



# Graduate Medical Education Policies 2019-2020

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Applies to all residents and clinical fellows at Legacy Emanuel and Good Samaritan Medical Centers

# Legacy Emanuel and Good Samaritan Medical Centers

## Graduate Medical Education Policies

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**2019 - 2020**

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**SUBJECT:** ACCOMMODATION FOR THOSE WITH DISABILITIES

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**PURPOSE:** To assure that residents and clinical fellows are aware of the process for disability accommodation

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Any resident or clinical fellow with a physical or mental disability that may limit his/her ability to perform required job duties is encouraged to advise his or her program director or the Legacy Human Resources department regarding the disability and any associated work limitations, and to request a reasonable accommodation that will allow performance of duties.

The program director, resident or clinical fellow and human resources will work together to evaluate the request for accommodation and engage in an interactive process to determine an appropriate reasonable accommodation.

Information regarding requests for accommodation will be kept as confidential as possible, with limited exceptions as required or recognized by law. Residents and clinical fellows shall be entitled to the same rights as all other Legacy employees.

Any program director, trainee supervisor or department personnel who receives an inquiry related to a trainee's disability or a request for accommodation shall promptly notify the Human Resources department.

See also *Legacy Health policy 500.106, Non-Discrimination, Equal Opportunity, and Affirmative Action*, and *Legacy Health policy 500.401, Leave of Absence* (see Appendix).

*This policy approved by the Legacy Health Graduate Medical Education Committee, September 2, 2010.  
Reviewed: February 2018, June 2019*

**SUBJECT:** COUNSELING SERVICES FOR RESIDENTS AND FELLOWS

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**PURPOSE:** To explain employee assistance programs for Legacy resident and fellow employees

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Legacy Employee Assistance Program

- As an employee of Legacy Health, a resident or fellow is provided with access to wellness programs as described in the Legacy Benefit Guide and on the Legacy Intranet on the Wellness > Employee Assistance page. Through Cascade Center, Inc. (cascadecenters.com) our Employee Assistance Program offers assistance with many different issues, including relationship problems, depression or anxiety, stress management, alcohol & drug abuse, identity theft, financial or legal issues, and event assistance in finding child or elder care. Additionally, crisis counseling is available 365 days a year and 24 hours a day. By having this program run outside of Legacy, employees and their families have complete confidentiality.

OHSU Resident and Fellow Wellness Program

- Legacy has contracted with OHSU to provide our residents and fellows access to the OHSU Resident and Fellow Wellness Program. Designed specifically for residents and fellows, this program provides confidential counseling and coaching specifically tailored to the unique demands of working in an academic medical environment. Here, residents and fellows receive free, confidential counseling and coaching services where any problems or concerns - personal or professional, can be addressed. You do not need to be in crisis, you may just want to talk. Contact information can be found on their website (Search: OHSU Resident and Fellow Wellness program), on the New Innovations home page, with the GME manager, program coordinator or chief residents.

*Revised May 2018.*  
*Reviewed June 2019*

**SUBJECT:** DISASTER PREPAREDNESS

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**PURPOSE:** To address administrative support for GME programs and residents in the event of a disaster or interruption in patient care, including assistance for continuation of resident assignments.

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In the event of a disaster impacting the graduate medical education programs sponsored by Legacy Health, the Graduate Medical Education Committee (GMEC) establishes this policy to protect the well-being, safety and educational experience of residents enrolled in our training programs. The GMEC will rely on the Legacy Storm Management Plan and Emergency Management Response procedures for its residents and fellows.

Following declaration of a disaster, the Designated Institutional Official(DIO), working with the GMEC and institution administration, will strive to restructure the educational experience as quickly as possible.

To maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in their specialty, the DIO and GMEC will make the determination as to whether transfers to other programs are necessary.

If the DIO and GMEC determine that Legacy can no longer provide an adequate educational experience for its residents, they will, to the best of their ability, arrange for the temporary transfer of the residents to programs at other institutions, until such time as Legacy is able to resume providing the experience. Residents who transfer to other programs as a result of a disaster will be provided by their program directors with an estimated time that the temporary relocation to another program will be necessary. Should that initial time estimate need to be extended, the residents will be notified by their program directors, using written or electronic means, identifying the estimated time of the extension.

If the disaster prevents Legacy from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation.

See also *Legacy Health policy 200.14, Storm Management Plan and Procedures, 200.11, Emergency Management Response Procedure* and *300.09, Emergency Operations Plan* (See Appendix).

*Approved by the Legacy Health Graduate Medical Education Committee, September 2, 2010.  
Reviewed March 2018, June 2019*

**SUBJECT:** FAMILY/MEDICAL LEAVE

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**PURPOSE:** To clarify Leave of Absence Policy for resident and fellow employees and to define effect of taking a leave on completion of residency training.

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As employees of Legacy Health, residents and fellows qualify for the types of family, medical and personal leave described in *Legacy Health Policy 500.401, Leave of Absence* (see Appendix). Residents and fellows do not accrue Annual Paid Leave (APL) to cover for time off as stated in this policy, however, residents and fellows are provided with benefits as described below:

- Per the Oregon Family Leave Act (OFLA) and the Federal Family Medical Leave Act (FMLA), an eligible resident or fellow is allowed to take up to 12 weeks of leave per 12 month period for approved family leave or medical leave, as defined in *Legacy Health Policy 500.401, Leave of Absence* (see Appendix).
- Legacy Health will allow the resident or fellow 28 days of paid leave for approved family or medical leave.
- Following exhaustion of paid leave, the resident or fellow must use his/her remaining sick pay, if eligible, to supplement his/her income during his/her family or medical leave.
- Vacation pay may also be used to cover family or medical leave.
- A portion of the family or medical leave may be unpaid if the resident or fellow exceeds his/her annual benefits.
- Legacy will continue the resident's or fellow's healthcare benefits elected prior to the leave of absence (or the newly elected benefits if the leave continues into a new benefit plan year or qualifying event occurs) during the entire approved leave of absence.

Any resident or fellow needing to request leave should consult with his/her program director or faculty advisor and the manager of Graduate Medical Education.

### PROCESS

Family/Medical Leave should be requested as far in advance of the start date as possible as follows:

- Consult the Legacy intranet page: Benefits – Leave of Absence and Workers Compensation
- Apply for leave by calling Sedgwick Claims Management Services at 855-231-0864 or online through via One Express at [www.claimlookup.com/Legacy](http://www.claimlookup.com/Legacy).
- Notify your chief resident, program director, coordinator or scheduler
- Notify the GME department manager
- Complete attached Leave Acknowledgment form and return to your coordinator
- In the case of a birth or adoption, notify the Legacy benefits department to add your child to your insurance

### Maternal Benefit

FMLA/GME - 28 paid days (weekends included)

Sick Leave – 14 days (weekends included)

Vacation Leave – 15 weekdays

### Paternal Benefit

FMLA/GME - 28 paid days (weekends included)

Vacation Leave – 15 weekdays

In the event the resident or fellow is absent due to sickness, vacation, education day, short-term or long-term disability, or authorized leave, in no event shall the resident or fellow receive more than a single day's pay from all sources for a single day's absence for any such reasons. In other words, such payments shall not cumulate.

**Effect on Completion of Residency Program**

Any resident or fellow taking a leave of absence during the course of a residency training program must be prepared and able to extend his/her training beyond his/her expected graduation date for an amount of time up to the duration of the leave. This extension may be necessary to meet residency accreditation requirements and/or to qualify the resident or fellow for Board certification in his/her specialty. The length of the extension is to be determined by the resident's or fellow's program director.

*Revised: May 2018*  
*Reviewed June 2019*

# Legacy Health

## Leave Acknowledgement

I have read and been informed about the content, requirements, and expectations of the Family/Medical Leave policy for residents and fellows at Legacy Health. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my residency/fellowship training at Legacy Health.

I understand that if, at any time, I have questions regarding the family/medical leave policy, I will consult with my program director or GME manager.

Please read [Legacy Health Policy 500.401](#) and GME Family/Medical Leave Policy #4.15 carefully to ensure that you understand the policy before signing this document.

Resident/Fellow Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Resident/Fellow Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

GME Manager: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_





**SUBJECT:** GRIEVANCES, DUE PROCESS AND PROBLEM RESOLUTION

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**PURPOSE:** The purpose of this policy to assure that residents of Legacy Health have a readily accessible, equitable and timely system for resolving work related problems and grievances using due process.

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### DEFINITIONS

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term "resident(s)."

**Problem/Grievance:**

A resident's expressed dissatisfaction relating to application of rules, discipline, policies and procedures, corrective action, termination, promotion or training opportunities, discrimination, harassment, and treatment by management, program director, faculty, colleagues or other employees.

**Grievant:** A resident seeking resolution to a complaint, problem or grievance

**Due Process:** A course of formal proceedings carried out regularly and in accordance with established rules and principles

### PROVISIONS

- All persons participating in the problem resolution and/or grievance processes shall attempt to minimize disruption of normal work responsibilities. To the extent possible, information relating to a problem or grievance should be kept confidential.
- A resident who initiates the problem resolution/grievance process or who participates in the process will not be subject to intimidation, harassment or retaliation as a result of using or participating in this process.
- Residents who are subject to corrective action are permitted to appeal in accordance with the due process procedure outlined below.
- To resolve a problem or grievance, Legacy Health representatives may need to investigate and obtain information relating to the problem at issue. The resident must cooperate in any investigation in order for the problem resolution/grievance process to continue.
- Time periods contained in this policy may be waived if all parties agree or if it is in the best interest of the process to do so. As used in this policy, the term "days" refers to calendar days.
- The Human Resources Department shall serve as a resource to facilitate the problem resolution and grievance processes, and may provide guidance and information on the proper use of the grievance process. *Legacy Health Policy 500.505, Resolution of Problems and Grievances* (See Appendix).
- Decisions reached under this policy shall be confidential and are not precedent setting or binding on future problems or grievances.
- Outside representatives or family members are not permitted to participate in meetings or other steps provided for in this policy.

### INFORMAL PROCEDURE

To facilitate prompt resolution of issues, the resident should initiate the problem resolution process within 30 days of the date the problem or incident arose. In most cases, early resolution of problems or grievances can best be accomplished when the resident discusses the problem with the program director. Attendance in these

discussions will be restricted to persons directly involved. The program director is expected to research and respond to the resident within 10 calendar days. If the program director is not immediately available, or if for any reason the resident does not want to approach the program director with his/her problem or complaint, the resident may contact one or more of the following individuals:

- Associate Program Director
- Faculty Advisor
- Chief Medicine Resident
- Manager of Graduate Medical Education
- Human Resources Representative
- Chair of the Graduate Medical Education Committee

Any of the above-listed individuals is expected to research and respond to the resident within 10 calendar days. All resident concerns are to be treated with sincerity and respect. Resident requests for confidentiality will be respected, except in those rare circumstances where maintaining such confidence would violate a local, state or federal law, or would violate the terms of an individual's professional license status.

Internal medicine residents may also air matters of concern at medicine housestaff meetings. Legacy-employed residents in non-medicine specialties may organize and hold housestaff meetings for participants in their training program. Legacy residents are also allowed to establish and join a housestaff organization, if so desired. Membership in a housestaff organization is optional.

### **FORMAL PROCEDURE**

A formal procedure is also available to residents. The formal procedure is initiated after using the informal procedure. The resident must report the problem/grievance within 10 calendar days after receiving a response to an informal grievance if the resident is not satisfied with the outcome of the informal process. The formal procedure will follow the steps below. Resolution may be reached at any level, making it unnecessary to go through all the steps outlined.

#### **Step One**

- The resident completes a "Request for Problem/Grievance Resolution" form (attached).
- The resident should provide a description of the problem, including reference to the policy or procedure at issue, what steps have been taken to resolve the issue, and the specific resolution sought.
- The grievance shall be filed with the manager of Graduate Medical Education with a copy to Human Resources.
- The grievance shall be heard by a committee consisting of the following individuals. The chair of the Graduate Medical Education Committee and/or the manager of Graduate Medical Education may be recused if he/she has been directly involved in the problem that initiated the grievance.
  - One impartial resident and one member of the active medical staff, as appointed by the chair of the Graduate Medical Education Committee.
  - One person from either the active medical staff or the resident staff who is mutually acceptable to and agreed upon by the resident filing the grievance and the chair of the Graduate Medical Education Committee.
  - The chair of the Graduate Medical Education Committee shall chair the committee, but shall not have a vote.
  - The manager of Graduate Medical Education shall be present at the grievance, attend to administrative matters and may participate in the deliberations but shall not have a vote.

