

GME RESIDENT MANUAL

An HCA guide on institutional policies and procedures

2018-2019

Welcome to HCA

As a resident or fellow, you are now a part of the largest graduate medical education (GME) network in the United States. HCA Healthcare, Inc. (HCA) is currently home to GME programs in more than 50 hospitals from Florida to California. Welcome both to your program and to the larger HCA organization. You have started on the most impactful period of your medical training. This is a time where you will be inspired, challenged, and given the tools to care for and improve human life. And, by joining the HCA family, you have opened the door not only to an exceptional GME experience, but also to a fulfilling career across our robust network of top-performing hospitals, surgery centers, practices, urgent care centers, and research centers.

As is the case with most U.S. residency programs, GME is where newly-minted doctors begin to treat real patients in a real-world environment. What makes HCA's graduate medical education programs unique is our emphasis on the individual resident's performance. We work on competencies that a physician will face once he or she enters practice, such as core measures and patient satisfaction. We give continuous feedback to our residents so they will understand where they excel, as well as where they can improve. We tailor our curricular offerings and use our wealth of expertise and resources to provide you with personalized, innovative, and evidence-based training. All of these areas offer you an advantage of becoming a leader in the healthcare industry.

Throughout your educational experience, there will be emphasis on communication between the physician and the patient. We also spend a great deal of time talking about the business side of healthcare. Since HCA leads in all these areas, we are uniquely prepared to build you into the very best physician you can be.

I want to thank you for choosing HCA. Welcome to the nation's highest quality, most patient-centered team where *one path equals a thousand opportunities*.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Deighton". The signature is fluid and cursive, with a long horizontal stroke at the end.

Bruce Deighton, PhD | Vice President

Graduate Medical Education | HCA

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I. List of Common Terms

Accreditation Council for Graduate Medical Education (www.acgme.org)

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. It is a voluntary association formed by five member organizations. Its member organizations are national professional bodies, each of which has major interests in, and involvement with, residency education. The five member organizations of the ACGME are as follows:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)

Each member organization selects four representatives to the ACGME. The representatives of the member organizations in turn select two public members.

Clinical Competency Committee

The clinical competency committee (CCC) is a required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

Competencies

Competencies are specific knowledge, skills, behaviors and attitudes, and the appropriate educational experiences required of residents to complete GME programs. These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

Complement

A complement is the maximum number of residents or fellows approved by a residency review committee per year and/or per program based upon availability of adequate resources.

Designated Institutional Official

The designated institutional official (DIO) is the individual in a sponsoring institution who has the authority and responsibility for all the ACGME-accredited programs.

Graduate Medical Education Committee

The graduate medical education committee (GMEC) is responsible for establishing and implementing policies and procedures, overseeing program compliance with ACGME program guidelines, and reviewing all program changes.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

Hospital

The hospital is the acute care facility to which a particular resident is assigned for their program.

Program Coordinator

The program coordinator is a professional responsible for assisting the program director with the day-to-day administration of the resident training program.

Program Director

The program director is the one physician designated with authority and accountability for the operation of the residency/fellowship program.

Post Graduate Year

Post graduate year (PGY) pertains to the number of years or level of training in a specialty. For instance, a PGY 2 in internal medicine would be a resident in year two of an internal medicine residency program. The number of years can vary per specialty.

Review Committee or Residency Review Committee

The function of a review committee (RC), or residency review committee (RRC), is to set accreditation standards and to provide a peer evaluation of residency programs and fellowship (or, in the case of the institutional review committee, to set accreditation standards and to provide a peer evaluation of sponsoring institutions).

II. Salary and Benefits

A. Salary

Resident or fellow salaries are determined on an annual basis by the sponsoring institution and approved by the GMEC.

B. Expenses

Depending on the facility, an education stipend may be provided to the resident or fellow in two separate payments in the months of July and January. This stipend amount is provided to cover the expenses which the resident or fellow will pay directly and those expenses may include, but are not limited to, the following:

- Educational materials
- Professional membership dues
- Conference and travel expenses
- USMLE STEP 3/COMLEX 3
- Board examination fees
- Cell phone voice and data service as well as insurance for any equipment supplied by the hospital
- Annual expense for on call meals

Like salary, the stipend payments are subject to applicable taxes. A resident or fellow's stipend amount is listed in their contract with the hospital.

Residents or fellows new to the hospital will also receive a \$500 stipend to cover the time spent for on-site and online orientation activities. This amount is subject to taxes.

C. Expenses Covered by the Hospital

1. Equipment

The hospital will determine, and make available as needed, electronic and mobile devices for use consistent with the program's scope and needs. The assigned equipment is the property of the hospital and the resident or fellow agrees to use it in accordance with the Appropriate Use of Communication Resources and Systems policy, [EC.026](#), and the [IP.SEC.002, Information Security - Electronic Communications](#) policy. Just like other equipment the resident uses in the facility, the phone is company-owned property. Prior to the end date of the program, if requested, the resident will return the equipment to the hospital in the condition in which it was provided to him/her with reasonable wear and tear. If the equipment is either not returned to the hospital for any reason, or returned with damage beyond reasonable wear and tear, then resident/fellow may be asked to pay the hospital the fair market value, as determined by the hospital, of the equipment. If required, resident/fellow agrees to enter into a separate agreement with the hospital regarding possession and use of such equipment.

2. Licensure

The hospital shall pay for or reimburse the resident or fellow for the medical educational limited license. In cases where a full medical license is required by the medical board, the hospital shall pay for this license as well. The resident or fellow shall initiate procedures to obtain such license as soon as she/he is qualified to do so.

3. Required Certification

The hospital shall provide the certification courses and any related materials required by the hospital and/or the program, including but not limited to, Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS), pursuant to the program manual.

4. In-service Examinations

The hospital shall pay for in-training examinations in the applicable specialty.

5. Uniforms

The hospital shall provide two laboratory coats per academic year (July 1 to June 30). The hospital shall provide scrubs in accordance with hospital policy and procedure.

D. Benefits

The hospital provides a comprehensive list of personal benefit package options. The most current plan, enrollment, and renewal information may be found on the hospital human resources benefit site.

