedure:

The Resident must notify the Hospital Human Resource Department and their program director of a need for an accommodation. It is the responsibility of the 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 provide during the application process as well as disclosed at the residency or fellowship interview. Residency programs have 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 personal physician will need to complete the ADA application and return it to the Human Resources Director at the hospital. Please refer to the employee handbook or contact the HR Director at 814-864-4031.
2. When a qualified individual with a disability has requested an accommodation, the resident requesting, the Program Director, DIO, and Human Resource Director will:
 - a. Discuss the purpose and essential functions of the job involved. Completion of a step-by-step analysis may be necessary.
 - b. Determine 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, the hospital and residency program is free to choose among equally effective accommodations and may choose 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.



Non-Discrimination Policy

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IR IV.1.5		

Purpose: To assure residents and fellows, applicants, staff, faculty employed with a LECOM sponsored ACGME residency program are provided an employment environment of non-discrimination and equal opportunity.

Policy: LECOM GME programs are committed to providing equal employment opportunity to qualified persons without regard to race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity, gender expression, pregnancy, marital status, military status, veteran status, or any other status or classification protected by federal, state or local law.

This commitment to equality extends to all personnel actions, including recruitment, advertising for employment, selection for employment, compensation, performance evaluation, and selection for training or education, treatment during employment, promotion, transfer, demotion, discipline, layoff, and termination.

Discrimination based on any protected classification will not be tolerated.

Complaints of discrimination, harassment and/or retaliation must be filed in accordance with the policies set forth in the Employee Handbook found on the New Innovations portal™

Individuals must promptly report discrimination, harassment, and retaliation so that prompt and appropriate action can be taken.

LECOM sponsored GME programs are committed to and encourages a diverse and inclusive community that respects and values individual differences. In support of this commitment, LECOM GME programs prohibit discrimination in its employment practices or educational programs/activities on the basis of race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity, gender expression, pregnancy, marital status, military status, veteran status, or any other status or classification protected by federal, state, or local law.

LECOM and its affiliates/participating sites comply with applicable federal and state laws addressing discrimination, harassment, and retaliation. Discrimination or harassment based on any protected classification will not be tolerated.

Complaints of discrimination must be filed in accordance with the policies set forth below by the hospital Human Resource Director as outlined in the Millcreek Community Hospital Employee handbook. Individuals must promptly report discrimination so that prompt and appropriate action can be taken. Any alleged violations of these policies or questions with respect to sexual misconduct or sexual harassment should be directed to the Human Resource Director, Corporate Compliance Hotline, your program director, or the DIO.



Institutional Supervision Policy

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IR. IV.J.1		

Purpose: To assure LECOM sponsored residency programs establish guidelines for the supervision of residents and fellows in the LECOM sponsored GME residency and fellowship programs

Applies to: All residency and fellowship programs sponsored by LECOM

Policy: Each residency and fellowship 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 professional and respectful behavior when communicating with residents, fellows, and staff. As well as any additional expectations outlined by the programs' faculty job descriptions and contract.

Supervision guidelines for residency and fellowship programs when developing Supervision policy for their specific program

- 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.
- Programs 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 resident 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
- Program Directors must set guidelines for circumstances or events in which residents must communicate with the appropriate supervising faculty or attending physician.

- Program Director will monitor the professional interactions of the supervising faculty with the residents to promote the highest level of professionalism, integrity, and respect.
- Program Director will monitor interactions to assure there is no fear or intimidation



LECOM
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Graduate Medical Education

Approval Date by GMEC	Effective Date	Revision Date
8/10/21	July 1, 2017	8/6/2021
Reference: CPR VI.F		

WORK HOUR POLICY

Purpose

The purpose of this policy is to ensure that all residency/fellowship programs sponsored by LECOM meet the ACGME Common and specialty-specific program requirements for resident/fellow work hours and will support the physical and emotional well-being of all residents/fellows while fostering an educational environment that promotes patient care. Work 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 residency programs and trainees in ACGME sponsored Graduate Medical Education (GME) residency/fellowship programs

Policy

All GME programs will use standard criteria to coordinate resident/fellow work hours and on-call schedules as mandated by the requirements of the educational accrediting organizations. All residents/fellows will use the work hour's component of the GME web-based software program New Innovations to monitor resident/fellow work hours. Program Directors must develop a process 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. Work 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. Work hours do not include reading and preparation time spent away from the duty site.

