

# **ROCHESTER REGIONAL HEALTH**

## **Medical Education Office**

# **Student, Resident, and Fellow Manual**

Last Updated: 3/10/2025

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**NOTE: When an ACGME requirement is referenced in this manual, it refers to the ACGME Institutional Requirements unless otherwise noted.**

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# **INTRODUCTION**

This manual has been developed as a guide and resource for students, residents, fellows, residency and fellowship program personnel, and hospital administration. The purpose of these written policies is to define the expectations the learner and the system will have of each other. Learners should use this manual as a resource to answer questions regarding System Policies and Procedures.

This manual will be amended and updated as necessary. Learners and staff are expected to become familiar with and comply with all policies set forth in this manual, as well as all Rochester Regional Health (RRH) policies available on Policy Stat and the employment policies found on the RRH Workday site.

## **The Medical Education Administration**

The Medical Education Office (MEO) is the RRH system office that provides institutional oversight to all medical, dental, physician assistant, nurse practitioner, and podiatric students; residents; and medical and APP fellows that rotate at RRH facilities. The Medical Education Office is led by the Associate Chief Medical Officer for Education and the System Senior Director of Medical Education, whom have the authority and responsibility for oversight of the educational programs at the institutions, provision of support to coordinators and program leaders, and paralegal services for our programs and learners.

The Medical Education Office can be reached via email at: [graduatemedical.education@rochesterregional.org](mailto:graduatemedical.education@rochesterregional.org).

The Medical Education Office exists in part to meet the requirements of the Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association's Council on Dental Accreditation (CODA), the Council on Podiatric Medical Education (CPME), the Accreditation Council on Optometric Education (ACOE), and the New York State Department of Education for oversight. We are held accountable by these organizations for monitoring programmatic adherence to their medical education regulations. Rochester Regional Health follows the New York State mandated reporter policy which can be found on the state website or through this link: <https://ocfs.ny.gov/publications/Pub1159/OCFS-Pub1159.pdf>.

The development of clinical skill and professional competency of physicians, dentists, optometrists, and advanced practice providers in training, and adherence to specific residency and fellowship program requirements is the responsibility of each program director as advised by the program's faculty, Program Evaluation Committee, and Clinical Competency Committee.

The Medical Education Office also exists to advocate within the clinical learning environments for students, residents, fellows and the residency and fellowship programs, as well as to facilitate meetings of the Graduate Medical Education Committee. We are here as a resource for programs for information, problem-solving and conflict resolution. The Medical Education Office is available to meet with the students, residents and fellows at any time, and all learners are encouraged to

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bring forward any concerns they might have related to the institutional work environment, a residency or fellowship program, or the faculty. Residents and fellows are encouraged to first address concerns with their program director or departmental chairperson; in the event that concerns are not successfully addressed on a program level, residents and fellows can bring them to the Medical Education administration at any time either individually or through their Graduate Medical Education Committee resident/fellow representatives.

### **Sponsoring Institutions at RRH (ACGME I.A.1-2)**

RRH is a multi-hospital health system which has ACGME and other accredited training programs at two Sponsoring Institutions: Rochester General Hospital and Unity Hospital. The governing body which maintains authority over and is responsible for each Sponsoring Institution and its programs is Rochester Regional Health Healthcare Services Board.

### **Statement of Commitment to Graduate Medical Education (ACGME I.A.3-5)**

The Graduate Medical Education Leadership at each Sponsoring Institution is comprised of the Graduate Medical Education Committee (GMEC), the Hospital Administration and the Healthcare Services Board. The Leadership is strongly supportive of undergraduate and graduate medical education with the commitment to provide the necessary administrative, educational, financial, human, and clinical resources, and adhering to the Sponsoring Institution GME policies and procedures.

The Leadership at each Sponsoring Institution will work with the Medical Education Office and the DIO in completing a Self-Study prior to its 10-year Accreditation site visit.

The Leadership at each Sponsoring Institution recognizes that the GMEC is a key component of the organized administrative system overseeing graduate medical education. The Leadership supports the goals of the committee, particularly in regard to maintaining and upholding the institutional requirements, policies and procedures while ensuring that each program is in substantial compliance with the Institutional, Common, and specialty/subspecialty specific Program and Recognition Requirements of:

- the Accreditation Council for Graduate Medical Education (ACGME),
- the Accreditation Council on Optometric Education (ACOE),
- the Council on Dental Accreditation (CODA),
- the Council on Podiatric Medical Education (CPME),
- the New York State Department of Education,
- the programmatic mandates for the individual training programs.