The committee shall be formed within 15 calendar days of the filing of the grievance. The committee shall hear the case as promptly as is practical, with due notice to all parties, and in any event within 15 calendar days after constitution of the committee unless delay is mutually agreed upon by all involved parties. Evidence and argument may be submitted in writing or personally or both.

The committee shall decide whether the subject is grievable or not. Should the committee decide that the matter is not grievable, the proceeding shall be concluded.

If the committee finds the matter grievable, they are to recommend a remedy or procedure acceptable to settle the dispute. All committee decisions and recommendations shall be decided by a majority vote of the voting members of the committee. The decision and the recommended action shall be in writing and shall be delivered to the parties involved in the dispute and to the Clinical Vice President for Medical Education for Legacy Health.

If no notice of appeal, as provided for in Step Two, is filed within 7 calendar days of the committee's decision, the decision of the committee shall be final. The manager of Graduate Medical Education shall be responsible for ensuring that any necessary action to resolve the grievance in accordance with the decision is carried out.

**Step Two**

If any party to the grievance is dissatisfied with the decision resulting from the procedure in Step One, he/she may appeal the case directly to the Clinical Vice President for Medical Education. The notice of appeal to the clinical vice president shall be submitted in writing within 7 calendar days following receipt of the decision in Step One. The clinical vice president may call for additional research or interviews.

Upon completion of this review, the clinical vice president will render a decision or proposed resolution regarding the matter within 15 calendar days. The decision of the clinical vice president is final and binding.

*Approved by Legacy Health Graduate Medical Education Committee on June 13, 1996*

*Reviewed: January 2018, June 2019*

*Revised November 2018*

**REQUEST FOR PROBLEM/GRIEVANCE RESOLUTION**

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Manager \_\_\_\_\_ Phone \_\_\_\_\_

Statement of Problem/Grievance

In preparing your grievance please include the following: A) Description of problem, B) What policy (policies) and/or procedure(s) apply to your grievance, C) What steps you have taken to try to resolve the problem, D) What resolution you are seeking.

Please include dates of events and any other supporting documentation that may include names of individuals who may have knowledge of the problem or grievance.

A) Description of Problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B) What Policy(policies) and/or Procedures Apply to your Grievance \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C) What Steps You Have Taken to Resolve the Problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D) What Resolution You Are Seeking \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBJECT:** HEALTH CARE AND DENTAL CARE COVERAGE

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**PURPOSE:** To explain the unique advantages of the health care and dental care coverage plans for Legacy resident and fellow employees

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As an employee of Legacy Health, a resident or fellow is provided with the same health care and dental care coverage as that provided to regular employees, with one exception: Legacy Health pays the majority of the premium for the resident's or fellow's coverage, as well as the premium for the coverage of the resident's or fellow's eligible dependents based on options selected. The resident or fellow pays a nominal portion of the premium each month.

Legacy Health does not cover the cost of out-of-pocket deductible amounts nor co-pay amounts for health care or dental care. Legacy also does not pay the employee premiums for any other benefit plans, including but not limited to, supplemental life insurance, spouse and dependent life insurance and accidental death and dismemberment insurance coverage.

To be covered by the Legacy benefit plan, the resident or fellow must enroll within 31 days from the date of hire and must abide by all policies, rules and procedures for enrollment.

The resident becomes eligible for health care and dental care coverage on the date of hire.

The fellow becomes eligible for health care and dental care coverage on the first day of the month following the date of hire. For example, a fellow hired on June 24<sup>th</sup> would be eligible on the following July 1<sup>st</sup>, and would need to enroll by July 25<sup>th</sup>.

The resident or fellow may change his/her benefit elections only during the annual enrollment period, unless he/she has a qualifying event in the interim. The definition of a "qualifying event" and other detailed information on benefits is stated in the Legacy Health Employee Benefits Guide. The resident or fellow is encouraged to consult the Benefits Guide and direct benefits questions to the Legacy Benefits Department or his/her manager.

*Revised May 2014*  
*Reviewed April 2018, June 2019*

**SUBJECT:** NON-ACGME ACCREDITED FELLOWSHIPS

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**PURPOSE:** To explain the standard practice for appointing clinical fellows in non-ACGME accredited training programs

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### **SCOPE**

This policy applies to clinical fellows in Legacy-sponsored, non-ACGME training programs, and clinical fellows enrolled in integrated or affiliated programs, and clinical fellows from other teaching hospitals who are temporarily assigned to any Legacy Health facility for clinical training purposes.

### **DEFINITIONS**

**Fellow:** Physician trainee enrolled in a subspecialty clinical training program who has completed a training program in a primary specialty. If the training was completed in the US, the trainee would be expected to be board eligible or board certified in the primary specialty. If training completed internationally, Legacy Graduate Medical Education (GME) will only sponsor fellows in US on J-1 Visa. Other Visa types will not be supported by Legacy GME. *See GME Policy 1.16, Visa Sponsorship for Residents and Fellows.*

**Program Director:** Legacy medical staff member who is appointed by Legacy Health to direct a given training program

### **POLICY**

All non-ACGME accredited fellowships administered by Legacy Health will be overseen and monitored by the Graduate Medical Education Committee (GMEC). As such they are required to have:

- A designated program director who is responsible for all components of the fellowship
- Program descriptions with curricula
- Goals and objectives for the six core competencies
  - Patient Care and Procedural Skills
  - Medical Knowledge
  - Interpersonal and Communication Skills
  - Professionalism
  - Practice Based Learning and Improvement
  - Systems-Based Practice
- An evaluation processes for trainees (formative, summative, and final), faculty and programs/rotations
- A description of the overall goals of the program (e.g. transition to independent practice for advanced trainees or specific sub-specialties)
- A learning environment conducive to education, while ensuring rest and fatigue mitigation
- Program Letters of Agreement for away sites
- Alignment with institutional programs for patient safety and quality improvement
- Policies:
  - The effect of leave of absence on program completion
  - Appropriate supervision which provides for independent practice under areas previously credentialed
  - Transitions of care
  - Moonlighting in credentialed specialty

All non-ACGME accredited programs must be approved by GMEC, including the following:

- Initial program approval

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- Increase in complement of fellows
- Change in program director
- Adding a new site
- Change in program length or structure

All non-ACGME accredited programs should consider ACGME accreditation if accreditation becomes available or is applicable.

The Graduate Medical Education Committee will also conduct periodic reviews of non-ACGME accredited fellowships to assure the quality of the educational program.

**FELLOWS**

All fellows in Non-ACGME Accredited Programs:

- will be hired by GME or their training department
- will be offered the same GME annual salary structure as those in ACGME accredited programs at a minimum (this may vary depending upon duties)
- will be provided the same benefits as ACGME accredited program fellows
- will be subject to Legacy Medical Staff Bylaws, Rules and Regulations
- will be limited to the scope of practice per their appointment/ privileges. As trainees, supervision must be provided at a level appropriate to their training.

Credentialed Fellows in Non-ACGME Accredited Program

- Fellows who are board eligible or certified in the US may apply for credentialing and privileges via Legacy Medical Staff Services.
- Credentialed fellows may bill for those activities for which they are board certified/credentialed, unless prohibited by their visa status or by virtue of being in a program that leads to American Board of Medical Specialties certification.
- Credentialed fellows may bill for moonlighting activities (even in the training program) which fall within the primary specialty/certification.
- Credentialed fellows/instructors will need an unlimited license from the Oregon Medical Board to bill for patient care, and their own DEA number to write prescriptions.

Non-Credentialed Fellows in Non-ACGME Accredited Program

- Fellows who are not board eligible in the US, but are board certified in another country, may be appointed as GME fellows. They are non-credentialed fellows.
- Non-credentialed fellows must have an ECFMG certificate, which confirms medical school graduation and successful passing of USMLE Steps 1, 2 and the Clinical Skills Exam.
- Non-credentialed fellows cannot bill for patient care since their visa most likely does not allow for it and they are not credentialed. Attending physicians can bill for the fellows' services.
- Non-credentialed fellows cannot moonlight.
- Non-credentialed fellows are eligible for a fellow restricted license from the OMB.  
(<http://www.oregon.gov/omb/licensing/Pages/MD-DO-DPM.aspx>)

Disposition of billing

Billing collections for non-ACGME accredited fellows will go directly to the department in which they are doing their training.

**FEES FOR PROGRAMS**

As the departments in which the fellows rotate will receive all fellows' revenue, GME will bill each department for services rendered by GME. Separate MOUs will be developed for each department as GME services vary for each fellowship program.

For fellows who are not eligible for credentialing and privileging (e.g., those on J-1 Visa), GME will appoint them as regular GME fellows and no extra fees other than Visa fees will be charged to departments.

*Approved by the Legacy Health Graduate Medical Education Committee, May 18, 2017*  
*Reviewed June 2019*



**SUBJECT:** OUT-OF-AREA, OUT-OF-COUNTRY AND NON-REIMBURSABLE ROTATIONS

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**PURPOSE:** To explain the general provisions and limits for educational experiences that occur outside of the Legacy sponsored residency program rotations.

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**DEFINITIONS**

**Academic year:** July to June

**Rotation:** A period of time assigned to a specific educational experience and defined by a set curriculum. For purposes of this policy, a rotation can be as short as one day or as long as 31 calendar days.

**Out of Area Rotation:**

- A rotation which takes place outside of the Portland metropolitan geographic area and limits the residents' ability to return to the hospital for conferences and clinic assignments.
- A rotation that provides a unique educational opportunity not available locally.

**Non-reimbursable Rotation:**

A clinical experience that is exempt from Medicare/Medicaid reimbursement to Legacy Health, including:

- Any rotation at another hospital
- Any rotation outside of the United States, Guam or Puerto Rico
- Research rotations not required by the program and not related with the treatment/diagnosis of a patient

**POLICY**

A resident or clinical fellow planning a non-reimbursable, out-of-area or out-of-country rotation must abide by all policies established by his/her training program. Prospective written approval must be received and a Program Letter of Agreement (PLA) between Legacy and the destination facility must be fully executed prior to the start of the rotation (except in the case of an Out-of-Country rotation). These rotations are limited as follows:

**Out-of-Area Rotations**

**Residents:**

- A Legacy resident is allowed one out-of-area rotation, not to exceed a total of 31 calendar days, per academic year. Rare exceptions may be made to allow more than one rotation per year, but strong justification for educational experience will be required.
- The resident must obtain prospective, written permission from his/her program director and the Designated Institutional Official/CVP of Medical Education.
- A fully executed Program Letter of Agreement must be in place prior to the start of the rotation.

**Fellows:**

- A Legacy clinical fellow is enrolled in an intense, specialized, one-year training program and so the need for an out-of-area rotation should be rare.
- If such need arises, the clinical fellow must obtain written permission for the out-of-area rotation from the chief of his/her division, from his/her program director and from the Designated Institutional Official/CVP Medical Education.
- A fully executed Program Letter of Agreement must be in place prior to the start of the rotation.

**Out-of-Country Rotations**

Out-of-Country rotations may be applied for under the same guidelines as out-of-area rotations however the following conditions apply:

- The resident has consulted with a healthcare provider with regard to their personal or medical needs for the duration of the Out-of-Country rotation
- The resident assumes all risk and responsibility to acquire medical insurance with international coverage and coverage for emergency medical evacuation and to meet any and all needs for payment of hospital costs while participating in this program
- Legacy cannot and does not assume any legal responsibility for payment of any hospitalization or evacuation should the trainee suffer a medical emergency while on an out-of-country rotation
- Prior to international travel, trainee will complete the Out-of-Country Elective Rotations form and return it to the Graduate Medical Education office for processing.

*GME Policies 3.12 Out-Of-Area Rotations and 3.17 Non-Reimbursable Rotations were combined and approved by the Graduate Medical Education Committee March 2018*

*Reviewed June 2019*



### Out of Country Elective Rotations

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Name of Resident/Fellow: \_\_\_\_\_ Period of Travel \_\_\_\_\_

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Host Agency/Institution Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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City and Country: \_\_\_\_\_ Phone Number: (including country code) \_\_\_\_\_

In signing this document, I agree and accept that there are certain risks inherent in international travel, that I am voluntarily participating in this elective, which is not required for my training, and that LEGACY cannot and will not assume responsibility for any of my activities. I am aware of my personal medical needs and hereby assure LEGACY that I have consulted with a healthcare provider, as I may have deemed necessary, with regard to any of my personal or medical needs. I am aware that, should I be required to be hospitalized or evacuated for a medical emergency at any time during this program, LEGACY cannot and does not assume any legal responsibility for payment of such costs. Rather, I hereby assure LEGACY that I am assuming all risk and responsibility and that I have acquired medical insurance, with international coverage and coverage for emergency medical evacuation, to meet any and all needs for payment of hospital costs while participating in this program.

**Adequate insurance coverage is mandatory.** LEGACY requires you purchase a travel insurance policy with combined emergency medical expense coverage and emergency medical evacuation coverage.

I understand that my participation in this out-of-country elective rotation requires a minimum level of fitness and health (physical, mental, and emotional) and I agree and warrant that I am physically fit and able to participate in the rotation described above.

\_\_\_\_\_  
(Initial)

I confirm that I have arranged medical and evacuation insurance for the duration of my international travel; and that I have provided proof of such insurance to the GME office.

\_\_\_\_\_  
(Initial)

I agree and understand that, as a guest in a foreign country, there is certain behavior which will be unacceptable and could lead to possible removal from this training site. I agree and understand that should I have or develop legal problems with any foreign nationals or government of the host country, I will attend to the matter personally with my own personal funds. LEGACY shall not provide any assistance under such circumstances.

I agree and understand that there are risks associated with international travel. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both, or may be beyond the control (such as the risk of illness, accident, disease, death, war, or violence) of preventive or preparatory measures.

I understand that international travel involves risk, including travel to/from the United States and a difference in standard conditions (possibly sub-standard conditions) in healthcare, sanitation, communication, infrastructure, politics, culture, and environment. I understand and accept all risks involved with international travel.

\_\_\_\_\_  
(Initial)

I agree and understand that LEGACY assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings (i.e., clothing, cameras, computers, or other assets). I acknowledge that I have retained adequate insurance or have sufficient funds to replace such belongings and will hold LEGACY harmless therefrom.

I agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes.

**In view of my voluntary assumption of all risks**, shown by my signature below, I agree for myself and my family, heirs, and executors that Legacy Health and its officers, employees, and agents shall not be liable for any loss of life, injury to my person, illness, loss or damage to my personal property, or any damages, whether direct, indirect, or consequential arising in any way from my participation in this rotation. Without limiting the generality of the above, this release of liability includes any *death, illness, accident, sickness, cancellation, delay, alternation, or inconvenience* suffered or incurred by me or any person in consequence of, or in any way related to, the assistance provided by LEGACY and my travel abroad, while in transit to or from the United States or domestically, or any claims resulting as a passenger on, or from the operation of, a motorized form of transport (vehicle or motorcycle), non-motorized means of transport, such as a bicycle, or pedestrian activities, in any country.

I HAVE READ AND UNDERSTOOD THE ABOVE CONSENT AND RELEASE FROM LIABILITY IN ITS ENTIRETY AND AGREE TO BE BOUND BY THESE TERMS, AND HEREBY CONSENT TO PARTICIPATE ACKNOWLEDGING ALL OF THE FOREGOING.

Travel Acknowledged:

\_\_\_\_\_  
Signature of Resident/Fellow Date

\_\_\_\_\_  
Signature of Training Program Director Date

\_\_\_\_\_  
Jennifer L. LeTourneau, DO, MCR, FACP, FCCM Date  
Clinical Vice President, Medical Education

**SUBJECT:** Resident/Fellow Professional Liability Coverage

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**PURPOSE:** To explain the provisions and limits of the Legacy-provided professional liability coverage for Legacy resident and clinical fellow employees.

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**Policy**

In general, Legacy Health provides professional liability insurance or a program of self-insurance for Legacy-employed residents and clinical fellows. This coverage is limited to (a) the professional activity of the resident or fellow rendered within the scope of Legacy employment within Legacy-owned hospitals and clinics, or (b) any duty assigned by the Legacy program director to a resident or fellow within the context of the training program sponsored by Legacy.

Professional liability coverage protects a resident or a fellow for claims filed, including legal defense and awards from claims, during or after the resident's or fellow's employment with Legacy, if the alleged acts or omissions of the resident or fellow occurred during the term of his/her training agreement and within the limits described in the preceding paragraph.

The professional liability coverage provided by Legacy **does not cover** the resident or fellow in the following situations:

**Services outside the scope of Legacy employment (i.e., moonlighting)** - For moonlighting within Legacy Health or one of its affiliates, a resident or fellow must hold a separate moonlighting agreement with Legacy. That contract shall specify whether the resident, fellow, Legacy or another party shall provide professional liability insurance.

For moonlighting outside Legacy Health or one of its affiliates, the resident or fellow shall not be covered by Legacy for professional liability unless a written contract, signed by an authorized Legacy representative, provides otherwise.

**Professional Fees** - In any situation where a resident or fellow is providing a service for a fee, either directly billed by the resident or fellow, or billed on behalf of the resident or fellow by an attending physician or other entity, the resident or fellow is not covered for professional liability through Legacy. This restriction includes situations in which an attending physician includes the resident or fellow as an assistant on the attending physician's fee ticket.

**Volunteer Activities** - A resident or fellow who voluntarily engages in clinical activities outside the scope of his/her Legacy employment, regardless of whether the resident or fellow and/or sponsoring entity receives payment for resident's or fellow's services, is not covered under Legacy's professional liability program. The only exception is a resident or fellow who has received prior written authorization from Legacy's Chief Medical Officer (CMO) and Legacy's Risk Finance department. The Request for Professional Liability Coverage for Licensed Provider Volunteer Activities Form must be completed and submitted to the CMO for approval. Once approved, the request is forwarded to Risk Finance and Controller for review. Risk Finance will determine if the volunteer activity will be covered by Legacy's professional liability program. Please see *Legacy Health Policy 400.26, Professional Liability Coverage for Licensed Provider Volunteer Activities* for additional information and request form.

*Approved by the Legacy Health Graduate Medical Education Committee on May 21, 2003  
Revised March 2010  
Reviewed March 2018, June 2019*

**SUBJECT:** Restrictive Covenant (Non-Competition Agreement)

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**PURPOSE:** The purpose of this policy is to assure residents that they will not be asked to sign a non-competition guarantee or restrictive covenant.

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**DEFINITIONS**

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term “resident(s).”

**Restrictive Covenant:**

A non-competition guarantee, in which an employee agrees not to enter into or start a similar profession or trade in competition against the employer.

**POLICY**

The ACGME specifically prohibits the use of Restrictive Covenants in trainee agreements. Neither Legacy Health, as the Sponsoring Institution, nor any of its ACGME-accredited training programs, require that a resident sign a Restrictive Covenant.

*This policy approved by the Legacy Health Graduate Medical Education Committee on November 15, 2018  
Reviewed June 2019*

**SUBJECT:** SHORT TERM INCOME SUPPLEMENT/LONG TERM INCOME SUPPLEMENT

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**PURPOSE:** To clarify Short Term Income Supplement and Long Term Income Supplement benefits for resident and fellow employees.

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In the event that a resident or fellow is unable to work due to illness or injury, the resident or fellow may be eligible for Short Term Income Supplement (STIS) benefit following a 14-calendar day elimination period. During the elimination period and once STIS benefits begin, the resident or fellow must use his/her available sick pay, vacation pay, and, if eligible, paid leave for approved family or medical leave to supplement his/her income. STIS benefits begin on the 15th calendar day after the date of disability in accordance with Legacy Health policy .

In the event of serious illness or injury requiring an extended time off from work, the resident or fellow may be eligible for Long Term Income Supplement (LTIS) benefits commencing the 90th day following date of disability.

The resident or fellow should consult the Legacy Employee Benefits Guide for further information on eligibility, pre-existing conditions and other information on STIS and LTIS benefits. This can be found on the Legacy Intranet under [Administrative Services](#) > [Human Resources](#) > [Benefits](#) > [Health and Welfare](#) > Disability benefits

Any resident or fellow using short term or long term income supplement benefits during the course of a residency training program must be prepared and able to extend his/her training beyond his/her expected graduation date for an amount of time up to the duration of the leave. This extension may be necessary to meet residency accreditation requirements and/or to qualify the resident or fellow for Board certification in his/her specialty. The length of the extension is to be determined by the resident's or fellow's program director

In the event the resident or fellow is absent due to sickness, vacation, education day, short-term or long-term disability, or authorized leave, in no event shall the resident or fellow receive more than a single day's pay from all sources for a single day's absence for any such reasons. In other words, such payments shall not cumulate.

*Reviewed June 2003, June 2019  
Revised April 2018*

**SUBJECT:** SICK DAYS

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**PURPOSE:** To define appropriate use of resident and fellow sick day benefits

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### DEFINITIONS

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term “resident(s).”

**Program Director:** Legacy medical staff member who is appointed by Legacy Health to direct a given training program

### POLICY

Each resident is entitled to up to 14 paid sick days per contract year. The allotted sick days must be used within the one year period defined in the Agreement for Residency or Fellowship contract, and may not be carried over from year to year.

- A resident needing to take a sick day must follow the absence policy for his/her training program.
- For patient and staff safety, it is expected that if a resident is ill that they will not report to duty.
- Sick day use will be tracked internally by the program coordinator or medicine scheduler.
- Sick days will be debited on weekends as well as weekdays when used as a part of a leave of absence.
- Each program is responsible for having a backup policy in place to ensure adequate coverage for absent residents.

In general, sick days may be used only under the following circumstances:

- Un-foreseeable acute illness, injury or catastrophic event. In such circumstances, to the best of his/her ability, the resident has a responsibility to see that his/her shift is covered, which may include immediately calling the back-up resident, his/her chief resident or program director to arrange for coverage.
- Approved medical leave. Resident benefits under the Family Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) are defined in *GME Policy #1.4 Family/Medical Leave*.
- A resident may use sick leave to care for an acutely ill, dependent child if all other options for childcare have been exhausted.

Should a resident be absent due to illness for more than three days during the course of one rotation, the program director may, at his/her discretion, request a medical evaluation.

In the event the resident is absent due to sickness, vacation, education day, short-term or long-term disability, or authorized leave, in no event shall the resident receive more than a single day's pay from all sources for a single day's absence for any such reasons. In other words, such payments shall not cumulate.

Please note that due to individual programmatic requirements, extended leave may result in extension of training time for any individual resident. Please refer to specific training program policies. In some cases, it may be up to the discretion of the program director.



**SUBJECT:** TRAINING PROGRAM CLOSURE/REDUCTION

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**PURPOSE:** To establish guidelines in the event that a Legacy-sponsored residency or fellowship program would be closed or undergo a reduction in the number of trainee positions

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Legacy Health has made a long-term commitment to Graduate Medical Education. Providing clinical education for residents and fellows is in alignment with the Legacy Health mission statement, vision statement and strategic plan. The Legacy Graduate Medical Education department is dedicated to ensuring that all training programs provide high quality education, maintain accreditation and receive adequate funding and institutional support.

In the event that a Legacy-sponsored residency or fellowship program would need to be reduced in size or closed due to loss of key personnel, funding, facilities, appropriate patient population, inter-institutional support or other factors, Legacy will inform the Graduate Medical Education Committee, the Designated Institutional Official and the enrolled residents or fellows as soon as possible. Every reasonable attempt will be made to allow residents or fellows already in the program to complete their education or assist the residents or fellows in enrolling in another program accredited by the same authority in which they can continue their education. For example, Legacy will assist a resident enrolled in a Legacy-sponsored program accredited by the Accreditation Council for Graduate Medical Education (ACGME) to find another ACGME-accredited program in his/her specialty.

*Approved by the Legacy Health Graduate Medical Education Committee, May 15, 2002.*

*Revised May 2010*

*Reviewed March 2018, June 2019*

**SUBJECT:** VACATION AND EDUCATION DAYS

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**PURPOSE:** To describe resident and fellow vacation and education days benefit

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### DEFINITIONS

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term "resident(s)."

### Vacation

- Each resident is entitled to and must take fifteen weekdays of paid vacation per contract year.
- The allotted vacation time must be used within the one year period defined in the Agreement for Residency or Fellowship contract, and may not be carried over from year to year.
- Vacation will not be debited on weekends or Legacy observed holidays.
- A resident should submit vacation requests to his/her program director, chief resident or program director designee four months prior to the first day of the schedule.
- Vacation requests shall comply with any vacation or scheduling policies established by the resident's training program.
- It is up to the program how vacation time is scheduled. If scheduled by resident request, and the resident does not schedule any vacation or submit any future vacation days, the scheduler must schedule vacation for the resident and inform them of these days through the proper venues.
- Each program is responsible for determining on which rotations residents are allowed to take vacation and are responsible for ensuring there is coverage for the resident.
- The resident will be responsible for finding coverage for their Electronic Health Record and clinic in-box.

### Education Days

Education days are granted to allow a resident time to attend an educational conference or professional meeting, and must be approved by the resident's program director or his/her designated representative.

- Each resident is allowed up to five weekdays of paid education leave per contract year.
- Education days must be used within the one year period defined in the Agreement for Residency or Fellowship contract, and may not be carried over from year to year.
- Education days are not debited on weekends or Legacy observed holidays.
- A resident should submit requests for education days to the appropriate authority with as much advance notice as possible. Requests for education days shall comply with any vacation or scheduling policies established by the resident's training program.
- The approval of a request for education days should in no way be interpreted as an approval of funding to support the resident's travel and/or registration expenses. Information on the availability of potential funding sources for educational leave is found in *GME Policy #3.1, Funding for Resident Educational and Scholarly Activities*.

Should a resident require time to interview for admission to another residency or fellowship program, the resident may, at the discretion of his/her program director, use his/her education days for this purpose.

In the event the resident is absent due to vacation, educational day, sickness, short-term or long-term disability, or authorized leave, in no event shall the resident receive more than a single day's pay from all sources for a single day's absence for any such reasons. In other words, such payments shall not cumulate.

**SUBJECT:** Vendor Policy

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**PURPOSE:** The purpose of this policy is to provide guidance regarding business relationships between Legacy residents/fellows and vendors.

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**PREAMBLE** The ACGME Institutional Requirements state that the Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs.

**POLICY**

The Legacy Supply Chain, Pharmacy and Food Service Departments are the first and primary contact points for all vendor representatives for establishing a business relationship, introducing a new product or service or the offering of any contract or special business/pricing proposal. All Legacy employees are responsible for referring potential new vendors to the Supply Chain Management department to ensure that all appropriate business background checks are completed, product technology and quality/safety investigations are completed and that potential business with the new supplier will not result in any deviation from current standards or compliance issues with currently contracted vendors. It is the responsibility of the department participating in vendor visitation to ensure vendor compliance with all Legacy policies.

1. All vendors are subject to Legacy’s standard screening process and must complete Legacy’s supplier registration process, execute a non-disclosure agreement, HIPAA Business Associate agreement if applicable and will be subject to appropriate background investigations before any formal acquisition or contracting process will occur.
2. Visitation to individual departments is strictly prohibited except by the specific request of the department leadership (or designee) and with the guidance of the Supply Chain Management, Pharmacy or Food Service Department as applicable.
3. Vendor representatives are required to wear clear identification of their name and the company they represent at all times. Appropriate identification is outlined as follows (300.01 Identification of Individuals):
  - a. Pharmaceutical, food service and medical supply representatives: Company issued identification badge with the individual’s name and organization name clearly stated AND a RepTrax vendor identification badge.
  - b. Delivery personnel – Company issued identification badge with the individual’s name and organization name clearly stated.
  - c. Contracted service personnel – A Legacy issued identification badge.
4. All vendors, including but not limited to pharmaceutical, food service and medical supply vendor representatives visiting Legacy hospitals are required to register and check in and check out at one of the RepTrax kiosks located at each Legacy site and display the printed badge provided for the duration of each visit.
  - a. Representatives visiting Legacy Medical Group (LMG) clinics are required to register via the RepTrax mobile app.
  - b. Representatives visiting other non-hospital locations are required to register at the main reception desk.
5. Written permission of the Supply Chain Management Department and the site Pharmacy Department or site Food Service Department (as applicable) located at or responsible for the facility must be granted for any vendor representative wishing to set up displays or conduct product demonstrations in any Legacy facility. Permission must include approval of content and/or product to be displayed. Displays in any Legacy facility communal area requires the written permission of the hospital president of the specific Legacy facility.

6. Except for contracted clinical service providers, in general, vendors are not allowed to enter patient care areas. When vendor representatives are required or requested to enter patient care areas the following conditions apply:

- a. Vendor must have agreed to Legacy's vendor access agreement,
- b. The only role of the pharmaceutical or supply representative in a patient care area is to provide authorized product delivery, authorized product consultation or authorized product in-services.
- c. Under no circumstances is a vendor permitted to:
  - 1) Participate in hands on delivery of patient care (i.e., scrub).
  - 2) Observe a procedure and/or participate with a physician on patient rounds for any purpose other than to provide product consultation or to answer questions deemed essential for patient care,
  - 3) Operate equipment and/or administer supplies.
  - 4) Provide initial training of equipment and/or supplies during a procedure.

7. While in a patient care area, all Legacy and department procedures must be followed.

8. Vendor failure to abide by a directive of a Legacy employee, this policy, established rules or regulations will result in disciplinary action up to and including temporary or permanent suspension from all Legacy facilities or disqualification of the vendor company from further business with any Legacy entity.

**GENERAL PROVISIONS:**

1. Only certain Legacy Supply Chain Management staff, certain officers and certain Legacy executives are authorized agents of Legacy and therefore empowered to conduct business on behalf of Legacy Health. No other employees are authorized to commit or bind Legacy to any business dealings.

2. All requests for new products and equipment are governed by the policy provisions contained in 800.17, New Supply and Equipment Procurement policy.

3. Bids, quotes and proposals, whether solicited or unsolicited, must always first be directed to the Legacy Supply Chain Management Department, the Legacy Pharmacy Department or Food Service Department if applicable. It is acceptable for a vendor to provide a copy of a bid, quote or proposal directly to a Legacy department soliciting the bid. All bids and proposals are to be handled in a confidential manner. Under no circumstances shall a Legacy employ discuss prices and terms from one vendor with another or with any other individual or company without a specific need to know.

4. Evaluations and product in-services of pharmaceuticals, supplies and/or equipment may only be authorized by the Supply Chain Management Department, Pharmacy Services, or the Pharmacy and Therapeutics Committee AND the department or Value Analysis Council having scope of authority for the particular product under evaluation or the product being in-serviced (800.03, Product Evaluation Process).

5. Vendor representatives are prohibited from promoting or providing in-services for any product or supply that is not included in an active Legacy contract, or products and supplies that are not an established Legacy standard.

6. Pharmaceutical vendor representatives are prohibited from promoting or providing in-services for non-formulary pharmaceutical agents within any Legacy facility.

7. Legacy employees initiating or executing transactions, including purchases, contracts, requests for repairs, etc., contrary to this policy or policy LH400.07, Authorization of Transactions Policy may be required to reimburse the

vendor from their own personal funds, and may be subject to further disciplinary action up to and including termination.

8. Former Legacy employees who are hired by companies that are currently conducting business with Legacy or that desire to do so must obtain prior permission from the Director of Supply Chain Management before actively engaging in Legacy business.

9. Similarly, any employee that has a spouse or immediate family member that is or becomes employed by a company conducting business with Legacy must disclose such as a conflict of interest according to policy 100.67 Standards of Conduct. The Director of Supply Chain Management must be advised.

10. Former vendor representatives that are hired by Legacy may participate but will not have sole discretion in the selection process of products or services represented by their previous employer for at least one year after hire.

11. Former Legacy employees that are hired by a vendor company may not call upon Legacy in a sales capacity for at least one year after leaving Legacy.

12. Legacy supports qualified small or minority owned businesses by providing the opportunity wherever feasible to allow minority owned and small businesses to participate in Legacy's supply chain endeavors.

13. Legacy is committed to providing all employees a work environment free from all forms of discrimination and harassment, including sexual harassment. Vendors are required to comply with Legacy policy related to harassment (500.504, Harassment). Any employee subject to harassment by a vendor representative is to immediately report the incident to Human Resources.

**POLICY ENFORCEMENT:**

Enforcement of this and all policies, laws, regulations, rules, standards and industry practices is the responsibility of all Legacy personnel.

Notify the Legacy Director of Supply Chain Management to report vendor or employee non-compliance. Failure to comply with any aspect of this policy may result in disciplinary action and possibly permanent expulsion of the vendor representative from any Legacy facility as well as a discontinued relationship between Legacy and the representative's employer. Failure to comply with any aspect of this policy by Legacy personnel may result in corrective action and possible termination of employment.

*This policy approved by the Legacy Health Graduate Medical Education Committee on November 15, 2018*

*Reviewed June 2019*

**SUBJECT:** VISA SPONSORSHIP FOR RESIDENTS AND FELLOWS

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**PURPOSE:** To ensure that all Legacy Health employed residents and fellows are appropriately authorized to work in the United States

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**POLICY**

Legacy Health residents and fellows who require visa sponsorship must obtain a visa as outlined below and maintain appropriate visa status throughout their training. For the purposes of this policy, both residents and clinical fellows are covered by the term “resident(s)”

**PROCEDURE**

Acceptable visas for residents at Legacy Health are as follows: J-1, H-1B, and TN.

**J-1 VISA:**

The J-1 visa is the preferred visa for residents. The J-1 visa is a temporary, nonimmigrant visa reserved for participants in the Exchange Visitor Sponsorship Program, a public diplomacy initiative of the United States Department of State that permits foreign national physicians to participate in clinical training programs in the United States. The J-1 visa is sponsored by the Exchange Visitor Sponsorship Program of the ECFMG.

A training program that offers a position to, or matches with, an eligible resident shall begin the J-1 visa application process as soon as possible. The J-1 application must be completed by the resident and program director under the procedures specified by the Exchange Visitor Sponsorship Program. The completed application must be approved and mailed to the Exchange Visitor Sponsorship Program by the GME registrar. The J-1 visa applicant is responsible for all fees and expenses associated with applying for and obtaining the J-1 visa.

**H-1B VISA:**

Legacy Health does not routinely sponsor H-1B visas for residents. The H-1B is a nonimmigrant classification for a highly skilled nonimmigrant worker admitted to the United States to work temporarily in a specialty occupation. Legacy Health, as the employer, must sponsor the H-1B visa and fulfill sponsorship requirements as set forth by the United States Immigration and Citizenship Services.

**TN VISA:**

Legacy Health does not routinely offer employment in support of TN-1 visas for residents. To be qualified as a TN-1, a Canadian professional should meet the following qualification:

- The applicant must be a Canadian citizen.
- The applicant must intend to engage in employment in an approved profession and have an offer of employment.
- The applicant must possess the necessary credentials to be considered a professional in the approved profession the applicant is applying under.
- A bachelor's degree or higher is usually required for all approved professions on the list.
- If the profession requires licensing, then the applicant must possess the license.
- The applicant must intend to stay in the U.S. for a temporary period.
- An applicant can be denied TN status because he has a pending immigration petition.
- Physician (teaching or research only) - M.D. or Doctor en Medicina; or state/provincial license.
- Dentist - D.D.S., D.M.D., Doctor en Odontologia or Doctor en Cirugia Dental or state/provincial license.

As nationals of Canada, aliens who qualify for TN-1 status are not required to obtain a visa. Therefore, they may apply directly to the USCIS for TN-1 status at the border. The applicant simply presents his evidence to the USCIS at the border and an interviewing officer reviews the evidence and makes a determination of the applicant's qualifications for TN-1 status based on his review of the submitted material. If approved, the applicant is given an I-94 and proceeds to enter the U.S.

**TN-2 Visa:**

To be qualified for a TN-2, a Mexican professional should meet the following qualification:

- The applicant must be a Mexican citizen.
- The applicant must intend to engage in employment in an approved profession and have an offer of employment.
- The applicant must possess the necessary credentials to be considered a professional in the approved profession the applicant is applying under.
- A bachelor's degree or higher is usually required for all approved professions on the list.
- If the profession requires licensing, then the applicant must possess the requisite license.
- The applicant must intend to stay in the U.S. for a temporary period.
- An applicant may be denied TN status because he has a pending immigration petition.

**Approval of H-1B or TN visas:**

Requests by program directors for consideration of an H-1B visa or a TN visa are submitted to the Clinical Vice President, Medical Education ("CVP"), who must approve all H-1B or TN visas sponsorships. Requests must be submitted no later than six months prior to the applicant's proposed start date. The applicant must be outstanding, placed or would be placed in the top 10% of the rank order list, and have compelling extenuating circumstances that must be documented by the program director and affirmed by the CVP. If the H-1B or TN request is approved by the CVP, the sponsoring department for the residency or fellowship program is responsible for required fees and expenses associated with applying for and securing the H-1B visa. For TN visas, the department or training program is responsible for all legal fees incurred in securing the TN visa. *Fees for H-1B or TN visas will NOT be paid by Legacy Health Graduate Medical Education and will instead be paid by the department or training program. (H-1B fees total \$6,000-\$7,000, TN fees total \$1,500-\$2,000)*

Residents requiring visas shall not begin employment at Legacy Health until they have obtained a valid visa. Residents who do not properly maintain visas may be dismissed from the training program. Any Legacy Health resident with a visa must notify the Graduate Medical Education Department in writing immediately of any notice to take action, or intent to take action, related to their visa.

*This policy was approved by Legacy Health Portland Hospitals Graduate Medical Education Committee on July 20, 2017.  
Reviewed June 2019*

**SUBJECT:** RESIDENT AND FELLOW RECRUITMENT AND SELECTION

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**PURPOSE:** The purpose of this policy to ensure fair and consistent selection practices among all Legacy Health sponsored residency and fellowship training programs.

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**DEFINITIONS:**

- Applicant:** An individual seeking entry into a Legacy Health residency or fellowship program, who holds, or will hold, one or more of the following credentials before the start of residency or fellowship training:
- Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education.
  - Graduate of a college of osteopathic medicine a medical school in the United States accredited by the American Osteopathic Association.
  - Graduate of a podiatric medical college in the United States accredited by the Council on Podiatric Medical Education
  - Graduate of a dental school accredited by the American Dental Association Commission on Dental Accreditation.
  - Graduate of a medical school outside the United States and Canada who meets one of the following qualifications:
    - Has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or
    - Has a full and unrestricted license to practice medicine in a US licensing jurisdiction in which he/she is training, or
    - Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by a LCME-accredited medical school, or
    - For fellowship applicants only: has a limited license to practice medicine in a US licensing jurisdiction in which he/she is training, meets the acceptance criteria established by the fellowship director, meets criteria established by the accrediting or certifying agency, if any, and has demonstrated written and oral English proficiency, competent clinical skills and sufficient medical knowledge.

**Matching program:**

A national program, such as the National Residency Matching Program (NRMP) for residencies accredited by the Accreditation Council for Graduate Medical Education (ACGME), or the Central Application Service for Podiatric Residencies (CASPR) for residencies sponsored by the Council on Podiatric Medical Education (CPME). These programs provide a uniform date when decisions about residency or fellowship selection will be made by both applicants and programs. On the Match date, applicants and programs are “matched” according to their respective rank order lists via a computerized algorithm.

**Rank order list:**

For an applicant, a rank order list designates, in order of preference, programs to which he/she has applied and in which he/she would be willing to be trained. For a residency program, a rank order list designates, in order of preference, applicants that have applied and that the program is willing to train.



**POLICY:**

Throughout the selection and matching process, the decisions and actions of Legacy program directors and faculty will be free from discrimination on the basis of race, color, national origin, religion, gender, marital status, sexual orientation, age (except as allowed by law), disability, veteran status, or any other status protected by law. As representatives of Legacy, the program director and faculty will uphold Legacy's status as an affirmative action and equal opportunity employer and comply with all applicable local, state and federal laws as identified in *Legacy Health policy 500.106, Non-Discrimination, Equal Opportunity, and Affirmative Action* (see Appendix).

Selection criteria will include evaluation of the applicant during an interview as well as a review of applicant's academic credentials and information obtained through the reference checking process. Program directors will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic performance, communication skills and personal qualities including motivation, dedication, integrity and ability to function as a team member. Additional selection criteria may be established by the program director.

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of transferring resident.

For Legacy residency and fellowship programs that participate in a matching program, Legacy program directors and faculty involved in recruiting and hiring residents will abide by the policies established by the appropriate matching organization. Program directors and participating faculty will:

- Become familiar with and abide by the terms of Legacy's contract with the appropriate matching organization.
- Organize applicant selection process to meet the schedule of the matching program.
- Prepare and submit "rank order lists" which rank applicants in the program's preferred order for the appropriate program.
- Will not ask an applicant participating in a matching program to make a commitment prior to the Match date or to state how he/she plans to rank the Legacy program. In addition, program director and faculty will not make a commitment to the applicant regarding how he/she will be ranked by the program.

All residency and fellowship positions that are not posted through a matching program, will be posted by Legacy Employment Services, in accordance with *Legacy Health Policy 500.104, Employee Recruitment, Selection and Transfer* (see Appendix). All applicants who do not participate in a matching program will submit their applications through Legacy Employment Services, and Legacy Employment will forward the applications to the program director for review.

After the program director has accepted an applicant for employment, or an applicant has matched with a Legacy program through a matching program, all required employment eligibility documentation and other required documentation will be collected. A pre-employment screening process, including, but not limited to a criminal background check, a pre-employment drug screen, and immunization and health assessments, will be conducted. Employment will be contingent upon the successful completion of these requirements.

**Program Director responsibilities**

*N.B.: Any of the following responsibilities may be delegated by the program director, however, the program director retains the ultimate authority and responsibility for each of these functions.*

- Provide accurate information about the number and type of positions to be offered.
- Become familiar with and abide by Legacy's policies regarding employee recruitment and, if applicable, the terms of Legacy's contract with the appropriate matching organization.
- Organize the resident selection process.

- Select applicants for interview, and make decisions regarding applicants' ranking based on fair, clearly defined, standardized criteria which are in accordance with the selection criteria set forth in this policy.
- Plan interview day agenda, including selection of faculty members and residents to participate in the recruitment process.
- Verify documentation of information on the employment application including experience, training and academic standing.
- Determine applicant's suitability for employment.
- Prepare and submit "rank order lists" which rank applicants in the program's preferred order for the appropriate matching program, and/or make final hiring decisions regarding resident or fellow positions posted through Legacy Employment Services.
- Promptly notify the GME manager of all hiring decisions and Match results, and forward relevant applicant information for new hire paperwork.

**General responsibilities**

*All personnel who participate in the resident recruitment and selection process are responsible to uphold the following:*

- Provide complete and accurate information to applicants, which may include, but is not limited to, performance expectations, compensation and benefits, and institutional policies relevant to employment eligibility.
- Evaluate all applicants fairly and equitably, using standardized criteria established by the Program Director for each residency program.
- Maintain notes of each applicant interview for a period of at least twelve months after the conclusion of the interview.
- **Do not ask** an applicant participating in a matching program to make a commitment prior to the Match date or to state how he/she plans to rank the Legacy program. In addition, **do not** make a commitment to the applicant regarding how he/she will be ranked by the program.

**Legacy Health responsibilities**

For positions filled through matching programs, Legacy will accept for full employment the applicants matched with Legacy provided the applicants meet Legacy's employment eligibility requirements.

- Legacy will send offer letters for any residency or fellowship positions filled through Legacy Employment Services.
- Legacy will submit an "Agreement for Residency" or "Agreement for Fellowship Training" contractual agreement, for a duration of at least one calendar year, to each matched applicant, and/or applicants selected for hire by the program director.
- Legacy will ensure that each new employee is fully oriented on all policies and procedures, including mandatory safety training, and meets the competency requirements for his/her position including license status.

*This policy approved by the Legacy Health Graduate Medical Education Committee on December 11, 1997*

*Revised: May 2011*

*Reviewed: January 2018*

*Reviewed: June 2019*

**SUBJECT:** RESIDENT EDUCATIONAL AND SCHOLARLY ACTIVITIES FUNDING

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**PURPOSE:** To define the sources of funding available to support resident educational and scholarly activity and to explain the application process and the guidelines for using these funds

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**POLICY**

**Sources of funding**

Two potential funding sources are available for resident and fellow educational programs: the Graduate Medical Education (GME) Department and the Legacy Emanuel and Good Samaritan Resident Intern Training Fund.

- **GME Department Funds**  
The GME department pays for Advanced Cardiac Life Support (ACLS) certification and re-certification for all residents and fellows in Legacy-sponsored programs. To access funding for ACLS courses, a resident or fellow should forward his/her completed ACLS registration form to the GME office at least one month prior to the start of the course.
- **Resident Intern Training Fund**  
The Resident Intern Training Fund is supported by the Legacy Emanuel and Good Samaritan Medical Staff through annual contributions. This fund was established to support residents and fellows who present scholarly papers on work completed at Legacy Emanuel and Good Samaritan Medical Centers at regional or national conferences in the continental United States.  
  
Funding is limited to a maximum of \$750 per resident or fellow per academic year and is granted on a first come first served basis, with preference given to residents. Funding is subject to availability. Please check with the GME manager.

**Applicant and activity criteria**

- Resident or fellow must be in good academic standing in his/her training program.
- The scholarly work must be completed under the direction of a physician who is a Legacy Emanuel and/or Good Samaritan medical staff member.
- The paper must have been accepted for presentation at a regional or national meeting organized by a recognized professional society or academic institution.
- Funding is limited to residents or fellows reporting on original research completed at Legacy Emanuel and Good Samaritan Medical Centers.
- The resident or fellow must have significantly contributed to the project and should be listed as an author on the paper to be presented.
- The resident or fellow may attend the conference as either primary investigator or speaker if an oral presentation is to be given, or as primary investigator and presenter if a poster session or exhibition is involved.
- Applications for funding will be accepted from residents and fellows in Legacy-sponsored programs or in residency programs which are officially affiliated or integrated with Legacy Emanuel and Good Samaritan Medical Centers.
- Resident or fellow must comply with his/her residency program's policies regarding scheduling educational leave.

**Application process**

- Resident or fellow contacts their Medical Education Coordinator (MEC) for assistance. The MEC completes a Legacy Health Travel Request Form, based on information provided by the resident or fellow. A copy of the resident's or fellow's abstract, or summary of the paper to be presented, must be attached.
- The MEC forwards the completed form to the GME manager for review and preliminary approval.
- The request is forwarded to the chair of the Graduate Medical Education Committee for final approval.
- The MEC will notify resident or fellow when the request has been approved. No travel arrangements, for which the resident or fellow expects reimbursement, should be made prior to notification of this approval.
- Resident or fellow should request leave from their duties, or arrange for adequate coverage of their responsibilities.
- Travel expenses should fall within the guidelines of the *Legacy Health Policy 100.57, Professional Development and Travel* (See Appendix).
- The resident or fellow must keep all original receipts for conference expenses, including a mileage log if personal vehicle is used for transportation.
- Upon return, the resident or fellow must submit all original receipts to their coordinator within 10 business days per Legacy policy and complete an Employee Expense Reimbursement form provided by their MEC. The GME manager reviews and provides preliminary approval of reimbursement. The reimbursement is forwarded to the chair of the Graduate Medical Education Committee for final approval.

*Revised May 2017*

*Reviewed February 2018, June 2019*

**SUBJECT:** CLINICAL AND EDUCATIONAL WORK HOURS AND EXCEPTIONS FOR RESIDENTS IN ACGME ACCREDITED PROGRAMS

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**PURPOSE:** To ensure a resident work environment that promotes resident learning, resident safety and patient safety.

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### DEFINITION

Clinical and Educational Work Hours (formerly Duty hours) are defined as all clinical and academic activities related to the residency or fellowship program, i.e., inpatient and outpatient patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting (both internal and external) and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the duty site.

### SCOPE OF POLICY

This policy applies to Legacy-employed residents and clinical fellows in Legacy-sponsored Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs. Residents and clinical fellows of integrated or affiliated programs, and/or residents and fellows from training programs sponsored by other institutions, are governed by the policies and procedures of their sponsoring institution.

### POLICY

All Legacy-sponsored ACGME training programs are expected to comply with the clinical and educational work hour standards established by the ACGME.

Clinical and educational work hour requirements may vary among residency training programs; therefore, each ACGME-accredited program must establish its own formal, written policy governing resident clinical and educational work hours consistent with the ACGME Institutional Requirements and relevant Program Requirements. This formal policy must apply to all participating institutions used by the residents.

ACGME Clinical and Educational Work Hour (Duty Hour) requirements are summarized as follows:

- Must be limited to 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.
- The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Residents should have 8 hours off between scheduled clinical work and education periods. 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.
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- 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.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
  - Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
  - Additional patient care responsibilities must not be assigned to a resident during this time.

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- 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:
  - to continue to provide care to a single severely ill or unstable patient;
  - humanistic attention to the needs of a patient or family; or,
  - to attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit.
- 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.
- The Review Committee for Internal Medicine **will not consider** requests for exceptions to the 80-hour limit to the residents' work week.

**Moonlighting**

- 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.
- Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
- PGY-1 residents are not permitted to moonlight

**Work Hours Exception Requests**

Any request from a program director for an exception to the ACGME clinical and educational work hour requirements must be presented by the program director to the Designated Institutional Official (DIO), and the Legacy Graduate Medical Education Committee (GMEC) at one of its regular meetings for approval and endorsement prior to the submittal of the request to the program's Residency Review Committee (RRC). Please note that the Internal Medicine RRC will not entertain any duty hour exceptions.

The GMEC must have developed written procedures and criteria for endorsing requests for an exception. The GMEC will review exception requests based on the ACGME institutional requirements, the relevant ACGME program requirements, patient safety, educational rationale, moonlighting policies, call schedules, faculty monitoring and institutional endorsement. The GMEC's decision whether or not to support a program director's request for a clinical and educational work hours exception from the ACGME shall be decided by majority vote. The endorsement must be indicated by the signature of the chairperson of the GMEC and DIO prior to the submittal of the request to the program's RRC.

*Approved by the Legacy Health Graduate Medical Education Committee June 26, 2004*

*Revised May 2018, June 2019*

**SUBJECT:** Fatigue Mitigation and Alertness Management

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**PURPOSE:** The purpose of this policy is to identify Fatigue Mitigation and Alertness Management processes for residents and faculty in compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements. Fatigue mitigation education is required for institutional and program accreditation, as well as for patient safety and resident well-being.

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**POLICY**

Legacy is committed to ensuring that residents and faculty appear for duty appropriately rested and fit for duty, and in promoting patient safety and resident wellbeing in a supportive educational environment. The goal of this policy is to educate residents and faculty in the following:

- Recognizing the signs of fatigue and sleep deprivation
- Strategies for alertness management and fatigue mitigation
- Adopting fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Each program must develop a contingency plan to manage the transfer of patient care responsibilities from a fatigued resident to a colleague to ensure continuity of care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue (Internal Medicine: See Transitions of Care policy).

**PROCESS**

Any resident who experiences the warning signs of fatigue, or is reported to be too fatigued to work by a fellow resident, attending, faculty or staff member should hand-off patient care duties and utilize one the following options:

- Call rooms are available at all facilities for residents who are too fatigued to safely return home
- Public or private transportation home may be utilized and reimbursed by Graduate Medical Education
- Peers, attendings or family may be called to assist transporting fatigued trainees to their residence

Warning Signs of Fatigue:

- Falling asleep at conferences and/or rounds
- Restless, irritable with staff, colleagues, family
- Constantly re-checking work
- Difficulty focusing on patient care
- Feelings of not caring

Strategies to be used in alertness management and fatigue mitigation include:

- Strategic napping
- Judicious use of caffeine
- Time management to maximize sleep off-duty
- Learning to recognize the signs of fatigue and self-monitoring performance and/or asking others to monitor performance
- Remaining active to promote alertness
- Maintaining a healthy diet
- Using relaxation techniques to fall asleep
- Maintaining a consistent sleep routine

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- Exercising regularly
- Increasing sleep time before and after call
- Ensuring sufficient sleep recovery periods

Residents are encouraged to use alertness management and fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

*This policy approved by the Legacy Health Graduate Medical Education Committee on November 15, 2018.  
Reviewed June 2019*



**SUBJECT:** HARASSMENT: SEXUAL AND OTHER

---

**PURPOSE:** To define sexual harassment in the work place and to outline the process for reporting and investigating complaints of sexual harassment.

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It is the goal of Legacy Health to provide all employees, including residents and fellows, with a work environment free from all forms of discrimination and harassment, including sexual harassment. A resident who believes that the words or actions of a fellow employee, colleague or member of the medical staff constitute unwelcome harassment should report the incident immediately to his/her program director or the manager of Graduate Medical Education. If the resident believes the harassment is a result of works or deeds of the program director or the manager, the resident should report the incident immediately to the Clinical Vice President of Medical Education and/or the Legacy Human Resources Department.

For further information on Legacy's Sexual Harassment policy refer to *Legacy Health Policy, 500.504, Harassment* (see Appendix).

*Reviewed February 2018, June 2019*

**SUBJECT:** IMPAIRMENT

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**PURPOSE:** To define the process for addressing suspected impairment in a Legacy-employee, including employed residents and clinical fellows, a member of the Legacy medical staff, or a visiting resident, clinical fellow or medical student.

To define the process for a Legacy-employed resident or clinical fellow who is seeking help for his/her own impairment.

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**SCOPE**

This policy applies to Legacy-employed residents and clinical fellows in Legacy-sponsored training programs. Residents and clinical fellows of integrated or affiliated programs, and/or residents from training programs sponsored by other institutions, are governed by the policies and procedures of their sponsoring institution.

**DEFINITIONS**

**Impairment:** A personal limitation, illness, or behavioral disorder adversely affecting a practitioner’s ability to practice medicine with reasonable skill and safety. A practitioner may be impaired due to mental illness; physical illness, including but not limited to, physical deterioration that adversely affects cognition, motor or perceptual skills; habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability; or a pattern of behavior that adversely affects relationships with patients or coworkers.

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and fellows are covered by the term “resident(s).”

**POLICY**

An impaired healthcare provider is a risk to patients and to his/her colleagues. All employees have the responsibility to report incidences of impairment. Timely identification and diagnosis of an impairment may be both career and life saving.

Reports of suspected impairment will be appropriately handled by the authority, defined below, who receives the report. The resident who reported the impairment may be interviewed as part of the investigation, however, the resident may or may not be apprised of the outcome of an investigation. To the extent reasonably possible, the reporting resident’s identity will be kept confidential. Any resident who, in good faith, reports a case of suspected impairment will be protected from retaliation. The process for reporting impairment varies for each situation and as is follows:

**Self-reporting**

If a resident has concerns about his/her own well-being and believes his/her performance may be impaired, as defined above, the resident shall immediately contact the OHSU Resident Wellness Program, his/her chief resident, faculty advisor, program director or the manager of Graduate Medical Education.

The resident will be referred to appropriate sources for evaluation, and, if necessary, treatment. Should the resident be required to take a leave of absence for treatment, the resident should follow *GME Policy #1.4, Family/Medical Leave*, and *Legacy Health Policy 500.401, Leave of Absence* (see Appendix).

Legacy contracts with the OHSU Resident Wellness Program to provide our employed residents and fellows *free, confidential counseling and coaching services* at the OHSU Marquam Hill campus. Experienced psychologists and psychiatrists provide professional services in a private location with no EPIC documentation. The clinical focus is on intervening early, supporting distressed physicians and finding the necessary resources to build sustainable medical practices and rewarding personal lives. They can be reached any time for confidential, resident/fellow specific counseling at 503-494-1208.

**Resident Responsibility to Report**

If a resident witnesses evidence of impairment in any healthcare provider whether it is a Legacy resident, Legacy attending, other Legacy employee, visiting resident, or visiting medical student, the resident is obligated to report his/her observations/concerns in order to protect patients and help the individual. The resident shall report his/her observation to the program director, GME manager, chief resident, faculty advisor and/or attending physician. The reporting resident should be assured that due process and inquiry will occur with the intent of assisting the impaired provider in any and all reasonable ways.

*Approved by the Legacy Health Graduate Medical Education Committee June 20, 2003*

*Revised May 2018, June 2019*

**SUBJECT:** MEAL ALLOWANCE FOR RESIDENTS AND FELLOWS

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**PURPOSE:** To explain the meal allowance for residents and fellows and to define the appropriate use of the GME-provided meal allowance.

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The Graduate Medical Education department provides a meal allowance to employed and visiting residents and fellows based on their scheduled rotations at Legacy Health.

### **DEFINITIONS**

**Resident:** For the purposes of this policy, both residents and fellows are covered by the term “resident(s)”.

**Meal card:** A pre-paid magnetized meal card to be used at any Legacy Health cafeteria, issued to an employed resident

**Meal ticket:** A printed meal ticket to be used at any Legacy Health cafeteria, issued to visiting a resident

### **POLICY**

- Residents are expected to use good judgment with their meal allowance benefit.
- A pre-paid meal card (if a Legacy employee) or meal ticket (if a visitor) may be redeemed only by the resident to whom it was issued. It is not transferable to other employees or non-employees.
- Meal cards and meal tickets are dispensed by the resident’s program coordinator. The means of distribution and the amount of the meal allowance varies according to each program’s guidelines. The meal allowance amount may vary according to each resident’s schedule.
- The meal allowance should be used only to purchase food and beverage items that will be consumed while on duty at the hospital.

#### **Legacy employed residents**

- Legacy employed residents will receive pre-paid meal cards with an amount determined by the individual program policies
- Lost meal cards will count toward the total number for the academic year regardless of the amount on the card at the time of the loss. Meal tickets will not be given as a replacement for lost or exhausted cards
- Making an appointment with your program coordinator in advance of picking up meal cards is advised
- Pre-paid meal cards can be demagnetized in areas such as MRI. Please do not take your meal cards into this area. If your card is demagnetized, please return card to your program coordinator so the amount lost due to demagnetization can be replaced.

#### **Legacy visiting residents**

- Legacy visiting residents will receive meal tickets for each rotation in an amount determined by the individual program policies.
- One meal ticket is intended to provide one meal
- Additional meal tickets will not be given as a replacement for lost meal tickets
- Making an appointment in advance with your program coordinator to pick up meal tickets is advised.

**SUBJECT:** RESIDENT AND FELLOW MOONLIGHTING

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**PURPOSE:** To address professional activities outside the educational program to include Moonlighting

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### DEFINITIONS

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term “resident(s).”

**Moonlighting:** Professional services provided by a resident or fellow either inside or outside their home institution that are outside the scope of his/her Agreement for Residency or Fellowship with Legacy Health.

**Program Director:** A Legacy medical staff member who is appointed by Legacy Health to direct a given training program.

### POLICY

Legacy Health recognizes the right of each employed resident or fellow to engage in moonlighting, so long as such moonlighting does not interfere with his/her obligations under his/her Agreement for Residency or Fellowship with Legacy Health, or with the effectiveness of the educational program to which he/she is appointed. Legacy Health also recognizes that moonlighting is strictly voluntary, and must not be required by the resident’s or fellows’ program director or any other individual employed or contracted by Legacy, on behalf of Legacy. Legacy or individual ACGME accredited programs may prohibit moonlighting by residents or fellows.

The professional liability insurance provided under the Agreement for Residency or Fellowship by Legacy Health only covers services performed under such Agreement--it does not cover any moonlighting. The only exception would be if there is a separate, written contract signed by a Legacy representative that provided otherwise.

For moonlighting at Legacy Health or one of its affiliates, the resident must:

- be licensed for unsupervised medical practice in the state where the moonlighting occurs
- hold a separate agreement for moonlighting, specifying whether the resident, fellow, Legacy or another party shall provide professional liability insurance for the resident or fellow
- For residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)
  - obtain a prospective, written statement of permission from the program director that will be made part of the resident's file.
  - document internal and external moonlighting, and all time must be counted toward the 80-hour maximum weekly limit.
  - The ACGME does not permit R-1 residents to moonlight.

For moonlighting by any entity other than Legacy Health or its affiliates, a resident must:

- be licensed for unsupervised medical practice in the state where the moonlighting occurs
- provide (or obtain) professional liability coverage in accordance with the entity or institution’s requirements
- hold his/her own personal DEA number
- For residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

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- obtain a prospective, written statement of permission from the program director that will be made part of the resident's file.
- document internal and external moonlighting, and all time must be counted toward the 80-hour maximum weekly limit.
- The ACGME does not permit R-1 residents to moonlight.

Residents may moonlight only in capacities that are consistent with their training, experience and licensure. Residents must meet the criteria stated in the moonlighting contract.

It is the responsibility of the institution hiring the resident to moonlight to determine whether such licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

Residents must report all moonlighting to the program director or his/her designee upon request.

Directors of ACGME-accredited programs will monitor residents who moonlight for the effect of these extracurricular activities upon the residents' performance. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Should moonlighting activities appear to have an adverse effect on a resident's performance, the resident's permission to moonlight may be withdrawn.

Legacy

*Approved by the Legacy Health Graduate Medical Education Committee, June 25, 2002*

*Revised March 2018, June 2019*

**SUBJECT:** PERSONAL APPEARANCE

---

**PURPOSE:** To define expectations for resident and fellow personal appearance and appropriate work attire when on duty at a Legacy Health facility.

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### **POLICY**

Residents and fellows are required to wear their Legacy name badge and appropriate attire at all times when on duty at Legacy Health.

Appropriate attire is defined as professional business dress with the hospital-provided white lab coat or other garment as designated by the training program. These items will be provided by the hospital, but the residents/fellows are responsible for their laundering and upkeep.

Residents and fellows will be provided with scrubs for appropriate services such as Emergency Department, Surgery, ICU and Labor & Delivery. Scrubs are to remain property of the hospitals and should not be removed from hospitals' premises. Hospitals are responsible for the laundering and maintenance of all hospital-owned scrubs.

Due to the nature of our business, we must demonstrate a patient/customer focus with regard to dress and appearance. Residents/fellows are expected to project a clean, neat and professional image. Residents and fellows should be aware and conscientious of their personal hygiene and cleanliness of attire.

#### **Appropriate attire is defined as the following:**

- Sweaters, button-down shirts, slacks
- Non-sheer blouses and sweaters
- Knee-length or below skirts/dresses
- Capri and calf-length cropped pants
- Scrubs for on-call or post-call days on inpatient rotations
- Clothing bearing a small logo (i.e. *Nike, Columbia, North Face*) is allowed as is approved Legacy apparel
- Facial jewelry limited to earrings in one's ears and one minimal facial piercing - unless a safety risk is present
- Nail polish in keeping with general attire and not distracting from professional appearance.

#### **The following are not appropriate while on duty:**

- Open-toed shoes or sandals, flip flops or slides
- Jeans/denim of any color
- Sweatshirts, hoodies, sweatpants, shorts or T-shirts
- Leggings, spandex or other revealing or tight clothing
- Low rider pants or skirts of any kind
- Short skirts/dresses
- Low-cut necklines or sheer fabrics
- Any clothing that allows underwear to be visible with bending or other movement
- Clothing imprinted with sayings, profanity, controversial statements, political statements, advertisements or statements that advocate a value.
- Scrubs at times other than on-call, post-call on inpatient rotations
- Artificial fingernails and enhancements, due to risk of infection transmittal

**Legacy Health****Policy #5.7**

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- Tattoos unless discreet or small
- Fragrances including lotions, powders, perfumes or other similar products

For further guidelines on Personal Appearance, please refer to *Legacy Health Policy 500.503, Personal Appearance* (see Appendix).

*Revised February 2018, June 2019*



**SUBJECT:** SUPERVISION OF RESIDENTS AND CLINICAL FELLOWS

---

**PURPOSE:** To define the responsibility of and the process for supervision of residents and clinical fellows on the inpatient and outpatient services at Legacy Emanuel, Good Samaritan and Salmon Creek Medical Centers

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### SCOPE

This policy applies to residents and clinical fellows in Legacy-sponsored training programs, residents and clinical fellows enrolled in integrated or affiliated programs, and/or residents and clinical fellows from other teaching hospitals who are temporarily assigned to Legacy Emanuel, Good Samaritan and Salmon Creek Medical Centers for clinical training purposes.

### DEFINITIONS

**Attending Physician:** A medical staff member who has been authorized by a program director to teach and supervise residents is defined as either an “attending physician” or “faculty”

**Program Director:** Legacy medical staff member who is appointed by Legacy Health to direct a given training program

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term “resident(s).”

**Supervise:** Supervise means “To have charge and direction of “(American Heritage Dictionary, 3rd ed.). For purposes of this policy, the attending physician must be available to the resident always both to direct patient care and to enhance the resident’s educational experience.

### PREAMBLE

The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. Residents must be given the responsibility for decision making and for direct patient care in all settings, subject to review and approval by senior residents and attending physicians, to include the planning of care, and the writing of orders, progress notes and relevant records.

### Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision – the supervising physician is physically present with the resident and patient.
- Indirect Supervision: with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
- Indirect Supervision: with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
- Oversight–the supervising physician is available to provide review of procedures/encounters with feedback provided aftercare is delivered.

**POLICY**

**Inpatient rotations**

- The program director has primary responsibility for the oversight and organization of his/her educational program in all institutions that participate in the program. This includes monitoring appropriate resident supervision at all participating institutions to ensure that residents are afforded appropriate faculty supervision during all training experiences. An attending physician who has questions or concerns regarding the supervision of a resident should contact the resident's program director.
- A junior resident may be directly supervised by a more senior resident, however, the ultimate responsibility for each patient admitted to the resident service is the attending physician's responsibility.
- The attending physician must be available to the resident at all times via phone or pager. The attending physician must have the capability to be physically present in the hospital within thirty minutes of notification if his/her presence is required to care for his/her patient. For procedures performed in the operating room, the attending physician should be in the operating room suite and scrubbed during key parts of the case and present in the operating room department with scrubs on and immediately available during the balance of the case. The cath lab is considered the operating room equivalent. (See also GME Policy #5.10 Vascular Surgery Fellow Supervision.)
- Residents must be supervised by the attending physician in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
- The attending physician must determine the level of responsibility accorded to each resident. At no time may a resident's scope of practice exceed the scope of practice established by his/her attending physician's hospital privileges. Attending physicians who have questions regarding a resident's level of competence should address these questions to the resident's program director.
- Each attending physician should become familiar with the written curriculum established for each resident he/she supervises. The curriculum may be obtained from the office of the resident's program director.
- Each physician of record has the responsibility to make rounds on his or her patients and to communicate effectively with the residents participating in the care of these patients at a frequency appropriate to the changing care needs of the patients. The attending physician must discuss patient evaluation, treatment planning, patient management, complications, and outcomes with the resident and review records of patients assigned to the resident to ensure the accuracy and completeness of these records.
- As per the Accreditation Council for Graduate Medical Education accreditation requirements, residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident's patient, the attending or subspecialty resident must communicate his or her action to the resident in a timely manner.

**Outpatient setting**

- The program director has primary responsibility for the oversight and organization of his/her education program in all institutions that participate in the program. An attending physician who has questions or concerns regarding the supervision of a resident in an outpatient setting should contact the resident's program director.
- In the outpatient setting, the attending physician must be physically present in the outpatient facility and available to the resident for consultation.
- Residents must be supervised by the attending physician in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. The level of the attending physician's involvement in the examination, diagnosis and treatment of the patient will vary according to the skill level and knowledge-base of the resident as determined by the attending physician. It is recommended that all patients be seen by the attending physician and all prescriptions written by residents

be reviewed by an attending physician before being given to the patient during the first six-months of training.

- The attending physician must determine the level of responsibility accorded to each resident. At no time may a resident's scope of practice exceed the scope of practice established by his/her attending physician's privileges.
- The attending physician must document his/her involvement in the patient's care in the patient's medical record and should review the resident's documentation to ensure the accuracy and completeness of these records.

*Approved by the Legacy Health Graduate Medical Education Committee on May 19, 2004*

*Revised September 2017, June 2019*

**SUBJECT:** SUPERVISION OF HEALTH PROFESSIONS STUDENTS

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**PURPOSE:** To establish guidance for the supervision of health professions students to ensure quality education and safe and effective care of patients, including accurate and timely documentation in the medical record.

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**SCOPE** This policy applies to health professions students (physicians, dentists, physician assistants, podiatrists, optometrists) rotating in LMG practices or at Legacy Health institutions (hospitals, clinics, surgical centers). This policy does not apply to nursing students.

- Students are neither licensed practitioners nor residents.
- Student supervision is in collaboration with academic affiliates, Legacy service line leadership, Legacy student program coordinators, preceptors, and/or supervising staff.
- Legacy Health has a process in place to ensure the completion of application requirements for all students prior to an appointment or re-appointment irrespective of appointment type and length of training. *Legacy Health Policy 100.91, Medical, Podiatric Dental, And Advance Practice Nurse Student Rotations (See Appendix).*

**POLICY**

This policy establishes procedures whereby health professions students are supervised.

**RESPONSIBILITIES:**

The **Clinical Vice President** of Medical Education or designee, is responsible for:

- Oversight of the supervision of all health professions students who enter the facility for training purposes
- Ensuring that appropriate levels of supervision are provided, which must be monitored at the facility as an evaluative, quality management process
- Ensuring that monitoring of clinical supervision and documentation is performed
- Ensuring that as a health record review process and quality management activity, documents and data arising from monitoring are confidential and protected
- Ensuring that academic affiliations are created for academic programs per *Legacy Health Policy 100.91*
- Ensuring that all health professions students have been pre-screened for suitability to be at Legacy Health facilities for learning purposes
- Working collaboratively with discipline specific program coordinators to assure clinical placement is possible and timely
- Ensuring that accreditation standards have been upheld in the training programs
- Ensuring all immediate supervisors/ preceptors who will oversee students in the clinical environment have access to faculty development

The **Service Chief** of the Medical/Surgical/Dental Program is responsible for:

- Being aware of students placed in their service area and approving placements
- Ensuring that time is allocated for preceptor duties
- Working collaboratively with front line managers regarding student placements and supervisory needs

The **Student Site Director** is responsible for:

- Working collaboratively with the student's affiliate supervisor to ensure all accreditation issues are addressed including maintaining all required evaluative records and files

## Graduate Medical Education

- Ensuring that an academic affiliation is in place prior to student placement
- Ensuring that resources (including space) are sufficient for a quality learning experience
- Ensuring that clinical placement and supervisor/preceptor have been identified
- Working collaboratively with the student to ensure completion of required online orientation modules, workplace orientation, orientation to EPIC, professional expectations in the workplace, and duty hours
- Working collaboratively with the Service Chief, immediate supervisor/preceptor and student to ensure high quality educational experience
- Being a resource to immediate supervisor/preceptor regarding student evaluation

The **Immediate Supervisor/Preceptor** of the Student is responsible for:

- Working to supervise/precept the students and provide them with constructive critique of their work in the learning experience
- Working collaboratively with the student site director to develop graduated levels of responsibility that the student can assume over time and with approval of the immediate supervisor/preceptor
- Assessing student abilities and closely monitoring students to maintain patient safety
- Ensuring adequate documentation is present in EPIC to document both supervision of the health professions student and the care provided

The **health professions students** are responsible for:

- Completing visiting student paperwork in a timely fashion
- Ensuring timely completion of required online orientation modules, workplace orientation, orientation to EPIC, professional expectations in the workplace, and duty hours
- Working collaboratively with their supervisor/preceptor to learn Legacy Health systems and patient care practices to a satisfactory level
- Providing timely feedback to the immediate supervisor/preceptor and/or the program coordinator regarding the learning experience so that modifications can be made to meet their learning needs
- Respecting their own limitations and not attempting to provide clinical services for which they are not trained. They must know their assigned level of responsibility and not practice outside of that scope of service. Failure to communicate significant health care issues to the supervising practitioner may result in the removal of a student from Legacy Health care activities

**PROCEDURES**

## Supervision of Health Professions Students

- Health professions students must always function under the supervision of an assigned licensed independent supervising practitioner. Each supervising practitioner must be appropriately credentialed and privileged at the respective Legacy Health institution. NOTE: A resident physician when functioning in the context of a residency training program is not a licensed independent supervising practitioner.
- Supervising practitioners may delegate some of the supervision of students to residents. However, the supervising practitioner retains the primary responsibility for patient care conducted by all levels of students, supervision of all students, and ensuring the timely and accurate documentation of that care and supervision in the medical record.

**Disciplinary Actions and Terminations**

Health professions students are held accountable to the Legacy Health conduct policy, *Legacy Health Policy 500.204, Employee Conduct* (See Appendix).

**Documentation by health professions students in the medical record**

- Students must learn to communicate effectively in the medical record.

## Graduate Medical Education

- 'Sub-interns' are considered students.
- Student documentation does not replace any other practitioner documentation and must always be accompanied by documentation entered independently by a supervising practitioner or resident.
- Student documentation alone is insufficient documentation for patient care or billing purposes. Co-signature of student notes is not sufficient to show adequate supervision or appropriate care. The teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making.
- The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the evaluation and management service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work. An example of appropriate attestation statements: "I was present with student during the history and exam. I performed a physical exam myself and I discussed the case with the student. I agree with the findings, assessment, and plan as documented in the student's note."
- If there were any errors or omissions in the student's note, the teaching physician must document those findings/medical decision making in his/her note.
- Student authored notes must be accompanied by an addendum or independent note by the supervising practitioner or a resident in addition to co-signature. For notes requiring attending-level documentation, delegation of the supervising practitioner function cannot be delegated to a resident.
- Legacy Health chooses to allow student entries in the electronic medical record, however the following stipulations apply:
  - A student-authored note must be co-signed either by the appropriate supervising practitioner or resident.
  - Any treatment delivered or diagnostic evaluation performed by a student must be directly and closely supervised by the supervising practitioner or resident.
  - Co-signature of a student note is not sufficient documentation for patient care or any other purpose. The teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. A student note without an addendum or separate resident note cannot be taken to be an official record of patient care.
  - A supervising practitioner's or a resident's addendum to the student's note may reference the patient's past medical history, family and social history, and review of systems (ROS).
  - An independent patient examination, assessment, and management plan and documentation of attending supervision must be provided.
  - Students **may** enter the following types of documentation into the medical record.
    - Inpatient admission notes
    - Inpatient consultation notes
    - Inpatient progress notes
    - Outpatient consultation notes
    - Outpatient clinic visit notes
    - Extended care admission notes
    - Extended care progress notes
    - Emergency department notes
  - Students **may not** enter the following types of documentation into the medical record. Note that individual hospital bylaws, clinic policy and procedures, or clinical rotations policy and procedures may be more restrictive, but not less restrictive.
    - Advanced directives
    - Informed consent
    - Discharge summaries
    - Reports or notes for procedures
    - Operative notes and reports

## Graduate Medical Education

- Code status notes
- Seclusion and restraint notes
- Health professions students may not be the signing authority on orders. The attending or delegated supervisory resident must sign all orders before they can be implemented.

**Health Professions Student Level of Responsibility**

Ultimately, the supervising practitioner determines which activities the student will be allowed to perform within the context of assigned levels of responsibility. The overriding consideration in determining assigned levels of responsibility must be the safe and effective care of the patient.

**Documentation of Immediate Supervisor/Preceptor of the Student**

- The electronic health record must clearly demonstrate involvement of the supervising practitioner in student-patient encounters.
- The timeframe for signing or co-signing health record entries is delineated in medical records policies.

**Emergency Situations**

When immediate intervention is necessary to preserve life or prevent serious injury, students are permitted to do everything possible within their expertise to save a patient from harm. The supervising practitioner must be contacted and apprised of the situation as soon as possible, and the student and supervising practitioner must document that discussion in the health record within 24 hours.

**Evaluation of Students, Supervisors, and Training Sites**

- Evaluations of Students
  - Each student must be evaluated by their attending(s) per accrediting and certifying body requirements. Evaluations must occur at least semi-annually or more frequently if required by the accrediting or certifying body. The evaluations must be communicated to students in a timely manner, and written evaluations should be discussed with the students by their affiliate supervisor.
  - When a student's performance or conduct is judged to be inappropriate in the health care environment, evaluation of the student, in consultation with faculty from the affiliated institution (when relevant), must be documented. In these situations, students may have clinical duties limited, have additional supervision assigned, or be assigned non-clinical duties for the duration of the performance review. In consultation with the affiliated institution, Legacy Health may, after careful weighing of the facts, withdraw the student from a Legacy assignment.
  - A student who is thought to pose a threat to the public, patients, or staff must immediately be placed on administrative leave. The purpose of the leave is to allow review and investigation of alleged performance problems. Further investigation and appropriate action, including possible remediation, disciplinary action, or dismissal from the training program, will be at the discretion of the affiliate.
- Evaluation of Supervising Practitioner and Training Site
  - Each student must have an opportunity to complete confidential written evaluations of supervising practitioners and Legacy Health training sites. NOTE: It is recommended that programs encourage open, collaborative feedback between supervisors and students.
- Storage and Use of Evaluations
  - Secure storage of evaluations of students, supervisors, and training sites is the responsibility of the affiliate. Evaluations are aggregated and analyzed in compliance with accrediting and certifying body standards. The evaluations must be completed in a timeline in compliance with the affiliates' standards.

*This policy approved by the Legacy Health Graduate Medical Education Committee on March 16, 2017.  
Reviewed June 2019*

**SUBJECT:** SUPERVISION OF PGY-6 AND ABOVE VASCULAR SURGERY FELLOWS

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**PURPOSE:** This document provides guidelines for the expected levels of independence for fellows at the PGY-6 level.

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**PREAMBLE**

The Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for Graduate Medical Education in Vascular Surgery state: For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

**Types of supervision**

There are four types of supervision as outlined by ACGME:

- Direct Supervision – the supervising physician is physically present with the resident and patient.
- Indirect Supervision:
  - with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  - with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**Common procedures and required level of supervision**

- Direct supervision required:
  - Mesenteric and renal artery interventions
  - Open aortic surgery
  - Infragenicular interventions
  - Re-operative vascular surgery
  - Carotid stent
  - EVAR/TEVAR
  - Treatment for cavitory graft infection
  - Carotid endarterectomy
  - Surgical revascularization of upper and lower extremities
  - Any open cavitory procedure (thoracic and abdominal). Trainee may close incision under indirect supervision with direct supervision immediately available.
- Indirect supervision with direct supervision *immediately* available include:
  - Trans-tibial or transfemoral amputation
  - Arteriovenous fistula/graft procedures
  - Femoral-popliteal bypass grafting
  - Removal of sheaths for percutaneous endovascular procedures
  - Femoral-tibial grafting, popliteal/infragenicular anastomosis
  - Femoral endarterectomy



- Indirect supervision with direct supervision available:
  - Toe amputation
  - Varicose vein procedures such as phlebectomy or sclerotherapy
  - Diagnostic Angiography and balloon angioplasty
  - Thromboembolectomy
  - Ilio-femoral transluminal angioplasty/stent placement
  - Infragenicular artery angioplasty/stent placement
  - Infrainguinal Atherectomy procedure
  - Removal of sheaths for percutaneous endovascular procedures
  - Percutaneous access for endovascular procedures
  - Diagnostic angiographic procedures
  - Femoral endarterectomy
  - Aortograms
  - Inferior Vena Cava Filter placement
  - Percutaneous interventions for upper and lower extremities
  - Closure of all surgical incisions
  - Open surgical exposures
  - Vascular cutdown for endovascular procedures
  - Mechanical and Pharmacological thrombolysis
- Common procedures with oversight include:
  - Wound management
  - Debridement
  - Tunneled central venous catheters placement and removal
  - Incision and drainage of abscess
  - Wound Vac placement and replacement.

*Approved by Legacy Health Graduate Medical Education Committee on July 20, 2017.  
Reviewed June 2019*

**SUBJECT:** WELLBEING FOR RESIDENT AND FACULTY

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**PURPOSE:** To protect and promote wellbeing of the residents, clinical fellows and faculty members among all Legacy Health sponsored residency training programs

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### DEFINITIONS

**Attending Physician:** A medical staff member who has been authorized by a program director to teach and supervise residents is defined as either an “attending physician” or “faculty”

**Program Director:** Legacy medical staff member who is appointed by Legacy Health to direct a given training program

**Resident:** A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term “resident(s).”

**Burnout:** A sense of emotional exhaustion, depersonalization, and a sense of low personal accomplishment

**Wellness:** More than the lack of burnout, ‘wellness’ is the actively engaged pursuit of optimal functioning in multi-dimensional areas that include, but are not limited to: emotional, mental, physical, financial, spiritual, creative and social. It also recognizes the importance of personalizing this pursuit to different critical dimensions based on each individual’s unique needs and circumstances.

### PREAMBLE

In accordance with ACGME common program requirements and in response to the increasing evidence in support of wellbeing programs Legacy Health is dedicated to promoting the health and wellbeing of its residents and attending physicians.

### POLICY

#### Wellness Committee

- The Graduate Medical Education Committee (GMEC) will maintain a wellness subcommittee (Wellness Committee) made up of attending physicians, residents and fellows which is dedicated to developing policies and programs that promote improved wellness and decrease burnout in residents and attending physicians.
- The membership of this committee is at the discretion of the chair of the Graduate Medical Education Committee.
- The Wellness Committee is responsible for ensuring compliance with organizational and accrediting body requirements and for the management of the Resident Peer Support Program.

#### Wellness Days

- Residency training programs will allow a minimum of **four ½-days off per year (½-day is defined as “at least 4 consecutive hours”)** as Wellness Days. These are to be used for residents or their children to attend preventive or non-urgent health care appointments.
- The resident may request wellness days, however the program ultimately determines how these days are built into their schedule.
- The process for scheduling these days should be transparent and clear to both residents and faculty, and each program is responsible for ensuring that these days are available to residents.

- Wellness Days should not coincide with regularly scheduled days off or post-overnight call days and are in addition to vacation and sick days. Emergency medical and mental health appointments are excluded and should be accommodated.
- When a resident requests time off to attend an emergency medical or mental health appointment, no further details may be requested regarding this, as it is expected that residents will follow professionalism policies regarding emergent appointments. Program policy will determine if sick days are required for emergency appointments.
- Each program is responsible for determining how this is best implemented for their residents so that Wellness Days do not impact eligibility for fellowship or board certification or require residents to prolong their training.
- All residents are highly encouraged to have established care with a primary care doctor by the end of their intern year.

**Wellness Training**

Each residency training program is responsible for educating residents and faculty on self-care and fatigue management. Training should occur on an annual basis.

**Residency Peer Support Program**

- All residents will have access to peer support through the Residency Peer Support Program. Peer Support contact information will be on the Legacy portal.  
<https://legacyportal.lhs.org/resources/Wellness/Pages/default.aspx>
- Residents will be selected by their peers or faculty to serve as peer supporters. On a yearly basis, Legacy's Medical Staff Wellbeing Committee will facilitate residents' training in the peer supporter role.
- Residents may access trained peer supporters by reaching out to these individuals at any time.
- Alternately, residents may periodically be offered peer support after known adverse events. Participation is completely voluntary and it will be left to the resident's discretion if they wish to accept or decline the offered peer support.
- A resident can only peer support another resident, but a resident can be supported by an attending or a resident based on the clinical situation in which peer support is needed.
- The resident and peer supporter will meet or speak via telephone at a time and place of their choosing and at their own convenience.
- There will be no documentation of the content of peer support conversations. The peer supporter will offer follow up and make the resident aware of the mental health resources and wellness policies available to them.
- The Peer Support Program is not meant to replace counseling or mental health appointments.
- As members of medical staff all attendings will have access to the Legacy Medical Staff Peer Support Program.

**Policy Violations**

In the event a resident feels that a program or attending is not complying with the outlined policies, grievances can be submitted following the procedure stated in *GME Policy 1.5*.

*This policy approved by the Legacy Health Graduate Medical Education Committee on January 18, 2018  
Reviewed June 2019*