- B. In-house Call** is defined as work 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 work hour periods. AtHome 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 work hours in compliance with the requirements of the ACGME Institutional, Common, and specialty specific requirement. Requirements for resident/fellow's on-call or work 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 work hours and working environments consistent with the Institutional and Program Requirements.
2. Resident/Fellow work hours and on-call periods are in compliance with the Institutional and Program Requirements. The structuring of work 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 backup support when patient care responsibilities are especially difficult or prolonged.
4. All programs monitor work 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 with this information, if requested.

C. Work Hour Requirements

1. Work 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 scheduled 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. Work 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.
4. Residents and fellows must request the privilege to moonlight on the required written Moonlighting request form with the appropriate signatures of approval and documentation of liability coverage that covers the moonlighting activity.

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.



Moonlighting Policy

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IR. IV.K.1, IV.K.1 a-d		

Purpose: To assure LECOM sponsored residency programs establish guidelines for residency and fellowship moonlighting

Applies to: All residency and fellowship programs sponsored by LECOM

Policy

Residents and fellows with unrestricted licensure from the Commonwealth of Pennsylvania may only engage in moonlighting activities if it is not restricted by their specific ACGME or CPME program requirements. Residents and fellows must request written permission in advance from their program directors and the Graduate Medical Education Committee. The required Moonlighting request form is available on the GME portal and through the GME office.

No PGY 1 residents are permitted to moonlight.

The program director is responsible for monitoring the ongoing performance of those residents approved to moonlight. The program director and GMEC review and discuss the list of residents approved to moonlight at each GMEC meeting.

Procedure

1. Only residents/fellows with unrestricted licensure from the Commonwealth of Pennsylvania may engage in moonlighting activities by obtaining written permission, in advance, from the program director and GMEC.
2. Residents and fellows are not required to engage in moonlighting
3. No PGY 1 residents are permitted to moonlight
4. The performance of these residents/fellows will be monitored by the program director and 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 weekly submission of work hours in New Innovations system.

6. If a resident is engaged in paid medical employment outside their training programs without the written permission of their program director and GMEC, the resident will be subject to disciplinary action up to and including termination of employment.
7. Residents and 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, compromised resident performance in his required educational requirements will lead to withdrawal of permission. Residents and fellows may have their moonlighting privileges revoked at the discretion of their program directors or the GMEC. Residents must remain in good standing to continue the privilege to moonlight.
8. Residents and fellows who are in the U.S. on a J-1 or H-1 visa are not allowed to engage in moonlighting activities.
9. Residents must provide proof of liability insurance that covers their moonlighting activity when submitting their written moonlighting request form.
10. Program Directors have the right to prohibit moonlighting for all residents in their program. Program Directors will define this as prohibited in their specific program residency/fellowship manual.



Vendor Interaction

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IR. IV.L		

Purpose: To address interactions between vendor representatives and residency and fellowship program staff, administrators, faculty, residents and fellows in LECOM sponsored ACGME accredited programs.

Applies to: All residency and fellowship program staff, administrators, faculty, residents, and fellows in ACGME or CPME accredited programs sponsored by LECOM

Policy: The LECOM GMEC has adopted the Millcreek Community 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 business for personal profit e.g., giving information to a vendor or business to give them an advantage over their competitors.
4. Performing work or accepting employment with others that conflicts with their residency work schedules or compromises their program 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 Resources Director, your program director or the DIO/GME office.



GME Policy regarding Non-Competition and Restrictive Covenants

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2017	July 1, 2017	
References: IR IV.M		

Purpose: To define the institutional policy on restrictive covenants and non-competition guarantees

Applies to: All residents and fellows in an ACGME or CPME accredited training program sponsored by LECOM

Policy: LECOM as the sponsoring institution prohibits the inclusion of any restrictive covenants or non-compete clauses for residents and fellows. It is the policy that no LECOM ACGME or CPME 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 fellow 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 chair if they are asked to sign such a document.