### **Participating Sites (ACGME I.B, I.B.1-3)**

Each Sponsoring Institution is responsible for ensuring that residents/fellows are only assigned to participating sites that facilitate patient safety and healthcare quality, are approved to provide patient care for the types of clinical services available at the location by accrediting and regulatory entities, and that hospitals are accredited by an entity certified as complying with Medicare under federal regulations. When a participating site loses its accreditation or regulatory body approval, then the Sponsoring institution must provide a written notification to the Institutional Review Committee within 30 days of notification of the loss.

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### **Designated Institutional Official (DIO) (ACGME I.C.1-2)**

The DIO, or designee, collaborates with the GMEC, has authority and responsibility for the oversight and administration of each training programs at each Sponsoring Institution, and ensures compliance with the Institutional, Common, and specialty/subspecialty specific Program and recognition requirements as applicable.

The DIO reviews and cosigns all correspondence to ACGME, CPME, ACOE, CODA, including but not limited to approval of participating sites, PLAs, program information forms, Annual ACGME ADS program updates, submission of applications for ACGME accreditation/recognition, requests for voluntary withdrawal of accreditation/recognition, and requests for changes in program complements. The DIO also provides reports, including the Annual Institutional Review (AIR) and institutional self-study reports, to the governing body of each sponsoring institution and the GME programs within the institution. These annual institutional reviews include information on the activities of the Graduate Medical Education Committee (GMEC), duty hour compliance, resident/fellow evaluation, and resident/fellow responsibilities.

### **Graduate Medical Education Committee (ACGME I.E.)**

The Graduate Medical Education Committee (GMEC) of each sponsoring institution establishes and implements policies and procedures regarding the quality of education and the work environment for the students, residents, and fellows in all programs. The committee meets at least quarterly and is comprised of peer-elected residents and fellows, faculty, program directors, quality/safety officers, hospital administrators, the DIO, and Medical Education Office administration and staff.

An agenda and supporting documentation is circulated prior to each GMEC meeting. Detailed and accurate meeting minutes, annotated to link to the relevant ACGME requirements, are recorded for all meetings. These minutes are circulated to all committee members and stored in the Medical Education Office files.

The GMEC does not receive or discuss identifiable information about the assessment of individual trainees.

The GMEC oversees:

- the quality of the GME learning and working environment for all programs
- Institutional accreditation and recognition and AIR report/action plans statuses
- program accreditation/recognition/citation, APEs, SPRs
- ACGME resident/fellow and faculty survey results
- annual resident and fellow stipends recommendations to the sponsoring institution
- program adherence to duty hours requirements
- program reductions and closures, and participating site closures

The GMEC must review and approve:

- all new sponsoring institution GME policies
- applications for ACGME accreditation and recognition of new programs
- requests for voluntary withdrawal of ACGME program accreditation/ recognition
- major changes in a program
- changes in primary clinical sites

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- changes in participating sites
- permanent resident/fellow complement changes
- new program director appointments
- progress reports requested by Review Committees
- the resident and fellow appeal process.

The Patient Safety and Quality Improvement Departments will bring concerns and issues regarding resident and fellow evaluation, supervision and the provision of quality patient care directly to the GMEC or via the Designated Institutional Official or an individual residency or fellowship director.

The GMEC reviews resident and fellow duty/work hour reports prepared by the Medical Education Office. It is considered a cornerstone of professionalism that residents and fellows log their hours accurately for these reports, which are completed on a regular basis and used to monitor compliance to ACGME and New York State duty hours requirements. When these reports indicate that residents or fellows are or are in danger of violating these requirements, the program is expected to address the issue and report back to the committee their resolution.

### **Institutional Agreements**

The residency or fellowship program continues to have responsibility for the quality of the educational experience and will retain authority over resident or fellow activities while on rotations to outside or participating hospitals/sites. Affiliation agreements will exist with all major participating institutions. Program agreements will be in place for all rotations outside of each respective hospital, including agreements with non-hospital rotation sites, which will contain the specific language as required by Medicare, the accrediting body, and NYS law. These will be renewed on the basis required by the relevant accrediting body and CMS, and signatures will be dated accordingly.