Benefits include, but are not limited to, the following:

1. Medical benefits, dental and vision
2. Short-term disability
3. Long-term disability
4. Life insurance
5. Flexible spending accounts
6. CorePlus voluntary benefits
7. HCA 401(k)
8. Employee Assistance Program (EAP)
9. Employee Stock Purchase Plan
10. The hospital will provide worker's compensation insurance, consistent with the hospital's benefits program.

III. Eligibility and Selection of Residents

- A.** Residents and fellows in ACGME-accredited programs at the hospital must be selected based on qualifications that meet or exceed the standards below.
1. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee for Medical Education (LCME); or,
 2. Graduates of osteopathic medicine in the U.S. accredited by the Commission on Osteopathic College Accreditation (COCA); or,
 3. Graduates of medical schools outside the U.S. or Canada who have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or,
 4. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
 5. Applicants must be recent (two or fewer years) graduates from medical school to be considered. Special exceptions may be considered for:
 - a. Candidates with an M.D. or D.O. with a M.P.H./M.S./Ph.D. and extensive prior research experience after completion of an LCME or an COCA-accredited medical or osteopathic medical school in the U.S. or Canada
 - b. Candidates who have served a prolonged period as a general medical officer in the U.S. military
 6. All requisite prior training must be **successfully** completed prior to beginning any residency or fellowship program.
 7. Applicants must have passed USMLE (United States Medical Licensing Examination) Step 1 and have taken both components of Step 2 or the COMLEX (Comprehensive Osteopathic Medical Licensing Examination) Level 1 and have taken both components of Level 2.
- B.** Programs will select candidates to interview only from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic background (to include clerkship grades, standardized test scores, communication skills, and humanistic qualities such as motivation, honesty, and integrity).
- C.** All GME training programs are required to use the Electronic Residency Application Service (ERAS) to receive and accept applications to the program. Exceptions may be made for fellowship or other programs not going through ERAS. All programs at the hospital will participate in the National Resident Matching Program (NRMP) as the primary method of recruiting trainees. All applicants who are granted interviews must interview prior to the initial match process.
- D.** For residents or fellows attempting to transfer from other educational programs, the residency program must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.

A physician who has completed a residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ACGME-

accredited program, may be advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.

- E.** Applicants invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment to the ACGME-accredited program, as well as all institutional and program policies regarding eligibility and selection for appointment, either in effect at the time of the interview or that will be in effect at the time of their eventual appointment. This includes financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents. All terms, conditions, and benefits of the potential appointment are described in the GME resident contract.
- F.** In compliance with applicable federal and state law, the hospital does not discriminate against individuals with regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.
- G.** Hospital training programs do not sponsor visas. The Educational Commission for Foreign Medical Graduates (ECFMG) is the sole sponsor of J-1 physicians in clinical training programs. For more information, please visit www.ecfm.org.

IV. Resident Pre-Employment Requirements and Responsibilities

A. Pre-Employment Requirements

1. Documentation of eligibility for employment, including work and training visa status, if applicable;
2. Documentation of resident or fellow receipt of all immunizations or signed declinations required under hospital policy;
3. Successful passing of laboratory screening tests for abuse of controlled substances;
4. Criminal background check;
5. Occupational health screening; and
6. A valid medical license in the state of employment
7. Proof of graduation from an accredited medical or osteopathic school

The resident or fellow must not currently be excluded, debarred, or otherwise ineligible to participate in any federal healthcare programs, must not have been convicted of a criminal offense related to the provision of healthcare items or services, and must not be, to the best of his/her knowledge, under investigation or otherwise aware of any circumstances, which may result in the resident being excluded from participation in the federal healthcare programs.

B. Employment Requirements

1. The resident or fellow shall fulfill all professional and educational duties, obligations, and assignments provided by the hospital through the program director.
2. The resident shall maintain in good standing either such training license or such full license at all times during the residency or fellowship employment period.

The resident/fellow must provide documentation of licensure to the hospital upon request and must immediately notify the hospital if any license, permit or certification is restricted, revoked, suspended, or not renewed. Failure to maintain current medical licensure will result in suspension without pay until the license is renewed or termination of the resident's agreement with the hospital at the discretion of hospital's program director.

The hospital will pay the fee for the initial training license and renewal-training license as applicable. If full physician licenses are not required for the training program, but the resident chooses to hold a full license, the resident is responsible for the application, fee, and license maintenance.

3. The resident or fellow shall abide by all the rules and regulations as set forth by the ACGME and this GME resident manual.
4. The resident or fellow acknowledges that the hospital has certain obligations in connection with applicable laws, regulations and accreditation standards, including, but not limited to, the state; Occupational Safety and Health Administration (OSHA) regulations, Office of Inspector General (OIG); Medicare and Medicaid eligibility and reimbursement requirements, the standards of The Joint Commission; the ACGME and/or AOA; and all applicable labor and civil rights laws. The resident further

acknowledges that the hospital, from time to time, may adopt policies, procedures and/or documentation requirements in connection with the implementation of such laws, regulations and accreditation standards.

5. The resident or fellow agrees to cooperate fully with the hospital in its compliance with all applicable laws, regulations and accreditation standards, as may be enacted or amended from time to time, and with all implementing policies, procedures and/or documentation requirements now in existence, or as may be adopted or amended by the hospital from time to time.
6. The resident or fellow shall behave in a professional manner consistent with hospital's standards and acknowledges that it is the express policy of the hospital to prohibit discrimination with regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.
7. Educational assignments and rotations will be carried out by the resident or fellow and in accordance with the goals and objectives of each program and the specialty-specific milestones. The resident or fellow will be responsible for operating in accordance with the GME resident manual as the resident or fellow engages in patient safety, quality improvement, transitions of care, supervision, duty hours, and professionalism as defined by the ACGME.

V. The Learning and Working Environment

A. Patient Safety, Quality Improvement, Supervision, and Accountability

1. Patient Safety and Quality Improvement

Each resident and fellow will be trained on how to report patient safety concerns and will also complete a quality improvement project.