SUBSTANTIAL DISRUPTIONS IN PATIENT CARE OR EDUCATION POLICY

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	July 1, 2020
References: IR IV.N., IV.N.1		

Purpose: In the event of a substantial disruption(s) in patient care or education, or a disaster or catastrophic event altering the ability of Millcreek Community hospital and the ACGME-accredited graduate medical education programs sponsored by LECOM to support its residents and fellows (individually a “resident” or collectively “residents”), the policies and procedures in this Substantial Disruptions in Patient Care or Education Policy apply.

REFERENCE Consistent with Section IV.N. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy consistent with the ACGME Policies and Procedures, section 25.00, that address support for each of its Programs and residents in the event of a disaster or other substantial disruption(s) in patient care or education. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage and resident/fellow assignments

Applies to: All residents and fellows in an ACGME accredited training program sponsored by LECOM

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 GME leadership team will take appropriate steps to maintain, restructure or reconstitute elsewhere the educational experience of the 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 Associate DIO, and as many Program Directors to the extent allowed by the circumstances. This leadership team will assist in the decision pertaining to the graduate medical education program. 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 GME leadership team of the SI 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, trainees, and will serve as the primary institutional contact with the ACGME regarding the issues addressed in this policy.

Any necessary restructuring of GME programs 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 all or part of the Hospital's business operations are suspended because of an Interrupting Event beyond the Hospital's control (such as an epidemic, war, natural disaster, hurricane, earthquake, electricity failure, strike, or governmental action), the Hospital may request the Resident to undertake alternative duties, work from another location, or suspend all or part of the Resident's employment. If the Resident employment is suspended, the parties agree that the Resident will take available and accrued leave for the period of suspension, but the Hospital will otherwise not be required to pay the Resident for any period where the Resident is not able to work due to the Interrupting Event

If it is determined that education cannot be provided in 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;
- An estimate of the necessary duration of relocation.
- To the extent possible continued benefits and pay during the transition period

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

To the extent possible, the institution will provide:

- Assistance in identifying programs willing to accept trainees
- Working in concert with the programs and ACGME to obtain temporary increases in program complements
- Transfer of information and documentation to support the transfer and credentialing process;
- To the extent possible continued benefits during the transition period
- Per CMS guidelines, hospitals are not required to transfer GME funding

The DIO or appointed GMEC individual shall be the point of contact to provide information to the ACGME regarding any substantial disruption, reductions, or closures of programs, participating sites, or the closure of the sponsoring institution. To the fullest extent, the DIO will communicate to the ACGME ongoing action plans.



GME Institution or Program Closures and Reduction Policy

Approval Date by GMEC	Effective Date	Revision Date
June 13, 2016	July 1, 2017	
References: IR. IV.O		

Purpose: To assure the GMEC assesses the impact of proposed reductions or closures of the ACGME accredited sponsoring institution, residency, or fellowship programs under the sponsorship of LECOM

Pertains to: All ACGME accredited sponsoring institution, ACGME accredited residency and fellowship programs, all faculty, staff, and residents and fellows in or associated with an ACGME accredited graduate medical education residency or fellowship program sponsored by LECOM (this includes all participating sites with Program Letters of Agreement)

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/board of directors.

- No LECOM sponsored ACGME program may terminate occupied trainee positions, or close without approval by the GMEC and Board.
- In the event of a reduction in trainee complement of closure of a GME program, the institution will to its full extent accomplish the reduction or closure by recruiting fewer trainees rather than eliminating occupied positions. If program directors find an urgent situation arises that interferes with the provision of patient care/and or fulfilling the residency or fellowship program requirements, advice should be sought from the DIO and GMEC.
- If it is determined that either the institution or a clinical program essential for residency or fellowship training must be closed, institutional leadership will notify the GMEC and DIO as soon as the decision is made.
- Trainees 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 ACGME accredited programs to complete their training. The hospital (CMS approved provider) is not required to forfeit any GME funding when a program experiences a reduction or closure.
- The DIO is responsible for communicating all reductions and closures and related planning to the ACGME
- Program and institution staff will reach out to LECOM affiliate programs, and other ACGME accredited programs to assist in the placement of residents

- Should the institution lose HFAP or Joint Commission accreditation/certification, the institutional officials responsible for GME will notify the institutional Review Committee of the ACGME as soon as such loss is known and provide a plan of response to the IRC within 30 days.