### **Confidentiality**

Access to confidential patient information must be limited to a clinical or business need to know. Under no circumstances is an employee permitted to access or view information on family members, friends or other acquaintances unless such access is required by the employee's job responsibilities. Staff is not permitted to access or view their own medical information. Physicians are exempt from this restriction against accessing their own personal information; however, this applies only to the physician's data and is exclusive of any other patient records, including family members. No patient, including physicians, may request that co-workers access their medical records for them, other than when a care provision relationship already exists between the two parties.

Additionally, records of patients with HIV, mental health treatment and drug or alcohol counseling are equally sensitive and confidential. Improper disclosure of information from these records may result in criminal penalties including a fine or jail sentence, in addition to disciplinary actions: <https://www.hhs.gov/hipaa/for-professionals/index.html>.

User IDs and passwords are never to be shared and access to patient information by users of Care Connect is audited for appropriateness. Any improper access or disclosure of confidential

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patient information may result in disciplinary action up to and including termination of employment.

### **Impact of Visa delay**

Residents/fellows on visas may encounter a delay in either starting in the program or returning from a trip abroad, which, in turn, delays continuance of rotations within the program. Any delays to starting in or returning to the program as a result of visa issues will be managed on an individual basis with respect to, but not limited to, extension of time in program and completion date, unpaid Leave of Absence, benefits, payroll, and other items as pertinent to extended time away for employment with RRH. Residents/fellows who encounter this delay or a potential in delay should work with their program to determine best course of action and administration of RRH employment policies.

### **Residents, Fellows, Faculty members (ACGME I.F)**

The Sponsoring Institution and each of its programs ensures a learning and working environment whereby all trainees and faculty have the opportunity to raise concerns and provide feedback, in a confidential manner without intimidation or retaliation. Any form of unprofessional behaviors in the workplace is prohibited at RRH, which includes but is not limited to unwanted advances, sexual and other forms of harassment, mistreatment, abuse, and coercion.

All trainees have the ability to report concerns/problems/issues in a safe and non-punitive environment to their preceptor, any member of the Medical Education Office, the Resident/Fellow Forum, Human Resources, or use of anonymous reporting through SafeConnect.

Safeconnect reporting system can also be used to report: patient care errors, adverse events, unsafe conditions, near misses, inadequate supervision and patient care accountability.

### **Event Reporting – SafeConnect (ACGME I.F.3)**

All RRH employees and inbound rotating residents/fellows/students are able to report an event (e.g. near misses, patient falls) anonymously through the SafeConnect portal located on the RRH Intranet front page. The Quality and Safety Department will review each reported event and utilize it for the quality improvement processes, as well as review for any Local, State, or Federal reporting requirements.

#### **Featured Links**



**CORPORATE COMPLIANCE**  
Hotline 1-877-647-6725  
[rrhcompliancehotline.alertline.com](http://rrhcompliancehotline.alertline.com)



**SAFECONNECT**  
Click to access



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### **RESIDENT/FELLOW RESOURCES**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

#### **Compensation (ACGME II.C)**

All residents and fellows who are employees of RRH are provided with a salary that is based upon their PGY level of training in their current program, *regardless of any previous training in other fields*. This salary amount is specified in the Employment Agreement.

#### **Professional Liability (Malpractice) Insurance (ACGME II.D.)**

Professional liability insurance for residents and fellows is provided by the Sponsoring Institution's insurance program for activities within the scope of the educational program for all years of training. Residents/fellows will be notified of any major substantial changes to their coverage.

The insurance program will pay legal expenses and indemnity payments, if any, necessary for the defense of a covered malpractice action. Further, this insurance will respond on behalf of residents and fellows regardless of when the suit is initiated as long as the resident or fellow was performing an activity within the scope of the program at the time of the alleged event (s). This includes litigation that might be initiated after a resident or fellow leaves the program.

Residents and fellows who are served in connection with a malpractice action are asked to contact Risk Management and their individual program director prior to signing any documents. The RRH Risk and Legal team will instruct the resident on next steps. The served resident/fellow is not to contact the plaintiff's attorney without first discussing the matter with Risk and Legal team.

Coverage will not be provided by the residency/fellowship program for activities outside the scope of the program, such as moonlighting.

#### **Insurance Eligibility (ACGME II.E)**

- **Workers' Compensation:** Starting the first day of employment, RRH provides Workers Compensation Insurance to protect residents and fellows who may be injured during the course of their assignments. Any resident or fellow who is injured on the job must report this incident immediately to their program office and an employee event report must be completed in SafeConnect. Emergency care and evaluation can be provided through Employee Health Services (EHS) or the Emergency Department when EHS is closed
  - If post-exposure prophylaxis is indicated due to a high risk blood and body fluid exposure it must be started without delay. Please seek help promptly.
- Starting the first day of employment, residents/fellows and their eligible dependents are able to participate in RRH health insurance benefits.
- Starting the first day of employment, residents/fellows are able to participate in RRH disability insurance benefits.

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### **Communication and Library Resources (ACGME II.F)**

- Each residency or fellowship program will provide its trainees with the resources for effective communication in their day to day activities.
- RRH Provides technological support for phones and IT issues through its Hotline at 585-922-4357 and through its web services portal available on the RRH Intranet homepage.
- **The RRH Medical library** is a virtual library with available full text medical literature and reference materials open to all trainees found at: RRH Intranet site>External links>libraries @ Rochester Regional Health; [Library Home - Library Home - RRH Libraries at Rochester Regional Health](#). Additionally, literature searches may be requested from the library staff through the link at the aforementioned website.

### **Support Services (ACGME II.G.1)**

The Sponsoring institution is responsible for ensuring systems are in place to minimize the work of residents and fellows that is extraneous to their educational programs:

- Support services such as intravenous service, phlebotomy service, and laboratory service, messenger and transport service.
- An effective laboratory and radiology information retrieval system.
- A medical records system (CareConnect) that documents the course of each patient's illness and care. This will be available at all times.

### **Employee Assistance Program (EAP) (ACGME II.G.2-3)**

The RRH Medical Education Office recognizes that residency and fellowship training requires sustained physical and mental effort. Confidential support services are available to all RRH employees through the NexGen EAP employee assistance program. Details can be found on the website below or through the RRH Workday portal> Benefits> NexGen EAP.

- **Phone:** 800-327-2255
- **Web Address:** [www.nexgeneap.com](http://www.nexgeneap.com); **Company ID:** 8982
- **Mobile App:** *NexGenEAP*; **Search:** "NexGenEAP" in your App store, iTunes or Google Play. **Register:** Enter the Company ID and follow the prompts to create your own user name and password.
- NexGen EAP offers professional guidance to employees and their families whose personal or work-related problems have become hard to manage alone. They provide confidential and immediate help with health, marital, and family issues; drug and alcohol addictions; stress management; financial and legal issues; and any other concerns that may affect an employee's ability to cope effectively at home or at work.
- Residents or fellows who are concerned about drug or alcohol addiction should consider contacting the Committee on Physician's Health of the Medical Society of the State of New York, which has special programs designed for physicians, or the corresponding council sponsored by the New York State Dental Association (see section on Physician Impairment).

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### **Self-Screening Tool**

We recommend that all residents and fellow sign up for a free account at: <https://www.mywellbeingindex.org/assess> as this service provide confidential, anonymous self-screening tools for a number of mental health issues.

### **Other Counseling Services**

RRH will also facilitate access to other counseling services such as the MSSNY Committee for Physicians Health (See Physician Impairment in this Manual) or the RRH Behavioral Health Network as requested by the individual resident or program.

## **MENTAL HEALTH RESOURCES GUIDE**

(Updated 6/18/24)

The Medical Education Office can be a resource for faculty, staff and learners experiencing a crisis or who seek to engage in regular counseling. The list of resources are:

### **1. Stay Connected!**

Employees are encouraged to obtain consistent professional help / connect to a provider they trust. If they are not finding the help they need with EAP, a good option is to **call 211** and they will do a more thorough assessment.

### **2. RRH Behavioral Health Access and Crisis Center**

The Rochester Regional Health Behavioral Health Access and Crisis Center is available for those (age 18 and up) who need help with a mental health or substance use issue. In many situations, you or a loved one may need assistance right away, but not the full resources of the emergency department. The Center can be an alternative to a trip to the emergency department for an urgent mental health need.

**P: 585-368-3950**

**Location: 65 Genesee Street, Entrance at 11 Chili Avenue, Rochester, NY 14611**

No appointments necessary, walk-ins welcome from 9:00 AM – 9:00 PM, 7 days a week.

[Behavioral Health Access and Crisis Center | Rochester Regional Health](#)

### **3. NYS Office of Mental Health Emotional Support Line**

The Emotional Support Line provides free and confidential support. The Help Line is staffed by volunteers, including mental health professionals, who have received training in crisis counseling.

**P: 1-844-863-9314**

**Crisis Text Line: Text "Got5" to 741-741**

**Frontline worker? Text "FRONTLINENY" to 741-741 for specialized support**

Text: HOW TO CONTACT 988

You can contact 988 by chat, text, or phone.

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Call or text 988 to be connected with a trained crisis counselor. When you call, you can access support in Spanish by pressing 2. Interpretation services are available in over 150 languages.

To access 988 via chat, visit [988lifeline.org/chat](https://988lifeline.org/chat).

### 4. ACGME

The Accreditation Council for Graduate Medical Education found at [www.acgme.org](http://www.acgme.org) has online AWARE podcast, a Well-Being Skill development Workshop and a downloadable AWARE APP that can be placed on faculty, staff, and learner smartphones, accessible at: <https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/AWARE-Well-Being-Resources>



New AWARE podcast available:  
The Impact of Transition on  
Resident Well-Being during  
Pandemic. Listen to the entire  
Podcast Series on Spotify,  
RadioPublic, and Apple Podcasts



Download the Well-Being App  
from  
the Apple App Store or Google Play



View the Cognition and Well-Being  
Skill  
Development Video Workshop

If you are in crisis, please call the [National Suicide Prevention Lifeline](https://www.nationalsuicideline.org) at **1.800.273.TALK (8255)**, or contact the [Crisis Text Line](https://www.crisistextline.org) by texting TALK to **741741**.

### 6. Monroe County Office of Mental Health

Located at: 1099 Jay Street, Bldg. J, Rochester, NY 14611

**P: 585 753-6047**

[MentalHealth@monroecounty.gov](mailto:MentalHealth@monroecounty.gov)

## **FOR MENTAL HEALTH EMERGENCIES CALL LIFELINE AT 211 or (585) 275-5151 or TEXT to 898-211**

Crisis is different for everyone, but you can always call 211. Counselors at 211 can connect you to the help you need right away. Check out the latest resource from Monroe County Office of Mental Health to learn more about the services available in times of crisis: <https://www.monroecounty.gov/mh>

**Crisis is different for everyone.  
But you can always call 211.**

**Have you or someone you know been feeling:**

- Nervous, hopeless, restless and/or fidgety?
- So sad that nothing can cheer you up?
- Like everything takes effort?
- Worthless?
- Worried about hurting yourself or others? and/or
- Out of control with use of alcohol or drugs?

**Counselors at 211 can connect you to the help you need right away.**



**LIFE LINE**  
Get Connected. Get Answers.

211 connects you quickly to services. Call 211 or text 898-211 for:



### **Phone Support**

Local and National: Talk to a counselor or peer\* at any time—24 hours a day, 7 days a week



### **Mobile Crisis**

Support will come to you, wherever you are



### **Community-based Crisis Programs**

Walk in and meet with a counselor or peer\* or call ahead for respite care



### **Drug and Alcohol Recovery Supports**

Talk to someone who can support you on the phone or walk-in



### **Emergency Room**

The best choice when you need medical care or are unable to keep yourself or others safe

**\*Peer Support:**

Sometimes it is easier to talk to people who have been through the same things. Peer Support Specialists or "Peers" have done well in recovery and now help others going through the same things. They can help support you and connect you to care.

Call 211 or scan QR code with smartphone for full service list



For serious medical emergencies, **contact 911.** Updated 10/2021 MCOMH



**ROCHESTER REGIONAL HEALTH| MEDICAL EDUCATION OFFICE**

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**MONROE COUNTY OFFICE OF MENTAL HEALTH**

**Mental Health Clinic open access/walk-in times:**  
**[Health Providers \(monroecounty.gov\)](http://monroecounty.gov)**

In addition to the wait times for initial appointments at mental health clinics listed in the tables below, some providers also offer regular open access (i.e. walk-in, no appointment required) times for intakes. Walk in times for mental health clinic services are currently available at the following sites:

**Catholic Family Center- