



GRADUATE MEDICAL EDUCATION POLICY MANUAL

Gary Siegelman, MD -Designated Institutional Official
Assar Rather, MD Graduate Medical Education Committee Chair
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Annual Review of Manual

The Graduate Medical Education Committee, Chair, DIO, and Program Directors, are required to review and approve the Graduate Medical Education Policy Manual yearly. Updates will be made accordingly on a yearly basis. All policy updates were reviewed and approved by the DIO, GMEC Chair and Program Directors on August 10, 2021. All policy updates were reviewed and approved by the GMEC members on August 18, 2021.

A handwritten signature in blue ink, appearing to read 'Gary Siegelman'.

Gary Siegelman, MD
Designated Institutional Official
August 10, 2021

A handwritten signature in blue ink, appearing to read 'Assar Rather'.

Assar Rather, MD
Graduate Medical Education Chair
August 10, 2021

A handwritten signature in blue ink, appearing to read 'Joseph Deutsch'.

Joseph Deutsch, MD
Internal Medicine Program Director
August 10, 2021

A handwritten signature in blue ink, appearing to read 'Brintha Vasagar'.

Brintha Vasagar, MD
Family Medicine Program Director
August 10, 2021

A handwritten signature in blue ink, appearing to read 'Bradford Mitchell'.

Bradford Mitchell, MD
General Surgery Program Director
August 10, 2021

Guidelines for Use of the GME Manual

[Revision Information:](#)

3/30/2020 Consolidates and replaces the following policies: B8912.01-B8912.2

8/10/2021 Yearly Updates

Purpose Statement:

To consolidate the policies pertaining to the Graduate Medical Education (GME) program into one central manual.

1. Definitions
 - 1.1 Policy Manual – Materials assembled within one resource for all members of GME to have an easy reference to current procedures within the department.
 - 1.2 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 GME will establish a Policy Manual for staff, faculty, residents, and contractors.
 - 4.2 GME staff, faculty, residents, and contractors will be held accountable to follow procedures within the Policy manual.
 - 4.3 The policy manual will be reviewed yearly and revised as needed to guarantee GME staff, faculty, residents, and contractors are following the most current requirements as required by the Accreditation Council for Graduate Medical Education (ACGME).
 - 4.4 Any request for changes to the Policy manual will be given to the GME Institutional Coordinator for review at the Graduate Medical Education Committee (GMEC) meeting.
 - 4.4.1 GME Institutional Coordinator will present the suggestions and proposed changes to the GMEC chair and add the revised manual to the meeting agenda for approval by the committee.
 - 4.4.2 No change to policy manual is still required to be reviewed by the GMEC for approval annually.

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Glossary

Acronyms:

ACGME - Accreditation Council for Graduate Medical Education

AIR - Annual Institutional Review

AOA – American Osteopathic Association

APMA - American Podiatric Medical Association

CLER - Clinical Learning Environment Review

CODA - Commission on Dental Accreditation

CPME - Council on Podiatric medical education

CSA - Clinical Skills Assessment

DIO - Designated Institutional Official

ECFMG - Educational Commission for Foreign Medical Graduates

GME - Graduate Medical Education

GMEC - Graduate Medical Education Committee

LCME - Liaison Committee on Medical Education

PGY – Post Graduate Year

USMLE - United States Medical Licensing Examination

Definitions:

1. The Americans with Disabilities Act (ADA) of 1990: a person with a disability as someone with a physical or mental impairment that substantially limits one or more “major life activities.” The ADA Amendments Act of 2008 (ADA-AA) expands the ADA definition of “major life activities” from walking, seeing, speaking, breathing, learning, working, etc. to also include eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, as well as the “operation of a major bodily function.” Transitory or minor conditions (<6 months duration) do not qualify as a disability under the laws. Further information can be obtained from the ADA website.
2. 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.
3. Approved residency training program - Fully accredited during the time of the practitioner’s attendance by the Liaison Committee on Medical Education (LCME), by the American Osteopathic Association (AOA), by the Commission on Dental Accreditation (CODA), by the Council on Podiatric medical education (CPME) of the American Podiatric Medical Association (APMA), Accreditation Council for Graduate Medical Education (ACGME) or by a successor agency to any of these entities or an accrediting agency on file with the U.S. Secretary of Education.
4. At-home Call – Call taken from outside the assigned institution.
5. Bereavement – Additional time off with pay for a resident in the event of a death in the residents immediate or extended family as defined below.
 - Immediate family – 3 days off - Resident’s parent, step-parent, foster parent, sister, brother, spouse, child, step-child, grandchild, grandparent, great-grandparent, daughter-in-law, son-

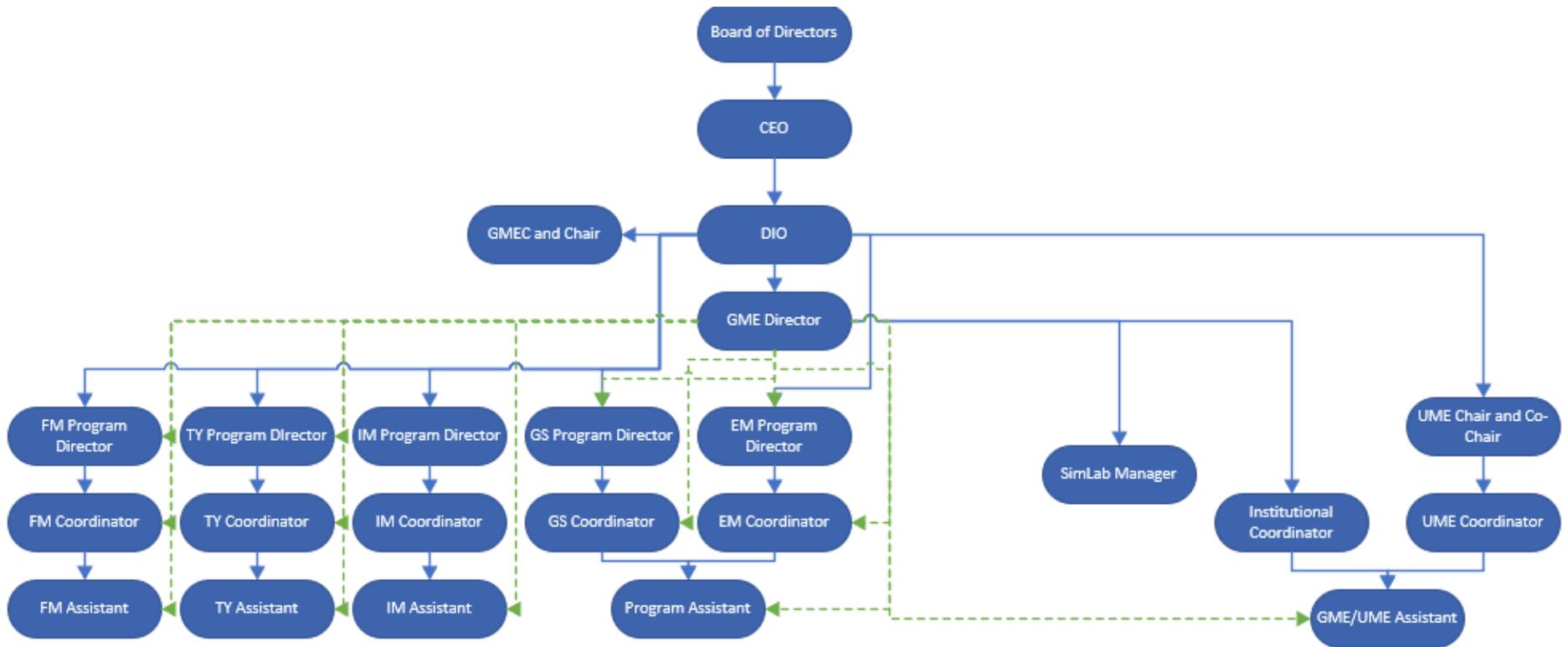
in-law, parent-in-law, significant other, domestic partner, or a relative who resided in the resident's household at the time of death.

- Extended family – 1 day off - Resident's grandparent-in-law, uncle, aunt, niece, nephew, brother-in-law, and sister-in-law.
6. Clinical Experience and Education Hours – Clinical and academic activities related to the residency or fellowship program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient-care, time spent in-house during call activities, all moonlighting activities, research activities, and scheduled academic activities such as conferences.
 7. Family and Medical Leave Act of 1993 (FMLA) – A leave of absence may be granted once a resident has been with Bayhealth for a total of 12 months for time lost due to FMLA qualifying events (serious personal health condition, birth/adoption of a child, and care of an immediate family member with a serious health condition). Consistent with federal regulations, Bayhealth provides up to twelve (12) weeks unpaid, protected leave for qualifying individuals.
 8. In-house Call – Clinical Experience and Education Hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
 9. Moonlighting – Voluntary, compensated, medically-related work performed outside the duties of the resident's training program. Moonlighting includes work at any Bayhealth facility and work outside the institution (external moonlighting).
 10. Night Float – A residency rotation in which one or more residents are assigned to night duty, with little or no daytime responsibilities. Night Float responsibilities begin and end at set times. During the period of coverage, a Night Float resident will cover phone calls about already-admitted patients (cross-coverage) and admit new patients to the covered service. Daytime residents must sign out to Night Float residents in the evening and receive sign out from Night Float the following morning. A Night Float system is meant to protect residency work-hour restrictions, ensure sufficient periods of rest for both day and night residents, and provide continuous coverage for hospitalized patients.
 11. Paid Time Off (PTO) – paid time for such absences as personal vacation, holiday time, serious illness of an immediate family member, extended bereavement time off, and other similar occasions.
 12. Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
 13. Scheduled Clinical Experience and Education periods – Assigned duty within Bayhealth or participating sites in the education program encompassing hours, which may be within the normal workday, beyond the normal workday, or a combination of both.
 14. Students - Medical, Physician Assistant, Nurse Anesthetists, and Advanced Practice Nurses (i.e. Nurse Practitioners).
 15. Vendor - A company, its representative or the agent of a company that either produces or markets drugs, devices, nutritional products, or other products or services.
 16. Visiting Residents – A resident that is in an approved residency training program other than Bayhealth that is participating in a Bayhealth rotation.

Designated Institutional Official Organizational Chart

Purpose Statement:

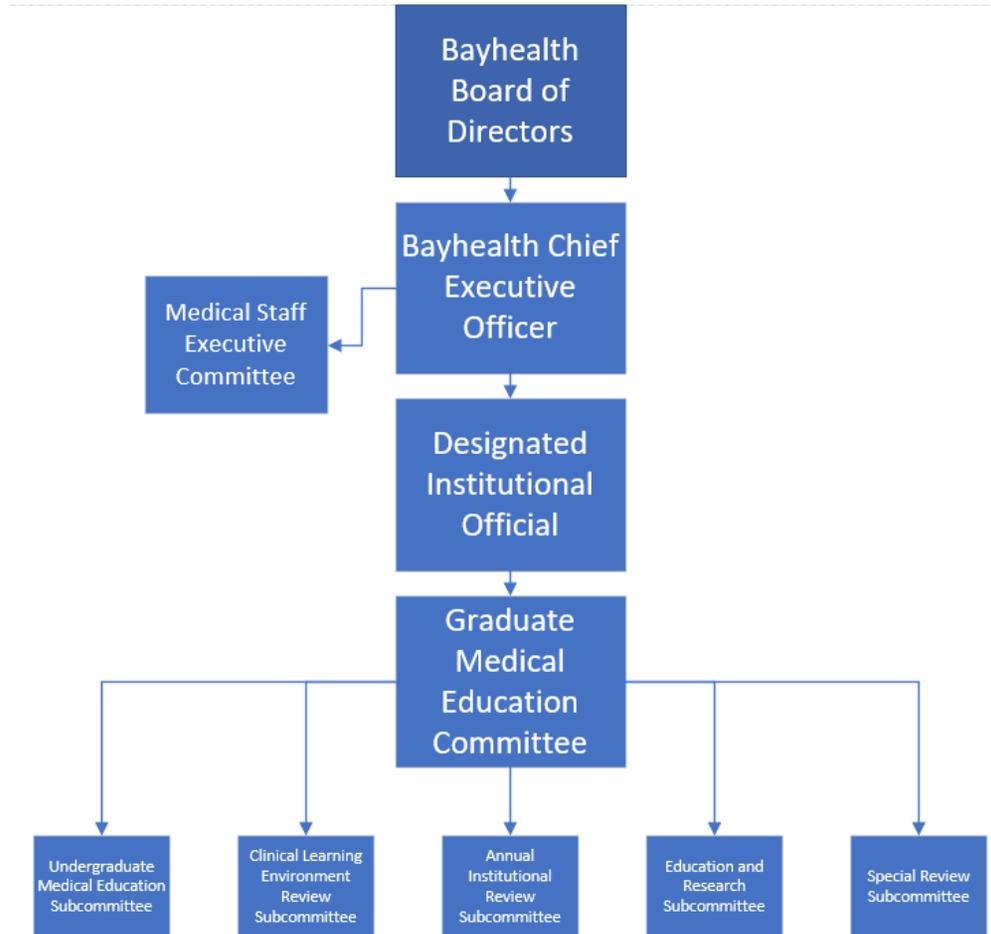
To establish the organizational structure and the reporting relationships of the Designated Institutional Official (DIO).



Graduate Medical Education Committee Organizational Chart

Purpose Statement:

To establish the organizational structure and the reporting relationships of the Graduate Medical Education Committee (GMEC).



Accommodations for Disabilities

Purpose Statement:

To ensure the principles of the Americans with Disabilities Act (ADA) are enacted within all Bayhealth Medical Center residency and fellowship programs.

1. Definitions:

1.1 The Americans with Disabilities Act (ADA) of 1990: a person with a disability as someone with a physical or mental impairment that substantially limits one or more “major life activities.” The ADA Amendments Act of 2008 (ADA-AA) expands the ADA definition of “major life activities” from walking, seeing, speaking, breathing, learning, working, etc. to also include eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, as well as the “operation of a major bodily function.” Transitory or minor conditions (<6 months duration) do not qualify as a disability under the laws. Further information can be obtained from the ADA website.

1.2 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.

1.3 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.

2. Areas Involved:

2.1 Graduate Medical Education Department

3. Forms Involved:

3.1 None

4. Procedure:

4.1 Bayhealth recruitment and selection process and employment procedures for residents in any of its graduate medical education (GME) programs will adhere to guidelines and policies set forth by the ADA.

4.2 Applicants for residency positions will be considered based on relevant and academic qualifications without regard to race, color, religion, national origin, age, weight, height, sex, sexual orientation, marital status, or disabilities.

4.3 Qualified applicants must be able to perform the essential functions of the selected medical specialty and may request a reasonable accommodation perform these functions.

4.4 Reasonable Accommodation for Residents

- 4.4.1 Reasonable accommodations will be made to accomplish the following:
 - 4.4.1.1 To ensure equal opportunity to all candidates through the application and interview process.
 - 4.4.1.2 To enable a qualified individual with a disability to perform the essential functions of the position; and
 - 4.4.1.3 To allow a resident with a disability to enjoy equal benefits of employment in the program.
- 4.4.2 Reasonable accommodations (as defined above) for residents at Bayhealth may include such examples as making facilities readily accessible; modifying training materials; modifying work schedules; and acquiring or modifying equipment or devices.
- 4.4.3 Reasonable accommodations, when necessary, will be made for current and future activities, but cannot be made retroactively to remove remediation, probation, or termination if they were not requested at the time.
 - 4.4.3.1 If a resident feels that reasonable accommodation was wrongly denied in the past which resulted in remediation, probation, or termination, he or she may invoke due process.
- 4.4.4 Residents must be able to successfully complete requirements for the specialty as defined by the Accreditation Council for Graduate Medical Education (ACGME) and the subspecialty board with the approved accommodations.
- 4.5 Application Process
 - 4.5.1 The Program Director and the appropriate Bayhealth Human Resources faculty will work with a resident or fellow in the development and implementation of reasonable accommodations for a disability as defined in the ADA.
 - 4.5.2 It is the responsibility of a resident or fellow to communicate directly with the Program Director and request accommodations prior to starting the training program when possible. Documentation and additional testing may be required to validate that the individual is covered under the ADA as a disabled individual.
 - 4.5.3 When a request for accommodation, has been made, the Human Resources designee may meet with the resident and the Program Director to:

- 4.5.3.1 Discuss the purpose and the essential functions of the position, specifically identifying any aspects which may require reasonable accommodations to be made for the resident.
 - 4.5.3.2 Identify the potential accommodation and assess the effectiveness each would have in allowing the resident to perform the essential job functions.
 - 4.5.3.3 Select and implement the accommodation that is the most appropriate for both the resident and Bayhealth; and,
 - 4.5.3.4 Work with the resident to obtain technical or other assistance, as needed.
- 4.5.4 If several equally effective accommodations are available, the preference of the resident in the accommodation is given consideration; however, it is the ultimate choice of Bayhealth which of these equally effective accommodations is enacted.

Ambulatory Note Task Completion Policy

Purpose Statement:

Documentation of patient care is critical to continuity, for communication to other team members and to meet requirements of the Centers for Medicare and Medicaid for finalization of notes after a patient office visit. The Medical Director and Program Director are charged with ensuring our patients are provided the highest quality care in a patient-centered manner which includes appropriate and timely documentation of patient care, reviewing and addressing diagnostic studies, approximately fulfilling patient requests and assisting the front office and clinical staff with patient care when requested. The Medical Director and Program Director are charged with addressing any failure to meet these responsibilities.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program
2. Areas Involved:
 - 2.1 Graduate Medical Education Department
3. Forms:
 - 3.1 None
4. Procedure:
 - 4.1 Resident Responsibilities
 - 4.1.1 Must complete office notes within 48 hours of the visit and send to faculty for co-signature
 - 4.1.2 Review and complete any diagnostic and lab test results within 3 business days including documentation of action in the patient chart
 - 4.1.3 Complete My Chart Patient Portal Messages within 48 hours if forwarded by clinical staff for action
 - 4.1.4 Assist front office or clinical staff with any patient care task request
 - 4.1.5 Complete Medication Renewal requests per clinic policy
 - 4.2 Faculty Responsibilities
 - 4.2.1 Must complete office notes within 48 hours of the visit
 - 4.2.2 Must co-sign all precepting notes forwarded by clinical staff for co-signature within 7 business days of the date of visit

- 4.2.3 Review any diagnostic and lab test results within 3 business days including documentation of action in the patient chart
 - 4.2.4 Complete My Chart Patient Portal Messages within 48 hours if forwarded by clinical staff for action
 - 4.2.5 Assist front office or clinical staff with any patient care task request
 - 4.2.6 Complete Medication Renewal requests per clinic policy
- 4.3 All patient care notes will be completed within 48 hours of the office visit
- 4.3.1 This applies to Residents, Faculty or any other member of the interprofessional team providing direct patient care in the Outpatient Residency Continuity Clinics
- 4.4 Messages should be addressed by the primary care physician in consultation with a supervising physician when needed
- 4.4.1 Task should be marked “Done” with action documented in the patient chart.
 - 4.4.1.1 Any patient care tasks including diagnostic test and lab results (normal and abnormal) must be reviewed and completed within 3 business days
 - 4.4.1.2 Medication authorization must be processed within 48 hours
 - 4.4.1.3 MyChart Patient Portal Messages are to be addressed within 48 hours
 - 4.4.1.3.1 Portal messages will be retrieved by clinical staff who will determine the appropriate action to be taken or the person most appropriate to address the patient request.
- 4.5 Failure to meet above requirements
- 4.5.1 Any Resident failing to meet these requirements will be subject to disciplinary action at the discretion of the Clinical Competency Committee (CCC) and the Program Director. Disciplinary action can include remediation and probation with repeated violations
 - 4.5.2 Any Faculty failing to meet these requirements will be forwarded to the Medical Director and Program Director. Repeated violations will be subject to disciplinary action at the discretion of the faculty member’s immediate supervisor. With repeated violations, the faculty member will be subject to additional disciplinary action determined by the Program Director.

Annual Institutional Review Protocols

Purpose Statement:

To define the process for which the Graduate Medical Education Committee (GMEC) at Bayhealth will demonstrate for effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 At the end of each academic year, the Bayhealth GMEC will form an AIR subcommittee. The AIR subcommittee will review the institutional performance indicators for the AIR, which must always include the most recent Accreditation Council for Graduate Medical Education (ACGME) institutional letter of notification, results of ACGME surveys of residents and core faculty members, and each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations, at a minimum.
 - 4.2 Following the subcommittee meeting, the Designated Institutional Official (DIO) is required to submit an annual written executive summary of the AIR to the GMEC as well as the Bayhealth Board of Directors.
 - 4.3 The AIR subcommittee must consist of the DIO, GME Director, GME Chair, Institutional Coordinator, Program Directors, and one GME faculty member from each program. Additional membership may be included as the DIO and GMEC determine necessary.
 - 4.4 The following list represents a sampling of the performance indicators that will be reviewed by the subcommittee:
 - 4.4.1 Results of the most recent ACGME institutional letter of notification
 - 4.4.2 Results of the most recent institutional self-study visit
 - 4.4.3 Information regarding each of the Bayhealth ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations

- 4.4.4 Aggregate results of ACGME-Accredited Program performance indicators
- 4.4.5 Results of Annual Program Review
- 4.4.6 Results of most recent Clinical Learning Environment Review (CLER)
- 4.4.7 Results of ACGME Surveys of Residents and Core Faculty
- 4.4.8 Board Pass Rate (first time takers, 5-year rolling average)
- 4.4.9 In-Training Exam Results
- 4.4.10 Resident Scholarly Pursuits
- 4.4.11 Resident Patient Safety/Quality Improvement Projects
- 4.4.12 Faculty Scholarly Pursuits
- 4.4.13 Faculty Patient Safety/Quality Improvements
- 4.4.14 Compliance with up to date, signed institutional agreements, specifically the Affiliation Agreements and Program Letters of Agreement
- 4.5 The written executive summary provided by the DIO must include a summary of institutional performance on indicators for the AIR, any resultant action plans and performance monitoring procedures resulting from the AIR.
- 4.6 The GMEC is responsible for monitoring any item listed above that is found to be out of compliance. The frequency of the reporting will be determined by the DIO based upon the nature of the noncompliant item.
- 4.7 The GMEC may opt to appoint a Subcommittee for additional document review, development of objectives and/or corrective action plan, citation correction progress review and/or mentoring for any non-complaint areas.
- 4.8 Recommendations of the Subcommittee will report to the full GMEC for approval.
 - 4.8.1 The GMEC may also specify additional monitoring procedures for action plans resulting from the Subcommittees review.

Clinical Experience and Educational Hours

Purpose Statement:

Medical care at Bayhealth will be provided by healthy, alert, responsible and responsive residents by creating a balanced environment between education and patient care. Resident Clinical Experience and Education Hours will be consistent with the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common and Program Requirements that apply to each residency and fellowship program.