2. Supervision and Accountability

All patients cared for by residents and fellows will have a supervising attending physician who is available. As residents demonstrate competence in their ability to care for patients, it is important to foster their progression to higher levels of autonomy by providing them with clinical roles with greater independence, and the opportunity to supervise less experienced residents. While first year residents often require direct supervision, senior residents often can operate with more autonomy under the constant of continued faculty oversight. Residents and fellows may always call the attending physicians on areas of uncertainty where they feel attending benefit is useful. Attending physicians will treat trainees with respect and patience. Planned communication to discuss patient progress and management plan changes is encouraged.

a. Supervision Levels

The following supervision levels are defined by current ACGME common program requirements and the institutional supervision guidelines. According to the ACGME, each patient must have an identifiable and credentialed attending physician who is responsible and accountable for the patient's care.

- i. Direct supervision: The supervising physician is physically present with the resident and patient.
 - ii. 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.
 - iii. 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.
 - iv. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- b. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
 - c. The program director must evaluate each resident's abilities based on specific criteria, guided by the milestones.
 - d. Faculty members functioning as supervising physicians must delegate portions of care to residents, based on the needs of the patient and the skills of each resident.

- e. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- f. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).
- g. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.
- h. Initially, PGY-1 residents must be supervised either directly, or indirectly, with direct supervision immediately available. Each review committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.
- i. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

B. Professionalism

1. Professionalism and the learning objectives are accomplished through supervised patient care responsibilities, clinical teaching, and didactics.
2. Emphasis is placed on a learning environment free of excessive reliance on residents to fulfill non-physician obligations.
3. Each resident and fellow must assure personal fitness before, during and after clinical assignments as a responsibility of patient and family-centered care.
4. Recognition of impairment from illness, fatigue, and substance abuse in oneself, peers or other members of the healthcare team is a personal responsibility.
5. Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data is an active participation in professionalism.
6. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff.

C. Well-being

Purpose: Residents, fellows, and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of the learning environment.

1. Residents, fellows, and faculty will undergo an annual course in well-being to bring attention to burnout, depression, and substance abuse and the symptoms related to this.
2. The meaningfulness in the experience of being a physician – including protection of time with patients, minimization of non-physician obligations, and promotion of progressive autonomy – are areas a program will focus on to protect the resident and fellow working environment.
3. Access to behavioral health is available through the HCA Employee Assistance Program (EAP) on a 24-hour basis.
4. Residents have the opportunity, after consulting with their program director, to attend medical, mental health, and dental care appointments during work hours. It is also

understood that there are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness and family emergencies without fear of negative consequences. The resident or fellow must still communicate timely with their program director if they will not be able to report to work.

D. Fatigue Mitigation

Adequate sleep facilities are provided to residents and fellows as needed and transportation for residents or fellows too fatigued to return home will be provided. Education regarding fatigue and the signs of fatigue will be provided for awareness and proper management.

During orientation, each resident and fellow will complete the Sleep, Alertness and Fatigue Education in Residency “SAFER” course.

E. Clinical Responsibilities, Teamwork and Transitions of Care

Purpose: The clinical responsibilities for each resident and fellow must be based on PGY level, patient safety, resident or fellow ability, severity, and complexity of the patient within an environment that maximizes communication and inter-professional collaboration. As part of this working and learning environment, effective transitions of care must be identified.

1. Clinical Responsibilities
Clinical responsibilities for each resident and fellow are defined in the curriculum goals and objectives and are specific to each PGY level and specialty as it relates to personal ability and severity and complexity of the patient.
2. Teamwork
Residents and fellows must care for patients in an environment that maximizes communication granting opportunity to work as a member of effective inter-professional teams that are appropriate for delivery of care specific to the specialty.
3. Transitions of Care
 - a. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
 - b. Programs, in partnership with their sponsoring institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
 - c. Programs must ensure that residents are competent in communicating with team members in the hand-over process.
 - d. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for each patient’s care.
 - e. Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

A transition of care (“hand-off”) is defined as:

- a. Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area
- b. Inpatient admission from the emergency department
- c. Transfer of a patient to or from a critical care unit
- d. Transfer of a patient from the intensive care unit to an inpatient unit when a different physician will be caring for that patient
- e. Transfer of care to other healthcare professionals within procedure or diagnostic areas
- f. Discharge, including discharge to home or another facility such as skilled nursing care
- g. Change in provider or service change, including resident sign-out, inpatient consultation sign-out, and rotation changes for residents

F. Clinical Experience and Education

Purpose: Programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. Education regarding fatigue and the signs of fatigue will be provided for awareness and proper management.

1. **Maximum Hours of Clinical and Educational Work per Week**
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
2. **Mandatory Time Free of Clinical Work and Education**
 - a. The program must design an effective program structure that is configured to provide residents and fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
 - b. Residents should have eight hours off between scheduled clinical work and education periods.
 - c. 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.
 - d. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - e. 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.
3. **Maximum Clinical Work and Education Period Length**
 - a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - b. 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.
 - c. Additional patient care responsibilities must not be assigned to a resident during this time.
4. **Clinical and Educational Work Hour Exceptions**

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:

- a. To continue to provide care to a single severely ill or unstable patient
- b. Humanistic attention to the needs of a patient or family
- c. To attend a unique educational event

These additional hours of care or education will be counted toward the 80-hour weekly limit.

5. Moonlighting

See moonlighting policy

6. In-house Night Float

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

7. Maximum In-house On-call Frequency

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

8. At-home Call

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

VI. Leave Policy

A. Vacation, Sick or Holiday

Each resident and fellow receives three weeks annual paid leave for vacation, sick, holiday or other time away from work. Vacation requests must occur prior to the beginning of each academic year. The three-week annual leave does not carry over to the next academic year and residents and fellows will not be paid out for time unused.

B. Other Time Away from Work

An unanticipated absence due to the need for personal leave may occur in addition to bereavement, military, jury duty, and other instances. When such an absence occurs, the resident or fellow is expected to notify the program director and program coordinator. The program will arrange coverage for the call. All leaves of absence must be documented in the residency management suite. Eligibility for parental and other leaves in accordance with the Family Medical Leave Act shall be offered.

C. Educational

One week may be granted for educational purposes. This must be requested three months in advance and approved by the program director.

All scheduling matters regarding leaves and rotations are documented through the hospital residency management suite.

VII. Moonlighting Policy

The primary responsibility of all residents is to their own postgraduate medical education and to the patients charged to their care.

A. General Requirements of Moonlighting

1. PGY 1 residents are not permitted to moonlight.
2. All residents who wish to moonlight must be in good standing in the training program.
3. Individual programs may prohibit their residents from moonlighting.
4. Residents who wish to engage in the practice of medicine outside of their formal training program must complete the moonlighting approval and documentation through the residency management suite.
5. The resident must have the explicit written and prior approval of their program director.
6. Moonlighting cannot be used to fulfill a training requirement of the current training program.
7. All residents who engage in moonlighting activities must be fully licensed to practice medicine; have state and federal (DEA) license to prescribe; and must carry individual malpractice insurance coverage. All licenses and insurance coverage provided by HCA in the course of the residents' graduate medical education cannot be used for purposes of moonlighting.
8. Moonlighting may be conducted only within the established institutional principles of duty hours. The program director is responsible for monitoring the effect of moonlighting on a resident's performance in the educational program. Hours devoted to moonlighting must be counted toward the duty hour's regulations.
9. Moonlighting is a privilege. Residents who choose to moonlight will be monitored by their program director, and the moonlighting privilege may be revoked by the program director if program director feels that the moonlighting is adversely affecting the resident's patient care or education, or is putting the resident at risk for work hours violation or excessive sleepiness/fatigue.
10. J-1 visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements. Residents are responsible for understanding, advising the GME office, and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.
11. Violation of this policy may result in immediate suspension or termination.
12. No resident may be forced to moonlight.
13. All internal moonlighting is prohibited.

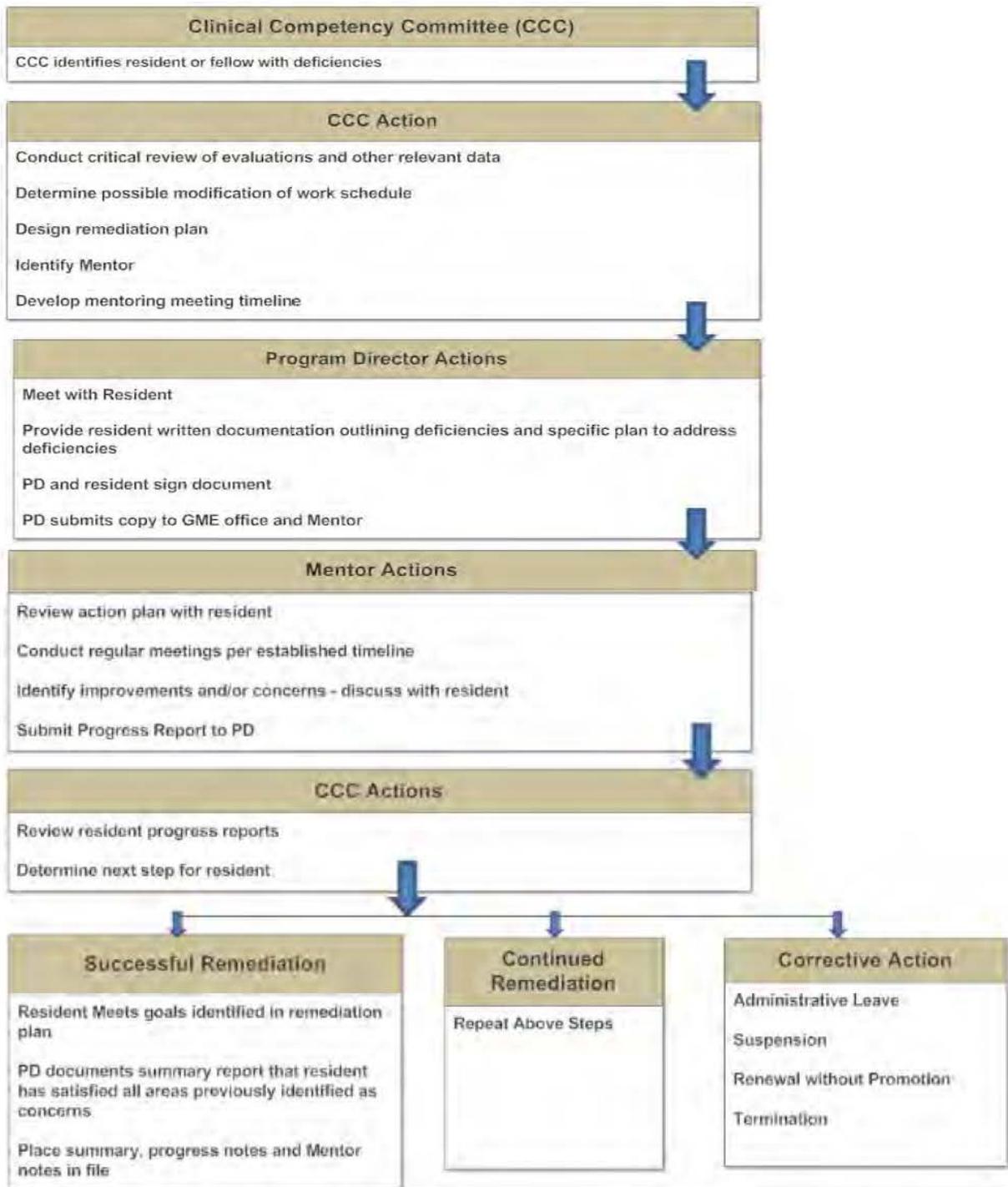
VIII. Promotion Policy

Purpose: *A resident or fellow is expected to promote to the next level of residency or fellowship with anticipation of successful graduation. Specialty-specific milestones and ACGME core competencies must be met by each resident or fellow in order to be granted promotion and ultimate graduation from residency or fellowship.*

It is important for the program to identify circumstances where a resident may experience a delay or alternate course in the promotion process. In instances where a resident or fellow agreement will not be renewed, or when a resident or fellow will not be promoted to the next level of training, the program must provide the resident with as much written notice as possible.

IX. Remediation

Purpose: Residents and fellows may undergo remediation, which allows for correction of deficiencies that require intervention. A resident or fellow may undergo remediation up to 90 days.



X. Grievance

Purpose: Residents may raise and resolve issues without fear of intimidation or retaliation. The resident or fellow is encouraged to first follow the GME chain of command to address grievances. If the resident or fellow has an issue with their program director, the designated institutional official (DIO) and the chair of the GMEC should be contacted based on the GME philosophy that residents are encouraged to discuss their concerns with the next level of management within the GME organization.

Additional mechanisms for communicating and resolving issues include the following:

- A. Grievances regarding academic or other disciplinary actions are processed according to the Graduate Medical Education Appeal policy.
- B. Grievances related to the work environment or issues concerning the program or faculty that are not related to disciplinary or academic adverse actions can be addressed by discussing problems with a chief resident, program director, DIO, the GMEC or GME administration.

XI. Disciplinary and Adverse Actions

Purpose: *Disciplinary actions are typically utilized for serious acts requiring immediate action such as suspension, probation, or dismissal. The residency programs are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the GME resident manual appeal process. All disciplinary actions will become a permanent part of the resident training record.*

Adverse actions may result when continued remediation actions have been unsuccessful. These actions may include probation, denial of certificate of completion, or non-renewal of agreement and will become a permanent part of the resident training record. All significant adverse actions are subject to the GME resident manual appeal process.

A. Suspension

A resident may be suspended from all program activities and duties by his or her program director, DIO, or division vice president for GME.

Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional; incompetent; erratic; potentially criminal; noncompliant with hospital policies, procedures, and code of conduct, federal healthcare program requirements, or conduct threatening to the well-being of patients, other residents, faculty, staff, or the resident. All suspensions must be reported to the DIO.

Suspension must not exceed 60 calendar days without additional review and may be coupled with or followed by other actions.

Suspension may be with or without pay.

Resident or fellows can be suspended for failure to comply with the medical records policy.

B. Non-renewal of Agreement

A decision of intent to not renew a resident's contract should be communicated to the resident in writing by the program director as soon as practical but no later than prior to the end of the contract year.

A copy of the notification, signed by the program director and resident, must be sent to the DIO.

Note: A resident can be immediately dismissed without prior written notification at any time during the contract year due to the occurrence of a serious act as described below.

C. Denial of Certificate of Completion

A resident may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency training. This may include the entire year or overall unsatisfactory performance for at least 50 percent of rotations during final academic year. Additionally, some programs may deny a certificate of

completion to a resident who fails to pass the annual written in-service examination during the final year of training.

In most situations, the resident should be notified of this pending action as soon as possible.

A copy of the notification, signed by the program director and resident, must be sent to the DIO and division vice president of GME.

In certain situations, a resident denied a certificate of completion may be offered the option of repeating the academic year but only at the discretion of the program director and DIO.

D. Dismissal

Residents may be dismissed from the program for a variety of serious acts. The DIO or division vice president of GME must review all dismissals. Prior written notice will not be provided to the resident when it is determined that the seriousness of the act requires immediate dismissal. The resident does not need to be on suspension or probation for this action to be taken.

Serious acts may include but are not limited to the following:

1. Professional incompetence
2. Serious neglect of duty or violation of hospital or program rules, regulations, policies or procedures
3. Conviction of a felony or other serious crime as determined by the hospital
4. Conduct that the hospital reasonably determines to be prejudicial to the best interest of the hospital or program
5. Unapproved absence from the program
6. Action or inaction reasonably determined by the hospital to involve moral turpitude or that is contrary to the interests of patient care or the hospital
7. Failure to progress satisfactorily in the program's educational and clinical program
8. Total disability as defined in the hospital's employment policies and procedures, or inability to perform duties required hereunder for a designated period of time in accordance with the hospital's employment policies and procedures
9. Determined by the hospital of material failure to comply with any specific obligations or intent of this agreement
10. Failure to maintain a medical license
11. Falsification of medical records

Immediate dismissal will occur if the resident is listed as an excluded individual by any of the following:

- Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities;" or
- General Services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"

XII. Appeal Process

The appeal process is available to residents and fellows for the following disciplinary or adverse actions:

1. Suspension with pay
2. Suspension without pay
3. Non-renewal of agreement
4. Denial of certificate of completion
5. Dismissal

To initiate the appeal process, the resident or fellow must:

1. Submit a written appeal to the division vice president of GME
2. The appeal must be made within five business days of receipt of the decision being appealed
3. The resident's appeal should state the facts on which the appeal is based, the reason(s) the resident or fellow believes the decision was in error, and the remedy requested

After gathering information, the division vice president of GME will distribute a written response to the resident or fellow within 10 business days. The decision of the division vice president of GME is final.

Note: The appeal process is not applicable for remediation matters.

XIII. Physician Impairment

A. Assistance

1. Each hospital recognizes that alcohol abuse, substance abuse, and addiction arise out of treatable illnesses. Early intervention and support may improve the success of rehabilitation. To support residents, each hospital:
 - a. Encourages residents to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem
 - b. Encourages residents to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help
 - c. Offers all employed residents and their family assistance with drug or alcohol problems through the Employee Assistance Program (EAP)
 - d. Allows residents the ability to request leave, in accordance with applicable leave of absence policies, while seeking treatment for drug or alcohol problems
2. Treatment for alcoholism and/or drug use disorders may be covered by a personal benefit plan. However, the ultimate financial responsibility for treatment belongs to the individual.

B. Shared Responsibility

A safe and productive workplace free of inappropriate alcohol or drug use is achieved through cooperation and shared responsibility.

1. It is the responsibility of each resident to:
 - a. Adhere to this policy
 - b. Notify his or her supervisor at the hospital of any arrest or conviction involving drugs or alcohol prior to his or her next scheduled shift or clinical duty
 - c. Cooperate fully with any investigation related to alleged violations of this policy
 - d. Safeguard controlled substances from unauthorized access
 - e. Report, and/or intervene in the event of reasonable suspicion of violations of this policy
2. It is the responsibility of each hospital management to:
 - a. Inform residents of this policy
 - b. Make the policy easily accessible to residents
 - c. Contract with an accredited reference lab for drug testing, transmit to the lab a copy of this policy, and ensure that there is a non-employed physician who will serve as a medical review officer (MRO) for testing and interpretation
 - d. Periodically conduct substance abuse training for supervisors
 - e. Promote employee awareness of the hospital assistance programs, including the employee assistance and rehabilitation assistance programs
 - f. Investigate reports of reasonable suspicion of violations of this policy
 - g. Take action with respect to violations of this policy. Such action could include counseling with respect to professional help, referral to the Employee Assistance Program, disciplinary action, or termination. If required by accreditation, certification, licensure, or legal requirements, or if management of the facility believes it to be appropriate, timely notify the appropriate authorities of any such action

- h. Maintain all documents pertaining to reports and investigations pursuant to the Records Management policy, EC.014

C. Prohibited Behavior

1. The following activities are strictly prohibited and will be subject to discipline, including possible termination of employment:
 - a. The sale, manufacture, distribution, purchase, use, or possession of alcohol, alcoholic beverages, marijuana (including medicinal marijuana), illegal substances, non-prescribed controlled substances, or drug paraphernalia by a resident on facility premises or during his or her working hours
 - b. Reporting to work, or being at work, while under the influence of or while impaired by alcohol, alcoholic beverages, marijuana (including medicinal marijuana), illegal substances, prescribed or non-prescribed controlled substances. For the purpose of the policy, a resident is presumed to be under the influence of alcohol if a blood test or other scientifically acceptable testing procedure shows a blood alcohol level of 0.04 or more
 - c. Reporting to work, or being at work, with the smell of alcohol on one's breath or person, a measurable quantity of illegal substances or a measurable quantity of non-prescribed controlled substances in one's blood or urine
 - d. A conviction for sale or possession with intent to distribute any drugs, including prescription drugs
 - e. Theft or diversion of facility and/or patient medications
 - f. Refusal for any reason to submit or consent to a drug/alcohol screen requested by any management personnel at the facility
 - g. Participation in any act that would create or allow false documentation of security and/or safety practices
 - h. Tampering with or otherwise altering drug testing samples or security equipment or systems
2. Notwithstanding the foregoing, during facility-sponsored activities, the facility CEO, administrator, division vice president or director of operations, or individual with senior level responsibility for the facility, at his/her discretion, may approve the responsible and limited serving of alcoholic beverages.
3. Excluding medicinal marijuana, prescription medications are not prohibited under this policy when taken as prescribed under the direction and monitoring of a physician. Medicinal marijuana is prohibited even when taken as prescribed by a physician.

D. Duty to Report, Detection and Reasonable Suspicion

1. A resident must notify his or her supervisor whenever he or she is taking a prescribed or over-the-counter drug that the resident has been advised will, or based upon the drug profile is likely to, impair job performance (e.g., drowsiness or diminished ability to focus).
2. A resident must notify his or her supervisor if the employee or student has reasonable concerns that another resident has violated this policy.

E. Searches

If a supervisor has a reasonable suspicion that a resident has violated this policy, the supervisor may require the resident to submit to a search or inspection. By entering hospital

property, each resident consents to such searches. Searches can be conducted of pockets, clothing, lockers, wallets, purses, briefcases, lunchboxes, backpacks, duffel bags, desks, work stations, equipment, and other areas. See also the hospital's general policy regarding searches in the Theft and Violence in the Workplace policy, SS.001

F. Drug and Alcohol Testing

1. To ensure the accuracy and fairness of our testing program, all collection and testing will be conducted pursuant to guidelines established by the medical review officers and, if applicable, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines; a confirmatory test; the opportunity for a split sample; review by an MRO, including the opportunity for residents who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody, with the exception of medicinal marijuana.
2. All drug-testing information will be maintained in separate confidential records.
3. Residents will be required to participate, at a minimum, in testing as follows:
 - a. Post offer, pre-employment;
 - b. Upon transfer;
 - c. Prior to an acquisition which includes the employment of the seller's employees, corporate human resources will compare the seller's drug testing policy to this policy in the required due diligence process and will make a recommendation to the division president expected to operate the newly-acquired business based on that comparison;
 - d. Upon reasonable suspicion;
 - e. When it is reasonably possible that drug and/or alcohol use by the employee resident contributed to or caused an illness or injury to the resident or to any person (e.g., employee, student, patient)
 - f. An event that will not trigger testing is an accounting change initiated by an affiliate

Substances tested for at hire must, at a minimum, include amphetamines, barbiturates, benzodiazepines, opiates, marijuana, methadone, and cocaine. Reasonable suspicion and reportable accident testing should include amphetamines, barbiturates, benzodiazepines, carisoprodol, opiates, fentanyl analogues, methadone, meperidine, marijuana, and cocaine.

Testing for the presence of alcohol will be conducted by analysis of breath, saliva, blood or other accepted testing methodology. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, saliva, or other accepted testing methodology.

The MRO will review all non-negative reports. Any non-negative drug test result due to a physician-approved medication will be reported as a negative result. If it appears that the person tested is impaired by the use of medications for which the resident has a valid prescription, the report should note that fact. Medications that could affect an applicant's ability to perform his or her job may result in restrictions or recommendation for accommodation with respect to those tasks.

4. Violations of Policy

Residents will be subject to discipline, including possible termination, if they violate this policy in any way.

5. Pre-Placement Tests

With respect to a person who has been offered a residency position at any level, if the person refuses to take the pre-placement drug tests described above, or tests positive for any non-prescribed controlled substances or illegal substances, the offer of residency position will be withdrawn.

Current residents who accept a position with another affiliated entity are required to participate in pre-placement testing. If test results are positive for any non-prescribed controlled substances or illegal substances, the offer of residency position will be withdrawn.

Additionally, the positive test results will be communicated to the current affiliated facility; the current affiliated facility will conduct its own investigation, the results of which will be subject to discipline, including possible termination of residency.

G. Definitions

1. Controlled Substances: Any drug or chemical substance whose possession and use are regulated under the Controlled Substances Act
2. Illegal Substances: Any drug the possession or sale of which violates federal law (in the U.S.) or the country, state or local law of the jurisdiction in which the facility is located
3. Practitioner Impairment: Occurs when a substance-related disorder interferes with his or her ability to engage in professional activities competently and safely
4. Medical Review Officer (MRO): A licensed physician not employed by HCA or an affiliate who oversees the medical aspects of this policy; can be recommended to the facility by the contracted reference laboratory and should have appropriate medical training to interpret and evaluate an individual's positive test results, medical history and any other relevant medical information
5. Affiliate: Any entity (partnership, corporation, joint venture, LLC, etc.) that HCA ultimately owns or controls 50 percent or more of, including its 50 percent-owned joint ventures
6. Facility: Owned by an affiliate, including, but not limited to, hospitals, ASCs, urgent care and imaging centers, billing offices, revenue service centers, and corporate, division, and market offices

H. Procedures

1. General

- a. Upon notification that any person has a reasonable suspicion that a resident of a facility is violating, or has violated, this policy, the leadership of the facility shall conduct an investigation. If, after an initial investigation, there appears to be some credibility to the suspicion, the facility shall take whatever action necessary to protect patients, residents, students, and employees. If the circumstances indicate that it is appropriate, the action may include immediately removing the resident from his or her work area and escorting him/her to a designated testing location, and conducting a search of the work area. The resident will be asked to sign a consent form prior to testing.

- b. Any resident who is tested based upon a reasonable suspicion of a violation of this policy shall be immediately suspended pending results.
 - c. Any resident whose blood alcohol content exceeds the maximum set forth in this policy, or tests positive for non-prescribed controlled substances or illegal substances, will be immediately suspended. The facility shall then seek legal review by the employment section of the legal department.
 - d. During a suspension for violation of this policy, the resident shall not be allowed access to the facility with the exception for medical treatment.
 - e. The facility may provide residents who test positive with contact information for substance abuse resources.
2. Voluntary Self-reporting
- a. A resident who voluntarily self-reports substance abuse may be offered an opportunity to participate in a rehabilitation program. In such cases, the facility may require, as a condition of continued residency participation, that the resident abide by the terms set forth by the facility.
 - b. Circumstances related to substance abuse will be taken into consideration on a case-by-case basis.
3. Organizational Reporting
- In the event of a violation of this policy, the facility will, if required by law, or if not required then if the facility deems it appropriate, notify: (a) governmental agencies with jurisdiction over drug and alcohol issues (e.g., police, FDA, DEA); (b) if applicable, any professional licensing boards; and (c) appropriate affiliated executives (e.g. division, HR, legal, PR, risk management, HCI).
4. Confidentiality
- All information received by the facility through compliance with this policy is confidential. Access to this information is limited to those who have a legitimate need to know within the facility and its affiliates or others in law enforcement.

XIV. USMLE Step 3 and COMLEX Level 3 Requirements

- A.** Resident physicians must pass the United States Medical Licensing Examination Step 3 or the Comprehensive Osteopathic Medical Licensing Examination Level 3 to be eligible for promotion to the postgraduate year three level in graduate medical education programs. While residents adhere to this requirement, each program has the ability to set a more stringent timeline and requirement regarding the successful completion of this exam.
- B.** Resident physicians or fellows transferring from another program must document a passing score on USMLE Step 3 or COMLEX-USA Level 3 within 12 months of the starting date of their resident contract or the start of their PGY3 year, whichever is later.
- C. Procedure**
 - 1. Resident physicians shall submit documentation of a passing score on the USMLE Step 3 or COMLEX-USA Level 3 or provide a copy of their full medical license to the GME office **prior** to the starting date of their postgraduate year three contract.
 - 2. Residents are strongly encouraged to read and become familiar with the eligibility requirements, policies, and procedures of the USMLE or the COMLEX-USA. Please see the references listed in this policy for information on the licensing examinations and contact information for either of the license examination organizations.
 - 3. Residents are strongly encouraged to take and pass the Step /Level 3 license examination well in advance of start of their third year in the program. The recommended timing of the exam is at the end of the first postgraduate year.
 - 4. Residents who have not passed the required licensing examinations prior to the start of their third postgraduate year will remain at the postgraduate year level two for both compensation and academic/clinical responsibilities. Residents who have not passed the required licensing examinations within six months of the scheduled start of their third postgraduate year will be placed on administrative leave of absence without pay or terminated from the program in accordance with the terms of the resident agreement.
 - 5. The retake policies of the USMLE and COMLEX-USA accommodate a maximum of four retakes within a 12-month period.
 - 6. The maximum number of retakes for USMLE Step 3 or COMLEX-USA Level 3 is six. Candidates failing the sixth retake of either examination are no longer eligible to complete the examination and are therefore not eligible to obtain a medical license in the United States. Candidates who fail the USMLE Step 3 or COMLEX-USA Level 3 after six retakes will be terminated from the residency program in accordance with the terms of the resident agreement.

XV. Resident Complement, Reduction and Closure

- A.** The Accreditation Council for Graduate Medical Education institutional requirements state that the sponsoring institution must have a written policy that addresses a reduction in size or closure of a residency program or the sponsoring institution (IV.N).
- B.** Policy: In the event of a reduction of program size or program closure, the hospital will make reasonable efforts to ensure residents currently enrolled in the residency program have the opportunity to complete their training, either in their current program or through assistance in locating opportunities to enroll in another accredited GME program.
- C. Procedure**
 - 1. The chief executive officer (CEO), on behalf of the board, which serves as the institutional sponsor governing authority, will inform the DIO and the GMEC as soon as possible of any anticipated changes in the residency program, including closure of sponsoring institution or the residency program, or decreasing the size of the residency program.
 - 2. The DIO and GMEC together have oversight of program accreditation changes and will inform each residency program director of changes in program size or closure of a program. Each residency program is responsible for notifying all affected residents as soon as possible in the event of any anticipated closures or reductions.
 - 3. In the event that any residency program must close, the sponsoring institution will allow residents already in the residency program to complete their education or will assist the residents in enrolling in another ACGME-accredited program in which they can continue their education and training. Affected residents will have preferential placement in another HCA GME program whenever possible.
 - 4. In the event that alterations are made to residency program size, only the number of future positions to be offered should be affected. Residency programs will make every effort to allow residents who have been enrolled in a program to complete their training. In the event that this is not possible, the residency program must assist residents in enrolling in another ACGME-accredited program to continue their training. Affected residents will have preferential placement in another GME program whenever possible.

XVI. Harassment Policy

A. Harassment

1. The hospital is committed to providing residents and fellows the opportunity to pursue excellence in their academic and professional endeavors. This can only exist when each member of our community is assured an atmosphere of mutual respect, one in which they are judged solely on criteria related to academic or job performance. The hospital and the GMEC are committed to providing such an environment, free from all forms of unlawful harassment as defined below, this includes harassment based on race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information or protected veteran status, or status in any group protected by federal, state and local law.
2. The Hospital Sexual Harassment policy can be found on the hospital human resources policy page.

XVII. Non-Compete Policy

Neither the sponsoring institution nor any of the sponsoring institution's ACGME-accredited training programs may require residents/fellows to sign a non-competition guarantee or restrictive covenant.

XVIII. Disaster Policy

- A. This policy explains assistance for continuation of resident assignments in the event that a disaster occurs.
- B. A disaster is defined as an event or sequence of events resulting in a significant alteration or disruption of the residency or fellowship learning experience. This situation may be anticipated or unanticipated, and may have short term or longer-term impact. Examples of a catastrophic event include a weather-related disaster and a loss of a major participating site's accreditation to perform patient care.
- C. A comprehensive resident or fellow record of evaluations, procedures, duty hours, scholarly activity, previous training history, certification documentation, milestones and competency based curriculum and achievements must be maintained in the online residency management suite. In addition, contact information, including e-mail, personal phone and emergency contacts, must be maintained within the residency management suite. The residency management suite is a cloud-based system that can be accessed from any internet source.
- D. Program directors must first contact the DIO or vice president of GME of the division with questions regarding disaster. If there is no division vice president of GME, the program may contact the GME corporate office for direction. Residents or fellows must first attempt to contact their program director or the hospital GME office.
- E. The GMEC will meet as soon as possible following catastrophic event declaration. The GMEC will determine whether existing programs can continue with or without restructuring and whether temporary or permanent transfer of residents to another institution will be necessary.
- F. If the hospital must reduce the size, close, or substantially alter training in any of its sponsored programs due to a disaster, the following policies/procedures shall be implemented:
 - 1. The DIO, working with the GMEC, program directors, and the hospital administrative staff, has the responsibility of determining when conditions exist that require the relocation of residents and/or fellows so that their educational programs can continue.
 - 2. If conditions prohibit maintenance of applicable ACGME standards and guidelines for graduate medical education for any program, the DIO shall notify the program directors, chief medical officer (CMO) and CEO of the hospital, the division vice president of GME, and the corporate vice president of GME that there is a need to relocate residents in order to continue their educational program.
 - 3. The DIO, working with the hospital CEO and CMO, will establish a command center and alert roster to provide information to the residents, staff and faculty. This may be a physical location, website, call center or other configuration that facilitates communication.
 - 4. Program directors must maintain operational awareness of the location of all residents and fellows within their programs as well as methods of contacting each individual during time of disaster. Contact information will be housed in the residency management suite

and updated on an annual basis. This information shall include: the residents' e-mail addresses (business and personal, if available), phone numbers, and next of kin/family location information including addresses, email addresses and phone numbers.

5. Each resident or fellow shall provide a disaster evacuation plan that is annually updated to the program director, which details where the resident or fellow will go including phone numbers, address, and e-mail in the event an evacuation of the area is mandated. The program director shall maintain such information in the residency management suite in the event of an evacuation.
 6. Upon notification of disaster status from the DIO, each program director will immediately determine the location and status of all trainees under his/her supervision and report this information back to the DIO.
 7. The DIO will maintain communication with each program director regarding the need to relocate trainees either on a temporary or permanent basis. Once this decision is made, trainees will be notified immediately by their program director.
- G.** In the event of program closure or reduction secondary to disaster:
1. For short-term closure or reduction, the program director shall assist the trainee to locate institutions, which can provide short-term training. If possible, trainees will be relocated to a GME program in an area HCA facility that has a partner GME program of the same specialty type.
 2. For longer-term closures, which may outlast remaining time in residency training, the DIO and program directors will make every effort to assist trainees in identifying suitable programs for permanent transfer.
- H.** All applicable records from the residency management suite will be made available to accepting programs.
- I.** Within 10 days of a disaster that prompts program closure or complement reduction, the DIO (after conferring with the division VP of GME) will contact the ACGME to discuss due dates for programs to submit requests for reconfiguration to the ACGME and to inform each program's residents of need to transfer to another program.
- J.** After conferring with the division VP of GME, the DIO will also notify the institutional review committee (IRC) executive director of the situation necessitating program reconfiguration or closure.
- K.** Each program director will notify the appropriate residency review committee (RRC) executive director about the need to locate positions for each of his/her trainees and the expected duration of time needed for relocation.
- L.** Residents will be given contact information (by their program director) about who in their RRC will be coordinating relocation efforts as well as a list of potential accepting programs. Program directors will assist each resident in contacting the program director at each of these programs.
- M.** Transfer letters will be completed by program directors using backup information available from the residency management suite.

- N.** Receiving hospitals or institutions are responsible for requesting temporary complement increases from the RRCs.
- O.** In the event of permanent transfers, the corporate GME chief financial officer (CFO) and the CFOs of affiliated hospitals and receiving institutions will work together to assess the process of transferring funded positions.