1. Definitions:

- 1.1 Clinical Experience and Education Hours – Clinical and academic activities related to the residency or fellowship program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient-care, time spent in-house during call activities, all moonlighting activities, research activities, and scheduled academic activities such as conferences.
- 1.2 In-house Call – Clinical Experience and Education Hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
- 1.3 At-home Call – Call taken from outside the assigned institution.
- 1.4 Moonlighting – Voluntary, compensated, medically-related work performed outside the duties of the resident’s training program. Moonlighting includes work at any Bayhealth facility and work outside the institution (external moonlighting).
- 1.5 Scheduled Clinical Experience and Education periods – Assigned duty within Bayhealth or participating sites in the education program encompassing hours, which may be within the normal workday, beyond the normal workday, or a combination of both.
- 1.6 Night Float – A residency rotation in which one or more residents are assigned to night duty, with little or no daytime responsibilities. Night Float responsibilities begin and end at set times. During the period of coverage, a Night Float resident will cover phone calls about already-admitted patients (cross-coverage) and admit new patients to the covered service. Daytime residents must sign out to Night Float residents in the evening and receive sign out from Night Float the following morning. A Night Float system is meant to protect residency work-hour restrictions, ensure sufficient periods of rest for both day and night residents, and provide continuous coverage for hospitalized patients.
- 1.7 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.

2. Areas Involved:

- 2.1 Graduate Medical Education (GME) Department

3. Forms Involved:

- 3.1 None
- 4.6 Procedure: Maximum Hours of Clinical and Educational Work per Week
 - 4.6.1 Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
- 4.7 Mandatory Time Free of Clinical Work and Education
 - 4.7.1 Residents must have eight hours off between scheduled clinical work and education periods.
 - 4.7.2 Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - 4.7.3 Residents 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.
 - 4.7.4 There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements
- 4.8 Maximum Clinical Work and Education Period Length
 - 4.8.1 Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - 4.8.2 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 education. Additional patient care responsibilities must not be assigned to a resident during this time.
- 4.9 Clinical and Educational Work Hour Exceptions
 - 4.9.1 In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - 4.9.1.1 to continue to provide care to a single severely ill or unstable patient
 - 4.9.1.2 humanistic attention to the needs of a patient or family;
or,
 - 4.9.1.3 to attend unique educational events.
 - 4.9.2 These additional hours of care or education will be counted toward the 80-hour weekly limit.
 - 4.9.3 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.

4.9.3.1 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.

4.9.3.2 Prior to submitting the request to the Review Committee, the Program Director must obtain approval from the Sponsoring Institution's Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO).

4.10 Moonlighting

4.10.1 Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.

4.10.2 Time spent by residents moonlighting must be counted toward the 80-hour maximum weekly limit.

4.10.3 Refer to moonlighting policy for additional details.

4.11 In-House Night Float

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

4.12 Maximum In-House On-Call Frequency

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

4.13 At-Home Call

4.13.1 Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit.

4.13.2 The frequency of at-home call is not subject to 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.

4.13.3 At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

4.13.4 Residents 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.

4.13.5

Diversity

Purpose Statement: To provide diversity in the recruitment, selection, and employment of all residents, fellows, and faculty in the Bayhealth graduate medical education (GME) programs.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Bayhealth is committed to recruiting and employing diverse residents and faculty in every Graduate Medical Education program.
 - 4.2 Bayhealth believes that diversity enhances the educational experience of every resident and fellow in the program and impacts the ability of an individual to competently practice following completion of the program. Additionally, the constantly changing patient demographics locally, nationally, and internationally create an impetus for a future physician workforce that can understand, communicate competently, and provide care to patients of varied backgrounds.
 - 4.3 Bayhealth Medical Center is committed to increasing the diversity of our residents, fellows, and faculty and ensuring the success of our residents and/or fellows who come from backgrounds currently underrepresented in medicine.
 - 4.4 Bayhealth Medical Center will ensure that resident and fellow recruitment materials and advertisements include language that conveys a level of commitment to diversity promotion beyond that required by regulation.
 - 4.4.1 All interviewers and decision makers in the selection of residents and fellows will be required to complete training regarding diversity and inclusion.
 - 4.4.2 Bayhealth Medical Center will preferentially hire program faculty candidates who can articulate a commitment to diversity.
 - 4.4.3 Bayhealth Medical Center will place advertisements widely to attract a diverse pool of candidates.

Fatigue Mitigation

Purpose Statement: Bayhealth provides systems of care and learning and working environments that facilitate fatigue mitigation for residents, as well as an educational program for residents and core faculty members in fatigue mitigation.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 The Accreditation Council for Graduate Medical Education (ACGME) requires all training programs to educate faculty and residents to recognize the signs of fatigue and sleep deprivation. As the sponsoring institution, Bayhealth must oversee and ensure the following:
 - 4.1.1 Resident clinical and educational work hours, consistent with the common and specialty/subspecialty-specific program requirements across all programs, addressing areas of non-compliance in a timely manner.
 - 4.1.2 Systems of care and learning and working environments that facilitate fatigue mitigation for residents; and
 - 4.1.3 An educational program for residents and core faculty members in fatigue mitigation.
 - 4.2 Each individual residency program, led by the Program Director, is responsible for the facilitating the following:
 - 4.2.1 Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation.
 - 4.2.2 Educate all faculty members and residents in alertness management and fatigue mitigation processes.
 - 4.2.3 Encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning; and
 - 4.2.4 Define and communicate a process to ensure continuity of patient care if a resident is unable to perform their patient care duties. These policies must be written and implemented in such a way that negates fear of negative consequences for the resident who is unable to provide the clinical work.

- 4.3 Bayhealth, in partnership with its ACGME-accredited program(s), will provide adequate sleep facilities and safe transportation options for residents who may be too fatigued to return safely home.
 - 4.3.1 Bayhealth will ensure that resident sleep facilities are safe, quiet, private, and available and accessible for residents to support education and safe patient care.
 - 4.3.2 Bayhealth will ensure safe transportation options exist for residents who may be too fatigued to safely return home, including assistance in calling a taxi or other transportation method.
 - 4.3.3 If a resident is unable to return home due to fatigue but must return home, Bayhealth will provide reimbursement for the cost of a taxi or other transportation method.
 - 4.3.3.1 Residents are responsible for obtaining receipts for reimbursement and must provide documentation to the program assistant within one week of using the service.

GMEC Responsibilities

Purpose Statement: The purpose of this policy is to outline the Graduate Medical Education Committee Members (GMEC) responsibilities in compliance with ACGME.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education
3. Forms:
 - 3.1 None
4. Procedure:
 - 4.1 GMEC provides oversight of the following:
 - 4.1.1 ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs
 - 4.1.2 The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites
 - 4.1.3 The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of education outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements
 - 4.1.4 The ACGME-accredited program(s) annual program evaluations and self-studies
 - 4.1.5 All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the sponsoring institution
 - 4.1.6 The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided
 - 4.2 GMEC reviews and approves of the following:
 - 4.2.1 Institutional GME policies and procedures
 - 4.2.2 Annual recommendations to the Sponsoring Institutions administration regarding resident/fellow stipends and benefits
 - 4.2.3 Applications for ACGME accreditation of new programs
 - 4.2.4 Requests for permanent changes in resident/fellow complement

- 4.2.5 Major changes in each of its ACGME-accredited programs structure or duration of education, including any change in the designation of a program's primary clinical site
 - 4.2.6 Additions and deletions of each of its ACGME-accredited programs participating sites
 - 4.2.7 Appointment of new program directors
 - 4.2.8 Progress reports requested by the Review committee
 - 4.2.9 Responses to Clinical Learning Environment Review (CLER) reports
 - 4.2.10 Requests for exceptions to clinical and educational work hour requirements
 - 4.2.11 Voluntary withdrawal of ACGME program accreditation
 - 4.2.12 Requests for appeal of an adverse action by a Review Committee
 - 4.2.13 Appeal presentations to an ACGME Appeals Panel
 - 4.2.14 Exceptionally qualified candidates for resident appointments who do not satisfy the Sponsoring Institution's resident eligibility policy and/or resident eligibility requirements in the Common Program Requirements
- 4.3 The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR) as outlined in the Annual Institutional Review Policy
- 4.4 The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process as outlined in the Special Review Policy
- 4.5 Membership of GMEC must include:
- 4.5.1 The DIO
 - 4.5.2 A representative sample of program directors (minimum of two) from its ACGME-accredited programs
 - 4.5.3 A minimum of two peer-selected residents from among its ACGME-accredited programs
 - 4.5.4 A quality improvement or patient safety officer or designee

Substantial Disruptions in Patient Care or Education

Purpose Statement:

To comply with disaster planning requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) for Institutional Accreditation.

1. Definitions:
 - 1.1 Disaster/Extraordinary Circumstance - An event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship program(s).
 - 1.2 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Should any disaster or interruption in patient care prevent Bayhealth and/or any of its facilities from supporting a residency/fellowship program(s), Bayhealth as a Sponsoring Institution will notify ACGME and assist residents in finding alternative programs to complete their training
 - 4.2 If an event or set of events causes significant alteration to the residency/fellowship experience in one or more residency programs, the Bayhealth Designated Institutional Official (DIO) and/or Graduate Medical Education Committee (GMEC) will follow this procedure:
 - 4.2.1 As soon as possible, the DIO will:
 - 4.2.1.1 Gather data and information from the affected Program Directors to determine the short-term (days/weeks) and long-term (weeks/months) impact on program functions and/or clinical operations at training site affected by the disaster and provide information to the GMEC.
 - 4.2.1.2 If ACGME programs are affected, the DIO will promptly contact the ACGME after the initial GMEC meeting to provide an update on the disaster and initial steps taken by the institution and the GMEC.
 - 4.3 The ACGME may invoke the Extraordinary Circumstances Policy if it is determined that the Sponsoring Institution's ability to support resident education has been significantly altered.
 - 4.3.1 Within 30 days of the invocation of the Extraordinary Circumstances Policy, the DIO will revise the Sponsoring

Institution's educational program to comply with common, specialty-specific, institutional, and program requirements.

- 4.3.2 Within 10 days of the invocation of the Extraordinary Circumstances Policy, the DIO will contact the ACGME to receive deadlines for the Sponsoring Institution to:
 - 4.3.2.1 Submit program reconfiguration to ACGME; and,
 - 4.3.2.2 Inform each programs residents of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.
- 4.3.3 The DIO will continue to communicate with the ACGME regularly, as needed, to provide updates on any additional program or institutional issues.
- 4.4 The GMEC will meet regularly, as necessary, to continue its assessment of the situation and to make decisions regarding Bayhealth training programs.
 - 4.4.1 Issues to be reviewed, assessed, or acted upon by the GMEC include:
 - 4.4.1.1 Patient Safety
 - 4.4.1.2 Safety of Residents, Faculty, and Staff
 - 4.4.1.3 Supply of available Faculty and Residents for clinical and educational duties
 - 4.4.1.4 Extent/impact of damage to clinical technology and clinical information systems
 - 4.4.1.5 Extent/impact of damage to communication technology (e.g. phones, pager, intra/internet)
 - 4.4.1.6 Changes in the volume of patient activity in the short-term and long-term
- 4.5 If the GMEC determines that a program or the institution cannot provide an adequate experience for a resident because of the disaster, both individual programs and the institution will work toward the following options:
 - 4.5.1 Temporarily relocate a resident to a site of training within the current local affiliate training sites.
 - 4.5.2 Arrange a temporary transfer for a resident to another ACGME program until the institution can provide an adequate educational experience for the resident. As best possible at the time of the transfer, the program will inform the resident being transferred regarding the minimum duration of the transfer and the anticipated total duration of the transfer.

- 4.5.3 Assist the resident in a permanent transfer to another program/institution.
 - 4.5.3.1 The preferences of the resident will be considered by the transferring institution or program whenever possible.
- 4.6 Continuation of financial support in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall. In addition, it will be dependent on current policies related to reimbursement.
 - 4.6.1 For residents temporarily relocated to a Bayhealth affiliated training site, Bayhealth will continue to pay the resident's salary and benefits as long as funds are available.
 - 4.6.2 For residents temporarily assigned to a program at another institution:
 - 4.6.2.1 Bayhealth will continue to pay the residents salary (according to the Bayhealth stipend schedule) and benefits if funds are available.
 - 4.6.2.2 Bayhealth will work with the institution to which the resident is temporarily assigned to negotiate financial support from that site for residents temporarily assigned there.
 - 4.6.3 For residents permanently transferring to another institution, Bayhealth will not cover salary and benefits.

Inpatient Note Task Completion Policy

Purpose Statement:

Documentation of patient care is critical to continuity, for communication to other team members and to meet requirements of the Centers for Medicare and Medicaid for finalization of notes after a patient encounter. The supervising physician is charged with ensuring our patients are provided the highest quality care in a patient-centered manner which includes appropriate and timely documentation of patient care, reviewing and addressing diagnostic studies and lab results, responding to pages, and completing patient care tasks when requested. The CCC and Program Director is charged with addressing any failure to meet these responsibilities.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program
2. Areas Involved:
 - 2.1 Graduate Medical Education Department
3. Forms:
 - 3.1 None
4. Procedure:
 - 4.1 Resident Responsibilities
 - 4.1.1 Must complete daily progress notes on same day by 6pm and send to faculty for co-signature
 - 4.1.2 Complete new patient H and P within 24 hours and send to faculty for co-signature
 - 4.1.3 Complete discharge summaries within 24 hours and send to faculty for co-signature
 - 4.1.4 Complete initial consult notes within 24 hours and send to faculty for co-signature
 - 4.1.5 Respond to all pages as soon as possible and must not exceed 30 minutes
 - 4.1.6 Review all inpatient diagnostic and lab test results when available and document actions taken in the patient chart
 - 4.1.7 Place admission orders within 30 minutes after ED notification of a new patient. All other patient care orders should be as completed as soon as possible
 - 4.2 Faculty Responsibilities
 - 4.2.1 Co-sign resident progress notes by the end of each day

- 4.2.2 Co-sign H and Ps, discharge summaries, and initial consult notes within 24 hours
 - 4.2.3 Indirectly supervise resident completing patient care tasks
 - 4.2.4 Indirectly supervise resident responding to pages in appropriate time frame
 - 4.2.5 Indirectly supervise resident review of diagnostic studies and lab tests
 - 4.2.6 Complete My Chart Patient Portal Messages within 48 hours if forwarded by clinical staff for action
- 4.3 All patient care notes will be completed within 24 hours of the patient encounter
- 4.3.1 This applies to Residents, Faculty or any other member of the interprofessional team providing direct patient care
- 4.4 Failure to meet above requirements
- 4.4.1 Any Resident failing to meet these requirements will be subject to review by the Clinical Competency Committee (CCC) and the Program Director. Actions can include focused skill development, coaching, and remediation. Repeated violations of this policy can result in disciplinary action.
 - 4.4.2 Any Faculty failing to meet these requirements will be forwarded to the Program Director. Actions can include skill development and coaching. With repeated violations, the faculty member will be subject to action determined by the Program Director including removal from resident supervising responsibilities.

Medical Student/Physician Assistant Rotation Policy

Purpose Statement: The purpose of this policy is to outline the requirements for Medical Student Clerkships at Bayhealth.

1. Definitions:
 - 1.1 VSLO: Visiting Student Learning Opportunities allows for medical students to browse and apply to electives offered by institutions throughout the US and around the world.
2. Areas Involved
 - 2.1 Graduate Medical Education
 - 2.2 Undergraduate Medical Education
3. Forms
 - 3.1 None
4. Procedure
 - 4.1 Requirements
 - 4.1.1 Students must be in good academic standing and enrolled in an accredited medical school to be considered eligible for junior or senior clerkship positions at Bayhealth.
 - 4.1.2 Applications will be reviewed via VSLO by the Undergraduate Medical Education department and the student will be notified upon approval.
 - 4.1.2.1 VSLO is not used for Physician Assistant Rotations or Core Clinical Campus Medical Student Rotations.
 - 4.1.3 A fully executed Affiliation Agreement and certificate of insurance must be received before a student can begin a rotation at Bayhealth.
 - 4.1.3.1 Bayhealth will initiate an Affiliation Agreement request for students who apply from a non-affiliated school.
 - 4.1.3.2 If an affiliation agreement is not returned within 30 days before a medical student is scheduled to start at Bayhealth the rotation will be cancelled.
 - 4.2 The affiliated school will ensure clearance in the following areas for each rotating student:
 - 4.2.1 Criminal Background Check
 - 4.2.2 Students are required to meet the same immunization standards as hospital employees.

- 4.2.2.1 Immunization of tetanus, measles, mumps, rubella, hepatitis B, varicella if a negative history or an unknown history of chicken pox, influenza within timeframe required by Bayhealth and a TST skin test.
 - 4.2.3 Drug Screening
 - 4.2.4 Confirmation of flu vaccination during flu season (October-March)
 - 4.2.5 Medical Students are required to have all clearance documents submitted within 30 days of scheduled rotation(s).
- 4.3 Recommended student experiences should be based on the agreement(s) with and guidelines from the referring organization(s), but may include the following:
 - 4.3.1 Obtain and record history, physical, and review of systems including family history, social history, and other related data.
 - 4.3.2 Formulate a treatment plan with the preceptor/resident that may include prevention, well-patient, or interventions.
 - 4.3.3 Medical students may perform complete interviews and physical examinations and may only perform minor procedures with the preceptor's present.
- 4.4 All student dictations must be signed by the preceptor(s) by the time of patient discharge.
- 4.5 Students must follow the Bayhealth Personal Appearance and Dress Code Policy (B9065.11)
- 4.6 Medical Student Orientation will include:
 - 4.6.1 Facility tour including building, parking lot access, and GME/UME offices.
 - 4.6.2 Overview of dictation and phone systems
 - 4.6.3 Epic Training
- 4.7 Students may be assigned Healthstream modules that must be completed no later than Friday following orientation.
- 4.8 Bayhealth GME/UME department will notify all required hospital departments and nursing floors regarding new student status via electronic mail.
- 4.9 Bayhealth GME/UME department will retain required documentation on all students.

- 4.10 Preceptors must comply with Medicare, Medicaid and CMS rules and regulations regarding billing, specifically care given by the student.
 - 4.11 Preceptors must receive advanced approval from the Bayhealth GME/UME department regarding any medical student rotation at Bayhealth facilities.
5. References:
- 5.1 B9065.11 Bayhealth Personal Appearance and Dress Code Policy

Moonlighting

Purpose Statement:

To specify the circumstances under which Bayhealth residents may engage in Moonlighting, as well as the specifications that must be satisfied by the resident who engages in such activities.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
 - 1.2 Moonlighting – Voluntary, compensated, medically-related work performed outside the duties of the resident’s training program. Moonlighting includes work at any Bayhealth facility and work outside the institution (external moonlighting)
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 PGY-2 and PGY-3 Internal Medicine and Family Medicine residents may be permitted to moonlight at the discretion of their Program Director and DIO.
 - 4.1.1 PGY-1, PGY-2, PGY-3 General Surgery residents are not permitted to moonlight. Residents may request to moonlight the PGY-4 and PGY-5 years but must have approval from the Program Director and DIO.
 - 4.2 Moonlighting is prohibited unless specifically approved in advance by the Program Director and DIO. Such approval must be submitted through MedHub yearly.
 - 4.2.1 The request for Moonlighting will only cover one year and will need to be resubmitted each year for review.
 - 4.3 Residents will not be required to engage in moonlighting.
 - 4.4 Residents may only moonlight externally (outside of Bayhealth).
 - 4.5 The hospital does not provide professional liability coverage for duties assumed outside of the hospital.
 - 4.6 Only a resident who has applied for and been granted an unrestricted license to practice in the state of Delaware is eligible to apply for permission to moonlight as a physician. Residents must pay for this license and will not be reimbursed by Bayhealth.

- 4.7 Time spent by residents in Moonlighting must be counted towards the 80-hour maximum weekly hour limit.
- 4.8 The individual programs will be responsible for monitoring clinical and education work hours through the residency management software system (Medhub) to ensure compliance.
- 4.9 Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.
- 4.10 Approval may be withdrawn if moonlighting activities are associated with a decline in the resident's performance.
- 4.11 Individual programs will be responsible for monitoring the effect of moonlighting activities on a resident's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight.

Non-Compete

Purpose Statement:

To comply with requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) for Institutional Accreditation. Residents training in Bayhealth sponsored ACGME accredited programs will not be held to the same non-competete clause written in the Employee Physician Handbook

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant.
 - 4.2 Bayhealth GME programs will never require a resident training in an ACGME-accredited program to sign a non-competete document nor restrict where the resident physician trains post-residency.

Patient Safety & Quality Improvement

Purpose Statement:

To comply with patient safety and quality improvement requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) for Institutional Accreditation.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Residents must demonstrate the ability to analyze the care they provide, understand their roles within healthcare teams, and play an active role in the system improvement process.
 - 4.2 GME programs must ensure that residents have active participation in Quality Improvement and Patient Safety systems.
 - 4.3 Each ACGME-accredited program will provide residents with feedback on how they are managing their patient population and procedure outcomes. Including quality metrics and benchmarks related to their patient population.
 - 4.4 Residents will have opportunities to participate on Patient Safety and Quality Improvement Committees.
 - 4.5 Residents will participate in root cause analyses and will conduct research projects to help improve the overall performance within the system.
 - 4.6 Residents will have opportunities to participate on interprofessional teams. These teams will work together to perform root cause analyses, safety review meetings, peer review committees, and will meet to discuss patient safety culture and areas for improvement.
 - 4.7 Each ACGME-accredited program will provide opportunities for the residents to participate in quality improvement activities, including but not limited to:
 - 4.7.1 Processes aimed at understanding and reducing Health Care Disparities

- 4.7.2 Participation in Institutional Quality Improvement and Patient Safety committees
- 4.7.3 Transitions in Care improvement processes
- 4.7.4 Participation on interprofessional teams to promote Quality Improvement
- 4.7.5 Participation in Quality Improvement projects that improve systems of care and patient care outcomes.

Professionalism

Purpose Statement:

To comply with the professionalism requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) for Institutional Accreditation.

1. Definitions:
 - 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure
 - 4.1 Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Specifically, they must demonstrate:
 - 4.1.1 Compassion, integrity, and respect for others.
 - 4.1.2 Responsiveness to patient needs.
 - 4.1.3 Respect for patient privacy and autonomy.
 - 4.1.4 Accountability to patients, society, and the profession; and
 - 4.1.5 Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
 - 4.2 Each program will establish Overall Goals and Objectives and rotation specific Goals and Objectives which clearly outline standards for Professionalism.
 - 4.3 Residents are expected to behave professionally:
 - 4.3.1 Accept feedback in a non-defensive manner
 - 4.3.2 Demonstrate appropriate sensitivity to patients and their families
 - 4.3.3 Complete tasks in a timely manner (both clinical and administrative)
 - 4.3.4 Be available for professional responsibilities
 - 4.3.5 Demonstrate honesty and integrity
 - 4.3.6 Maintain professional demeanor, including:
 - 4.3.6.1 Have an appearance and dress that are in line with professional standards as established by

- departmental policies (Resident Dress Code and Personal Appearance and Dress B9065.11)
 - 4.3.6.2 Exhibit respectful and courteous behaviors
 - 4.3.6.3 Be responsive to questions and accommodating to requests
 - 4.3.6.4 Express anger in a non-public and non-physical manner
 - 4.3.6.5 Adhere to professionally accepted boundaries for patient relationships
 - 4.3.6.6 Conform to sexual harassment (B9065.36) and discrimination policies (B9090.05)
 - 4.3.7 Comply with all requirements set forth in the GME Policy and Procedure Manual.
- 4.4 Unprofessional conduct, to include but not limited to the following, is unacceptable and may be subject to progressive discipline:
 - 4.4.1 Failure to be truthful in all circumstances
 - 4.4.2 Violation of state and federal rules/laws as standards of practice
 - 4.4.3 Chronic tardiness and/or failure to complete tasks in a timely manner
 - 4.4.4 Rudeness
 - 4.4.5 Disregard for other team members
 - 4.4.6 Disrespect for authority
 - 4.4.7 Inappropriate behavior with patients, families, or other members of the health care team
 - 4.4.8 Public or physical displays of anger
 - 4.4.9 Failure to follow up on clinical activities
 - 4.4.10 Abuse of power
 - 4.4.11 Failure to respect policies of Bayhealth Medical Center and affiliated hospitals
 - 4.4.12 Inappropriate use of social media
 - 4.4.13 Use of personal email for sending Bayhealth business
 - 4.4.14 Unexplained absences
 - 4.4.15 Failure to adhere to departmental dress standards
- 4.5 Unprofessional behavior is grounds for disciplinary academic and/or punitive action(s):

- 4.5.1 Program directors will investigate complaints and prescribe remediation if indicated
 - 4.5.2 Persistent problems will be brought before the programs' specific evaluation group for recommendations and additional remediation (i.e. Clinical Competency Committee)
 - 4.6 Should unprofessional behaviors continue and fail to be remediated at the previous two levels, residents will be brought before the Graduate Medical Education Committee (GMEC) for a hearing.
5. References:
- 5.1 Sexual Harassment Policy (B9065.36)
 - 5.2 Discrimination Policy (B9090.05)
 - 5.3 Personal Appearance and Dress (B9065.11)
 - 5.4 Resident Dress Code Policy

Protocol for Special Review

Purpose Statement:

Provide effective oversight of underperforming graduate medical education programs via the Designated Institutional Official (DIO) and the GMEC as per the Accreditation Council for Graduate Medical Education (ACGME) institutional requirements. Specifically, this policy will (1) establish criteria for identifying underperformance and (2) address any procedures to be utilized when a residency program undergoes a Special Review.

1. Definitions:
 - 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms:
 - 3.1 None
4. Procedure:
 - 4.1 A special review will occur when one or more of the following occurs:
 - 4.1.1 A program has met three or more of the criteria established to initiate the review
 - 4.1.2 A severe or unusual deficiency in any one or more of the established criteria
 - 4.1.3 There has been a significant complaint against the program to the ACGME
 - 4.1.4 Transferred program from another institution
 - 4.1.5 As periodically determined by the Designated Institutional Official
 - 4.2 Special Reviews will result in a report that describes the quality improvement goals, corrective actions and process(es) for GMEC monitoring of outcomes.
 - 4.3 Underperformance by a program can be identified through a wide variety of mechanisms. These may include, but are not limited to the following:
 - 4.3.1 Deviations from expected results in standard performance indicators
 - 4.3.2 Recruitment underperformance, unfilled positions over three years
 - 4.3.3 Board passage rates fall below specific specialty requirements
 - 4.3.4 Program attrition, changes in a program director more than every two years or greater than one resident withdrawals, transfers or is dismissed over a two-year period.

- 4.3.5 Scores for ACGME resident surveys in the categories of clinical experience and education hours, faculty, evaluation, educational content, resources, patient safety and teamwork that are subpar
- 4.3.6 Scores for ACGME faculty survey in the categories of faculty supervision and teaching, educational content, resources, patient safety and teamwork that are subpar
- 4.3.7 Non-compliance with the milestones project as reported to the ACGME
- 4.3.8 Loss of major education necessities such as:
 - 4.3.8.1 Changes in major participating sites
 - 4.3.8.2 Consistent incomplete resident complement
 - 4.3.8.3 Major program structural changes
 - 4.3.8.4 GMEC identifies inadequate scholarly activity for faculty or residents
- 4.3.9 Clinical experience data
 - 4.3.9.1 Any significant changes in adequacy of clinical or didactic experience within the residency
 - 4.3.9.2 Data from annual graduate medical education program survey
 - 4.3.9.3 Failure to submit ACGME required data on or before identified deadlines
- 4.3.10 Communication or complaints regarding a program that indicates potential egregious or substantive noncompliance with ACGME common, specialty/subspecialty specific program and/or institutional requirements or noncompliance with institutional policy
- 4.3.11 A program's inability to demonstrate success in any of the following focus areas:
 - 4.3.11.1 Self-report by a Program Director
 - 4.3.11.2 Request by residents, faculty, or Program Director of a special review
- 4.3.12 Program accreditation statuses of initial accreditation with warning, continued accreditation with warning, and adverse accreditation status as described by ACGME policies
- 4.4 If a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program per the list above, the Designated Institutional Official (DIO) will schedule a Special Review. A Special Review must be completed within 30 to 60 days of a program's designation as "underperforming".
- 4.5 Each Special Review will be conducted by a panel of individuals from the sponsoring institution such as the DIO, GME Chair, GME Director, Institutional Coordinator, GMEC members, a Program

Director and a resident from a program other than the one being reviewed

- 4.6 During the Special Review, the following materials and data may be used in preparation. This list is not exhaustive:
 - 4.6.1 ACGME common, specialty/subspecialty-specific program and institutional requirements in effect at the time of the review
 - 4.6.2 Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective Residency Review Committee (RRC)
 - 4.6.3 Reports from previous internal reviews of the program
 - 4.6.4 Reports from previous Special Reviews
 - 4.6.5 Previous Annual Program Evaluations (APE)
 - 4.6.6 Results from internal or external resident surveys if available
 - 4.6.7 Any other materials the special review panel considers necessary
- 4.7 Two types of Special Reviews can occur. First, a focused review consists of a meeting with the Program Director only and the panel/DIO to address specific issues such as criteria that is in danger of being characterized as “underperforming” and/or that would benefit from DIO/Program Director discussion. A full review follows the protocol listed below and is similar to the former internal review process. Interviews will be conducted with the following members of the program under review: Program Director/Associate Program Director(s), Program Coordinator, Core Clinical Faculty, residents with a minimum of one individual from each year of training and any other individuals deemed appropriate by the review panel
- 4.8 Following the Special Review meetings and interviews, a clear and concise report must be completed within two weeks. The chair and the graduate medical education office representative will complete the first draft of the report utilizing a standardized template for the panel to review. The report will include the following:
 - 4.8.1 Name of the program being reviewed with the date the review completed and a date when report accepted by the GMEC
 - 4.8.2 Names and titles of Special Review panel and level of training of residents participating
 - 4.8.3 Summary of how the review process was conducted and a list of documents reviewed
 - 4.8.4 Listing of the findings and recommendations of the panel.

- 4.8.5 Description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for graduate medical education monitoring of the outcomes including need for progress reports at GMEC meetings in the future
- 4.9 The report will be presented by the chair of the Special Review panel at the subsequent GMEC meeting, where they will review and discuss the findings.
 - 4.9.1 During the GMEC meeting, the Program Director will have the opportunity to respond to the findings in the report.
 - 4.9.2 A copy of the final report – including modifications by the GMEC will be provided to the Program Director.
- 4.10 The DIO and GMEC will be responsible for monitoring the outcomes of the Special Review process, including actions taken by the program and/or the institution. The Program Director will be asked to provide a progress report to GMEC addressing areas of concern identified by the panel at a frequency determined by GMEC. GMEC may continue to ask for the Program Director to report on areas of concern on a regular basis until it is felt that the issues have been adequately addressed.
- 4.11 Upon completion of the Special Review process, including addressing concerns identified during the review, a letter from the DIO to the Program Director will be provided for verification by site visitors. This letter will not contain information from, or conclusions drawn in the report other than the names and credentials of the review panel members.

Residency Closure & Reduction

Purpose Statement:

To outline the process which will be followed by Bayhealth Graduate Medical Education (GME) residency programs in the event of reduction in size or closure of a program.

1. Definitions:
 - 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure
 - 4.1 Bayhealth senior leadership, Program Director, Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC), will make every effort to avoid the closure of the Bayhealth Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs.
 - 4.2 Bayhealth is required to inform GMEC, the DIO, and the affected residents within five (5) business days following a decision regarding program reduction or closure (including intended Institutional closure).
 - 4.3 If a decision is made that a training program must decrease in size, the following steps must be taken:
 - 4.3.1 The Program Director will inform the DIO, GMEC and the residents within five (5) business days of the decision.
 - 4.3.2 Complement reductions will be made by first reducing the number of positions available to incoming residents when possible.
 - 4.3.3 If it is determined that the reduction must include current residents of the program, Program Director and DIO will assist affected residents in enrolling in an alternative ACGME-accredited program.
 - 4.3.4 The DIO and GMEC are responsible for monitoring the resident complement reduction process
 - 4.4 In the event a decision is made that a training program must close, the following steps must be taken:

- 4.4.1 The Program Director must inform the DIO, GMEC and the residents within five (5) business days of the decision.
- 4.4.2 Bayhealth will attempt to structure a closure that allows enrolled residents to complete the program whenever possible.
- 4.4.3 If a program must be closed before one or more residents are able to complete their required training, the Program Director and DIO will work closely with the resident(s) to assist them in enrolling in an ACGME accredited program(s) to continue their education.
- 4.4.4 The DIO and GMEC will be responsible for monitoring the closure process.
- 4.5 The DIO must notify the ACGME of the residency reduction or closure and arrange to keep in contact with the ACGME throughout the process. The DIO must also abide by all ACGME policies and procedures pertinent to GME-residency reduction or closure.

Resident Dress Code Policy

Purpose Statement: Personal appearance is an important component of professional demeanor. Each resident is expected to dress in a manner which conveys a professional image and inspires confidence in patients and colleagues. Apparel should be consistent with each resident's duties.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program
2. Areas Involved:
 - 2.1 Graduate Medical Education Department
3. Forms:
 - 3.1 None
4. Procedure:
 - 4.1 Training program directors, along with applicable clinical supervisors, are responsible for interpreting and enforcing the dress and grooming code in their areas of responsibility. Reasonable accommodations will be made for a Trainee's religious beliefs as related to attire whenever possible, consistent with the business necessity to present a professional appearance in public. Please use good judgment and dress appropriately, neatly, and professionally.
 - 4.1.1 Residents are expected to dress professionally, maintain good personal hygiene, and show consideration for cultural sensitivities of patients and co-workers, avoiding attire or grooming that could be offensive or unsafe.
 - 4.1.2 A white coat over professional attire and visible ID are always required while providing clinical service in a setting which does not require specialized garb such as: a surgical service, operating room, etc.
 - 4.1.3 Residents have a designated scrub color of Pewter except for the use of surgical scrubs.
 - 4.1.4 Surgical scrubs may be worn when on a surgical service or during night-call hours; a white coat should be worn over scrubs if the resident steps out of the surgical suite.
 - 4.1.4.1 When residents are on surgical service, surgical scrubs should not be worn during rounds or in the outpatient practices. Surgical scrubs may be obtained from the scrubEx Machines.

4.1.5 Surgical scrubs are not permitted to be worn outside of the hospital.

4.1.6 Soiled or stained scrubs should not be worn. Scrubs soiled with biological material should be changed as soon as appropriate and shall be treated in accordance with the blood borne pathogen policy.

4.2 For additional directions on attire residents are expected to comply with the existing dress code policy at Bayhealth Medical Center, B9065.11; Personal Appearance and Dress.

5. References

5.1 B9065.11 Personal Appearance and Dress Code Policy

Resident Vacation and Leaves of Absence

Purpose Statement: To allow eligible residents to take approved time off from the program in accordance with the Accreditation Council for Graduate Medical Education (ACGME) and Bayhealth requirements.

1. Definitions:
 - 1.1 Academic Year – July 1 through June 30
 - 1.2 Paid Time Off (PTO) – paid time for such absences as personal vacation, serious illness of an immediate family member, extended bereavement time off, and other similar occasions
 - 1.3 Family and Medical Leave Act of 1993 (FMLA) – A leave of absence may be granted once a resident has been with Bayhealth for a total of 12 months for time lost due to FMLA qualifying events (serious personal health condition, birth/adoption of a child, and care of an immediate family member with a serious health condition). Consistent with federal regulations, Bayhealth provides up to twelve (12) weeks unpaid, protected leave for qualifying individuals.
 - 1.4 Bereavement – Time off with pay for a resident in the event of a death in the resident's immediate or extended family as defined below.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 Resident Benefit Summary (In development)
 - 3.2 Bayhealth Family and Medical Leave policy
4. Procedure:
 - 4.1 Residents will receive information regarding PTO and FMLA during orientation.
 - 4.2 PTO
 - 4.2.1 On July 1 at the start of each academic year, residents will receive 120 hours (15 days) of PTO and 40 hours (5 days) of sick time.
 - 4.2.1.1 PTO is defined as scheduled time off and is used for absences such as personal vacations.
 - 4.2.1.2 Scheduled PTO is required to be taken in one-week (5 day) increments, or per Program Director discretion.
 - 4.2.1.3 Residents are required to take at least one scheduled one-week PTO break per academic year. This is to provide respite and promote resident well-being during the program.
 - 4.2.1.4 PTO balance does not accrue and will not rollover into the next Post Graduate Year (PGY). PTO balances are not paid out

when the resident graduates and/or terminates from the program.

4.2.1.5 Borrowing or taking advances against future PTO is prohibited per Bayhealth's PTO policy B9065.32.

4.2.2 Approval is based on the program needs and requires the program director's prior approval.

4.2.2.1 Each program may restrict certain blocks/rotations or timeframe in which PTO may not be used unless the absence is due to an FMLA qualifying reason.

4.2.2.2 Requests for scheduled PTO will be given equal consideration and every effort will be made to accommodate the residents request per the Program Director's discretion.

4.2.3 In situations where the absence cannot be scheduled the resident is to use sick time.

4.2.3.1 The Resident will notify the Program Director and the Coordinator (or designee) at least 2 hours prior to the start of the shift when possible.

4.2.3.2 If a resident experiences an unscheduled absence due to unforeseen circumstances, too fatigued to complete their call or is unwell during a time when they are designated as "on call", the Program Director (or designee) will provide assistance to the resident in covering the call but is expected to make up the call at a later date per the Program Director's (or designee) discretion. In cases where the absence is covered under an FMLA claim, the resident will not be required to arrange coverage for the call.

4.2.3.3 If a resident is sick more than 5 calendar days, regardless of number of shifts worked or scheduled (including weekends/days off), a Fit for Duty physical exam must be done with Occupational Health and medical clearance must be received from the treating physician before returning to work.

4.2.4 Bayhealth observed holidays do not apply to residents. Due to the nature of the medical education training program and the responsibilities for patient care, residents will be scheduled for work.

4.3 Bereavement

4.3.1 To be eligible for bereavement pay, the resident may be required to submit proof, when requested by the program director which includes the date of death, date of the funeral, and relationship of the deceased to the resident.

- 4.3.1.1 Proof of death may be the obituary, a written statement on the funeral director's stationary, death certificate, or any substantive proof which includes the appropriate information/dates.
- 4.3.2 Upon receipt of a request for bereavement pay for a resident, the program director may do one of the following:
 - 4.3.2.1 Grant up to three (3) scheduled working shifts off with pay immediately following the death or to coincide with funeral/memorial services of an immediate family member. PTO must be used for any additional time over the three (3) the resident requests off.
 - 4.3.2.1.1 Immediate family – 3 days - Resident's parent, step-parent, foster parent, sister, brother, spouse, child, step-child, grandchild, grandparent, great-grandparent, daughter-in-law, son-in-law, parent-in-law, significant other, domestic partner, or a relative who resided in the resident's household at the time of death.
 - 4.3.2.2 Grant one (1) scheduled working shift off with pay to attend the funeral of an extended family member.
 - 4.3.2.2.1 Extended family – 1 day - Resident's grandparent-in-law, uncle, aunt, niece, nephew, brother-in-law, and sister-in-law.
- 4.3.3 Bereavement leave is considered in addition to the Paid Time Off referenced above. Additional missed days beyond those allowed above pay impact the resident's ability to complete the program in the originally anticipated timeframe.
- 4.4 FMLA
 - 4.4.1 To be eligible for FMLA leave, the resident must be employed by Bayhealth for a total of 12 months and worked at least 1,250 hours during the 12-month period immediately before the date when the leave requested is to commence. Only hours *worked* during the 12 months prior to the date leave is to begin are included; hours used for vacation, sick leave, bereavement leave, etc. are excluded. The determination of whether the resident has worked 1,250 hours in the past 12 months and has been employed for at least 12 months is made as of the date the FMLA leave is to start.
 - 4.4.2 A leave of absence may be granted to qualifying individuals for time lost due to FMLA qualifying events (serious personal health condition, birth/adoption of a child, and care of an immediate family member with a serious health condition).
 - 4.4.2.1 Consistent with federal regulations, Bayhealth provides up to twelve (12) weeks unpaid, job protected leave for qualifying individuals.

- 4.4.3 FMLA shall be coordinated with leave granted under other Bayhealth policies in B9065.27 and run concurrently. For example, if a resident has 2 weeks of PTO available, the employee must use the paid PTO which will run concurrently with the FMLA leave, i.e., if the resident takes 12 weeks of FMLA leave, the first 2 weeks will be paid by way of the available PTO and the remaining 10 weeks will be unpaid. For the duration of the paid leave, the usual authorized deductions from the resident's pay will be made. If a resident is eligible for disability leave or workers' compensation, the resident must take the disability leave or workers' compensation and such leave will also count as part or all of the 12 weeks of FMLA leave. If the resident has elected Bayhealth's short-term disability plan (STD) and receiving STD payments, the resident is not permitted to use PTO while receiving these payments; residents are required to use PTO during the elimination period.
- 4.4.4 Residents requesting FMLA must notify the Program Director and submit a claim through Bayhealth's Third Party Administrator accompanied by a completed Certification of Healthcare Provider form. These forms must be completed and returned to the Third-Party Administrator at least 30 calendar days before taking scheduled leave, or within 15 calendar days following an emergency.
- 4.4.5 Absences due to FMLA will not result in a resident's dismissal from the program but may result in an extension of the resident's time in the program.
- 4.4.6 Extended leave of absence may impact a resident's eligibility to participate in examinations by the relevant certifying board(s) and may result in unsatisfactory completion of the criteria for the program.
 - 4.4.6.1 Any resident who is concerned about the impact of extended leave of absence or time away from the program should discuss the implications with their Program Director immediately.
 - 4.4.6.2 Should a resident's time away from the program exceed the maximum allowed by program requirements, the resident may extend their training.
- 4.5 Continued Medical Education (CME)
 - 4.5.1 There will be five (5) CME days available in accordance with each individual program's criteria.
 - 4.5.2 Residents may use their CME benefit for continuing education, professional dues, subscriptions, license, association fees, textbooks and any other educational resources like exam prep and board preparation courses.
- 5. References
 - 5.1 Bayhealth Family and Medical Leave Policy B9065.27
 - 5.2 Military Leave of Absence Policy B9065.50

Resident Promotion, Appointment Renewal, and Dismissal

Purpose Statement: Establishes the criteria by which residents may be promoted and discusses the resulting actions that will take place in the event of non-promotion, non-renewal of a contract, or dismissal from a residency or fellowship program at Bayhealth.

1. Definitions:
 - 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Resident Promotion
 - 4.1.1 After satisfactory completion of each year of GME experience, as attested to by the Program Director, a resident in good standing may be promoted to the next level of training, subject to the terms, limitations and conditions described in this document and the Resident Agreement.
 - 4.1.2 A resident is promoted based on acceptable periodic clinical evaluations, which may be augmented by other evaluation methods, by recommendation of the programs Promotion Committee and the Program Director, and by final approval of the Graduate Medical Education committee (GMEC). Additional promotion criteria include the following:
 - 4.1.2.1 Satisfactory completion of all training requirements
 - 4.1.2.2 Clinical and Academic performance
 - 4.1.2.3 Documented competence commensurate with level of training
 - 4.1.2.4 Successful completion and passing of the USMLE Step 3 prior to entering the Post Graduate Year (PGY)-2 level
 - 4.1.2.5 Full compliance with all terms of the Resident Agreement
 - 4.1.2.6 Continuation of the Sponsoring Institution and program Accreditation Council for Graduate Medical Education (ACGME) accreditation

- 4.1.3 Additional promotion criteria may be determined by the Clinical Competency Committee and the Program Director for individual programs.
- 4.2 Resident Non-Renewal/Dismissal
 - 4.2.1 Grounds for discipline, dismissal, or non-renewal of contract of a resident include, but are not limited to, the following:
 - 4.2.1.1 Below satisfactory academic performance, defined as a failed rotation; relevant exam scores below program requirements; and/or marginal or unsatisfactory performance as evidenced by faculty evaluation, in the areas of clinical diagnosis and judgment, medical knowledge, technical abilities, interpretation of data, patient management, communication skills, interactions with patients and other healthcare professionals, professionalism, and/or motivation and initiative.
 - 4.2.1.2 Conduct that violates professional and/or ethical standards; disrupts the operations of the Bayhealth facilities or participating sites, its departments, or affiliated hospitals; or disregards the rights or welfare of patients, visitors, or hospital/clinical staff.
 - 4.2.1.3 Failure to comply with the bylaws, policies, rules, or regulations of the Bayhealth or affiliate hospitals, medical staff, department, or with the terms and conditions of this document.
 - 4.2.1.4 Commission by the resident of an offense under federal, state, or local laws or ordinances which impacts upon the abilities of the resident to appropriately perform their normal duties in the residency program.
 - 4.2.1.5 Ineligible for continued appointment based on ongoing absence/unavailability to perform training duties; failure to satisfy licensure; visa, immunization, registration or other eligibility requirements for training.
 - 4.2.2 In the event of non-promotion, non-renewal of a contract or dismissal from a program, the resident will receive a written notice of intent not to renew or be dismissed from the program 120 days prior to the end of the contract year. Any written notice of intent to not renew, promote or dismiss will include a copy of the residents right to due process (Grievance Policy) relating to the above actions when the action is taken during the appointment period, suspension, non-renewal, non-promotion, or dismissal. If a resident is on probation or in remediation, the 120-day written notice of intent will not apply.

Resident Grievance and Due-Process

Purpose Statement: Establishes a uniform mechanism for grievance procedures for all residents in the Graduate Medical Education (GME) program. It is the belief and philosophy of Bayhealth Medical Center that good work relationships can exist only if residents believe they have been treated equitably and fairly. It is also recognized that there are occasions when honest differences of opinion may occur regarding the interpretation and application of policies and/or procedures and counseling for Disciplinary Action. The following process is established to provide an effective method for residents to bring problems to the attention of program leadership for resolution without fear of recrimination or retaliation.

Residents may also use this grievance procedure to address any concerns with the application of the resident's contract, policies, rules and regulations of the program. However, if the grievance pertains to any dispute or controversy between the resident and the policies, rules, and regulations of the program, the Program Director will notify the Designated Institutional Official (DIO) and Bayhealth's legal counsel.

1. Definitions:

- 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.

2. Areas Involved:

- 2.1 Graduate Medical Education (GME) Department

3. Forms Involved:

- 3.1 None

4. Procedure:

4.1 Step 1 of the Grievance Process

4.1.1 Program Director

- 4.1.1.1 All grievances must be submitted in writing to the Program Director. It is anticipated that every effort will be made to resolve the matter in a fair and amicable manner at this level.
- 4.1.1.2 In situations where the grievance is not resolved within fifteen (15) business days of submission, or if the grievance involves the Program Director, the resident should proceed to Step 2.

4.2 Step 2 of the Grievance Process

4.2.1 Designated Institutional Official (DIO)

- 4.2.1.1 If the resident is not satisfied with the result Step 1 in the grievance process, the resident should schedule an appointment with the DIO and submit in writing to the DIO a

description of the issue and the date(s) that it occurred. The resident's description of the matter should identify all pertinent facts of which the resident has firsthand knowledge.

- 4.2.1.2 The resident may directly report to the DIO should the grievance involve the Program Director.
- 4.2.1.3 A copy of the written document should be sent to the VP of Human Resources.
- 4.2.1.4 The DIO will hear and consider the resident's concern and take appropriate action. The action of the DIO will be communicated in a letter sent to the resident and to the Program Director within ten (10) days.

4.3 Step 3 of the Grievance Process

- 4.3.1 Time Limits: Time limits set forth in this procedure must be followed unless extended for good cause at the discretion of the GME office. A resident who fails to meet the time limits for appealing the Program's decision may be deemed to have withdrawn the appeal.
- 4.3.2 Burden of Proof: The appealing resident has the burden to demonstrate, by clear and convincing evidence, that the decision issued by the program was arbitrary and capricious. "Clear and convincing evidence" means the evidence presented by the resident is highly and substantially more probable to be true than not. "Arbitrary and capricious" means there was no reasonable basis for the Program's decision.
- 4.3.3 Appeal of DIO Decision: A resident may appeal a DIO's corrective action as follows:
 - 4.3.3.1 To initiate the appeal process, the resident must submit a written appeal to the GME office within five (5) business days of receipt of the DIO's decision being appealed. The resident's appeal should state the facts on which the appeal is based, the reason(s) the resident believes the DIO's decision was in error, and the remedy requested.
 - 4.3.3.2 The GME office will appoint an ad hoc Review Panel to hear the resident's appeal. The Review Panel will consist of one program director from a program not being reviewed acting as chairperson and two additional faculty members.
 - 4.3.3.3 The Review Panel will schedule the appeal hearing and notify the GME office of the hearing date. Schedules permitting, the appeal hearing should occur within thirty (30) business days from the Review Panel's receipt of the resident's appeal.
 - 4.3.3.4 The GME office will send a Hearing Notice to the resident. The Hearing Notice will contain the names of the Review

Panel members, the date, time and location of the appeal hearing, and the deadline to submit evidence. The resident should receive at least ten (10) business days' notice of the hearing date.

- 4.3.3.4.1 Any evidence the resident wants the Review Panel to consider must be submitted to the Review Panel at least five (5) business days prior to the appeal hearing. Submissions should contain any evidence (including witness statements and written, recorded, or electronic material) believed to be relevant to the appeal. Failure to submit evidence in that time and manner may result in the material not being considered by the Review Panel.
- 4.3.3.4.2 The GME office will facilitate the exchange of evidence between the resident and the Program Director and will provide copies of all evidence to the Review Panel.

4.4 Appeal Hearing

- 4.4.1 The Review Panel chairperson has wide discretion with respect to conducting the appeal hearing. In general, appeal hearings will proceed according to the following format:
 - 4.4.1.1 The Program Director may make a presentation to the Review Panel up to twenty (20) minutes.
 - 4.4.1.2 The resident may make a presentation to the Review Panel up to twenty (20) minutes.
 - 4.4.1.3 The Program Director will have up to ten (10) minutes to respond to the statements made by the resident.
 - 4.4.1.4 The resident will have up to ten (10) minutes to respond to the statements made by the program director.
 - 4.4.1.5 Review Panel members may ask questions of the resident and/or the program director
- 4.4.2 Witnesses other than the Program Director and the resident will not be permitted to participate in the appeal hearing unless called by the Review Panel. In the event the Review Panel elects to hear from additional witnesses, the Program Director and the resident may question those witnesses.
- 4.4.3 The Review Panel and the Program Director will be assisted during the appeal process and accompanied at the appeal hearing by Bayhealth's attorneys.
- 4.4.4 The resident may be assisted during the appeal process and accompanied at the appeal hearing by an advisor of the resident's choosing, who may be an attorney at the resident's own expense.

- 4.4.5 Advisors and attorneys may consult with the parties but will not actively participate in the appeal hearing.
- 4.4.6 Appeal hearings are confidential. Only participants, advisors or attorneys, and Review Panel members may attend.
- 4.5 Panel Deliberation and Decision
 - 4.5.1 Following the appeal hearing, the Review Panel will deliberate privately.
 - 4.5.2 The final decision will be made by a majority vote of the Review Panel members.
 - 4.5.3 The Review Panel will prepare a written decision setting forth its conclusions and its reasoning in support of those calculations.
 - 4.5.4 The Review Panel's discussion will be sent to the resident, the Program Director and the DIO within 10 business days after the hearing.
- 4.6 Residents or faculty supervisors, during any step in the process, may avail themselves to the VP of Human Resources or designee for advice and counsel, but it is encouraged that the general process be followed, whenever possible.
- 4.7 It is expected that residents and/or former residents will initiate and follow through with the process in a reasonable amount of time following the incident or onset of concerns and that management responses and determinations will be made in a timely manner that is appropriate to the issue under investigation.
- 4.8 It is understood that resident electing to utilize this process will be treated courteously and that the case will be handled confidentially and discreetly, to the greatest extent possible, at all times. No resident will be subjected to discourteous treatment, recrimination or retaliation resulting from recourse to the grievance procedure.

Resident Appointment

Purpose / Statement: Sets forth Bayhealth guidelines regarding resident recruitment and selection and is intended to establish valid, fair, effective, and ethical criteria for the recruitment and selection for Bayhealth's graduate medical education program.

1. Definitions:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program
 - 1.2 Fifth Pathway - The fifth pathway is a period of supervised clinical training for students who obtained their received undergraduate medical education abroad, premedical education in the United States, and passed Step 1 of the United States Medical Licensing Examination. Once these students successfully complete a year of clinical training sponsored by a Liaison Committee on Medical Education (LCME) US medical school and pass United States Medical Licensing Examination (USMLE) Step 2, they become eligible for an Accreditation Council for Graduate Medical Education (ACGME) accredited residency as an international medical graduate. This is one of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms:
 - 3.1 None
4. Procedure:
 - 4.1 Resident Recruitment
 - 4.1.1 Resident eligibility will be aligned with the ACGME Common and Specialty-Specific Requirements.
 - 4.1.2 Upon invitation to interview for a resident position, a candidate must be informed of the terms, conditions, and benefits of appointment to the ACGME-accredited program in writing or electronically. This communication to the candidate must include information on the following elements: vacations; parental, sick, and other leaves of absence; disability financial support; professional liability; hospitalization; and all insurance accessible to residents and their eligible dependents. This information will be in effect at the time of the candidate's eventual appointment.

4.1.3 In determining resident eligibility and appointment, Bayhealth will not discriminate about a resident's gender, race, religion, color, creed, national origin, disability, sexual orientation or veteran status. Residents will be selected based on the above requirements as well as their interpersonal and communication skills, professionalism, integrity, medical knowledge, and perceived preparedness to enter residency training.

4.2 Applicants are required to meet at least one of the following qualifications to be eligible for a position in the graduate medical education program at Bayhealth:

4.2.1 The Applicant must be a:

4.2.1.1 Graduate from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA) or

4.2.1.2 Graduate from a medical school in the United States or Canada, accredited by the LCME or

4.2.1.3 Graduate from a medical school outside the United States, and meeting one of the following additional qualifications:

4.2.1.3.1 Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in their ACGME specialty/subspecialty program; or

4.2.1.3.2 Holds a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or

4.2.1.3.3 Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME accredited medical school

4.3 Resident Selection

4.3.1 The following will be the enforced requirements for Resident Selection at Bayhealth:

4.3.1.1 Provide both a copy of their diploma and a letter from the dean of their medical school verifying graduation

- 4.3.1.2 Provide at least three (3) letters of recommendation from physicians with whom the candidate has worked
- 4.3.1.3 Complete a personal interview either in person or through video conference
- 4.3.1.4 Applicants must have the ability to obtain licensure in the state of Delaware
- 4.3.1.5 Applicants must complete all required licensing exams as listed below:
 - 4.3.1.5.1 Graduates of an AOA accredited school must successfully complete COMLEX Level 1, COMLEX Level 2 PE and COMLEX CE.
 - 4.3.1.5.2 Graduates of an LCME accredited school must successfully complete USMLE Step 1, USMLE Step 2 CK and USMLE Step 2 CS.
 - 4.3.1.5.3 Graduates of a non-LCME accredited school outside of the United States must successfully complete USMLE Step 1, USMLE Step 2 CK and USMLE Step 2 CS.

4.4 Visa Criteria

- 4.4.1 International medical graduates seeking J-1 sponsorship must fulfill several general requirements detailed in ECFMG exchange visitor sponsorship application materials. Bayhealth Medical Center in coordination with ECFMG will facilitate J-1 sponsorship.
- 4.4.2 All J-1 visas will be processed through the Graduate Medical Education Office. The Training Program Liaison (TPL) will work with the resident in obtaining the visa. Application fees and other registration expenses will be the responsibility of the training program.
- 4.4.3 Under certain exceptional circumstances, Bayhealth Medical Center will sponsor H-1B visas. This will be reviewed on a case-by-case basis and must be approved in advance. All applications for H-1B visas will be handled by the Bayhealth Medical Center attorney.
 - 4.4.3.1 For residents to be eligible for H-1B they must have successfully completed Step 3 prior to the start of the program.
- 4.4.4 It is the visa holder's responsibility to maintain lawful status while in the United States and while training at Bayhealth Medical Center as a resident or fellow.

- 4.5 Requirements for Appointment
 - 4.5.1 All residents must hold a temporary training license from the State of Delaware. A copy of the training license must be given to the GME office prior to appointment.
 - 4.5.1.1 Residents will be reimbursed for the cost of the training license.
 - 4.5.1.2 Residents will not be reimbursed for obtaining a license to moonlight.
 - 4.5.2 Residents are required to provide the GME office with the following:
 - 4.5.2.1 Proof of MMR, Varicella, Hepatitis B, Tetanus, Diphtheria w Pertussis or Diphtheria-tetanus within the past ten years
 - 4.5.2.1.1 Residents must have negative titers to above or will be required to obtain the appropriate vaccines.
 - 4.5.2.2 Tuberculosis Testing within the 12 weeks prior to the start of training at Bayhealth
 - 4.5.2.2.1 Tuberculosis testing will occur at the occupational health visit
 - 4.5.2.2.2 Residents are required to be screened annually
 - 4.5.2.3 Residents who fail to supply the immunization and health records required by the program will be placed on administrative notice.
 - 4.5.3 All residents are required to obtain and upload a copy of their photo identification card, medical license, IMG certification (if applicable), medical school diploma, vaccination record, passport (if applicable), Visa (if applicable), demographic information and any other information requested by the GME office.
 - 4.5.4 Criminal background check, drug screening and sexual offender check are required for all newly hired residents and must be completed prior to appointment at Bayhealth.
 - 4.5.4.1 A resident testing positive for any controlled substance will be denied employment unless it can be shown the drug in question is prescribed by a licensed physician or healthcare provider to treat a current diagnosed condition and will not interfere with the applicant's ability to safely perform the job. The Bayhealth Medical Review Officer will

evaluate all positive results and consult with the prescribing physician if applicable.

4.5.4.2 Residents must adhere to all drug and alcohol policy requirements listed in the Bayhealth Drug and Alcohol Abuse Policy (B9065.14).

4.5.4.3 Residents are required to pass required Human Resources screening prior to appointment.

4.5.4.3.1 Program Director(s) will be notified by Human Resources of any failed pre-employment testing.

5. References

5.1 Bayhealth Drug and Alcohol Abuse Policy, B9065.14

Resident Supervision

Purpose Statement:

Residents at Bayhealth Graduate Medical Education must be supervised by faculty physicians in a manner that is consistent with the Accreditation Council for Graduate Medical Education (ACGME) common program requirements and requirements for the applicable residency program. There must be enough institutional oversight to ensure that trainees are appropriately supervised; appropriate supervision meaning that the resident is supervised by the teaching faculty in such a way that the resident assumes progressive responsibility according to their level of education, proven ability, and experience

1. Definitions:

- 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.

2. Areas Involved:

- 2.1 Graduate Medical Education (GME) Department

3. Forms:

- 3.1 None

4. Procedure

- 4.1 Each program must have a supervision policy that is available to residents, faculty members, other members of the health care team, and patients.

- 4.1.1 It is the responsibility of the individual Program Directors to establish detailed written policies describing trainee supervision at each level for their residency/fellowship programs in accordance with institutional policies and ACGME requirements.

- 4.1.2 The Program Director will provide explicit written descriptions of lines of responsibility for the care of patients, which will be made clear to all members of the teaching teams.

- 4.1.3 The program must define when physical presence of a supervising physician is required.

- 4.2 Residents will be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation.

- 4.3 The Program Director will use the following levels of supervision and their correlating definitions:

4.3.1 Direct Supervision:

- 4.3.1.1 The supervising physician is physically present with the resident during the key portions of the patient interaction.

- 4.3.1.2 The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
 - 4.3.2 Indirect Supervision:
 - 4.3.2.1 The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
 - 4.3.3 Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- 4.4 Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.
- 4.5 As the resident's supervision level evolves, the description of their responsibilities must include identification of the mechanisms by which the participant's supervisor(s) and Program Director make decisions about each resident's progressive involvement and independence in specific patient care activities.
- 4.6 Senior residents should serve in a supervisory role of junior residents with appropriate patients, provided the junior residents have demonstrated progress in the training program.
- 4.7 In each program, there will be circumstances in which residents must verbally communicate with appropriate supervising faculty, regardless of training level and experience. Programs must identify and put in writing circumstances in which verbal communication with Supervising Faculty is necessary. At a minimum, these circumstances must include:
 - 4.7.1 Emergency admission
 - 4.7.2 Consultation for urgent condition
 - 4.7.3 Transfer of patient to a higher level of care
 - 4.7.4 Code Blue Team activation
 - 4.7.5 Change in DNR status
 - 4.7.6 Patient or family dissatisfaction
 - 4.7.7 Patient requesting discharge AMA
 - 4.7.8 Patient death
- 4.8 Residents will be assigned a faculty supervisor for each rotation or clinical experience (inpatient or outpatient). The faculty supervisor will provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under their direct supervision. The

Program Director will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate the appropriate level of patient care authority and responsibility.

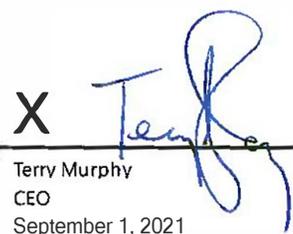
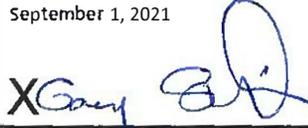
- 4.9 In addition, the Program Director must evaluate each Resident's abilities based on specific criteria established by the faculty of the training program. These criteria will be guided by national standards-based criteria when such are available.
- 4.10 The resident is protected in a manner that is free from reprisal which ensures they can raise concerns and provide feedback in a confidential manner without intimidation or retaliation. If a resident feels that they are not adequately supervised by program faculty, the first contact will be the Program Director or Associate Program Director, when applicable. If these individuals are not available or the resident does not feel comfortable approaching these individuals, the next contact is the Designated Institutional Official. Finally, if the Designated Institutional Official cannot be reached, the GME Director, and appropriate supervision is arranged.
 - 4.10.1 If the issue of inadequate supervision is raised, it will be discussed immediately at an ad hoc Graduate Medical Education Committee (GMEC) meeting. A trend of inadequate supervision may prompt a special review of the program.
- 4.11 Faculty will be held to this policy and program-level supervision policies as part of a contract that they must sign prior to participation in the program. If a faculty fails to provide adequate supervision per these policies, they will face remediation, which could result in removal as program faculty.

Statement of Commitment to Graduate Medical Education

Purpose Statement: At Bayhealth Medical Center (Bayhealth), our mission is to strengthen the health of our community, one life at a time. To accomplish this mission, Bayhealth must provide a premiere educational experience to its residents in which residents learn to provide optimal care to the community. Therefore, Bayhealth will support a strong Graduate Medical Education (GME) program through the provision of the necessary administrative, educational, financial, human, and clinical resources for all of its Accreditation Council for Graduate Medical Education (ACGME)-accredited programs.

1. Definitions:
 - 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Bayhealth departments and facilities
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Mission: At Bayhealth Medical Center (Bayhealth), our mission is to strengthen the health of our community, one life at a time. To accomplish this mission, Bayhealth must provide a premiere educational experience to its residents in which residents learn to provide optimal care to the community. Therefore, Bayhealth will support a strong Graduate Medical Education (GME) program through the provision of the necessary administrative, educational, financial, human, and clinical resources for all of its Accreditation Council for Graduate Medical Education (ACGME)-accredited programs.
 - 4.2 Bayhealth is committed to providing the necessary financial support for administrative, educational, and clinical resources including personnel, necessary to assure excellence in its graduate medical education programs.
 - 4.3 Bayhealth will be responsible for the following considerations to ensure this commitment is enacted within the residency program operations:
 - 4.3.1 Provide adequate clinical sites for resident education within the Bayhealth system and through agreements with approved patient care facilities as necessary
 - 4.3.2 Provide appropriate guidance and supervision to ensure that the patient care provided by residents is safe and appropriate for the patient, the resident, and their colleagues

- 4.3.3 Provide access to appropriate educational resources for residents and faculty (such as library, facilities, teaching space and equipment, and information systems), as well as availability of specialty/subspecialty-specific and other appropriate reference material in print or electronic format (e.g. electronic medical literature databases with search capabilities);
- 4.3.4 Ensure that the DIO and Program Directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities, per the ACGME requirements
- 4.3.5 Organize, staff and support GMEC and a Graduate Medical Education Office to provide support and oversight as stated in the ACGME Institutional Requirements
- 4.3.6 Support other program faculty who contribute to resident teaching and administration of the GME programs
- 4.3.7 Ensure that residents can communicate any concerns, without intimidation or fear of retribution
- 4.3.8 Coordinate the fair implementation of personnel policies and procedures for residents
- 4.3.9 Provide appropriate on-call rooms, food services, security, and related services per ACGME requirements
- 4.3.10 Ensure that resident clinical experience and education hours comply with ACGME requirements and hospital policies.
- 4.4 The executive leadership of Bayhealth, GMEC, DIO, the Program Director(s), and the Bayhealth Board of Directors will monitor and ensure compliance with requirements and adherence to the established standards.
- 4.5 This statement of commitment will be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Bayhealth's senior administration, and a representative of Bayhealth's Board of Directors.

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<p style="text-align: center;"></p> <hr style="border: 0.5px solid black;"/> <p>Gary Siegelman, MD Designated Institutional Official September 1, 2021</p>	

Transition of Care

Purpose Statement: Residents and faculty members will receive training on the proper protocol for transitioning care. This is to ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at all participating sites.

1. Definitions:
 - 1.1 Resident - Interns, residents and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
 - 1.2 Transitions in care - The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.
2. Areas Involved:
 - 2.1 Bayhealth departments and facilities
3. Forms Involved:
 - 3.1 Electronic Hand-off document
4. Procedure:
 - 4.1 Transitions in care occur regularly under the following conditions:
 - 4.1.1 Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
 - 4.1.2 Inpatient admission from the Emergency Department
 - 4.1.3 Transfer of a patient to or from a critical care unit
 - 4.1.4 Transfer of patient from the Post Anesthesia Care Unit (PACU) to an inpatient unit when a different physician will be caring for that patient
 - 4.1.5 Transfer of care to other healthcare professionals within procedure or diagnostic areas
 - 4.1.6 Discharge, including discharge to home or another facility such as skilled nursing care
 - 4.1.7 Change in provider or service change, including resident sign-out, inpatient consultation sign-out, and rotation changes for residents.
 - 4.2 Individual Graduate Medical Education (GME) programs must have a policy addressing transitions of care that is consistent with general institutional policies concerning patient safety and quality of healthcare delivery.
 - 4.3 Individual GME programs must design clinical assignments to minimize the number of transitions in patient care.

- 4.4 Individual GME programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- 4.5 GME programs must ensure that residents are competent in communicating with team members in the hand-over process.
- 4.6 Each GME program must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

Vendor Relations

Purpose Statement: To set forth guidelines for appropriate vendor access and solicitation within Bayhealth.

1. Definition:

- 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
- 1.2 Vendor - A company, its representative or the agent of a company that either produces or markets drugs, devices, nutritional products, or other products or services.

2. Areas Involved:

- 2.1 Bayhealth departments and facilities

3. Forms Involved:

- 3.1 None

4. Procedure:

- 4.1 Residents will follow the Vendor policy and procedures of Bayhealth that is found on BayNet.
- 4.2 It is the responsibility of the Graduate Medical Education Office to provide proper education to all residents about vendor interactions during orientation.
- 4.3 It is the responsibility of the resident to address any concerns about a vendor with their supervising physician.

Well-Being

Purpose Statement: Bayhealth as the Sponsoring Institution, in partnership with its Accreditation Council for Graduate Medical Education (ACGME)-accredited programs will provide education to all faculty members and residents to help identify and preempt signs and symptoms of burnout, depression and substance abuse, including how to recognize these symptoms in oneself.

1. Definition:
 - 1.1 Resident - Interns, residents, and subspecialty residents (fellows) enrolled in a Bayhealth sponsored postgraduate training program.
2. Areas Involved:
 - 2.1 Graduate Medical Education (GME) Department
3. Forms Involved:
 - 3.1 None
4. Procedure:
 - 4.1 Residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. The institution, in addition to each training program has the same responsibility to address well-being as they do to evaluate other aspects of resident competence.
 - 4.1.1 Each program will provide education to all faculty members and residents to identify signs and symptoms of burnout, depression, and substance abuse, including how to recognize these symptoms in oneself.
 - 4.2 If any resident or faculty member is concerned about another resident, faculty member, or themselves displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence, they are encouraged to alert the program director, Designated Institutional Official (DIO), or other program-specific designated personnel.
 - 4.3 Bayhealth will provide access to appropriate tools for self-screening as well as access to Employee Assistance as outlined in Employee Benefits.
 - 4.4 Bayhealth residents and faculty members will have access to confidential, affordable, mental health assessment, counseling, and treatment, including access to urgent and emergent care 24-hours a day, seven days a week.
 - 4.5 Residents will have access to VITAL WorkLife. This program offers immediate counseling, peer coaching, financial consulting services, legal services, and other online resources.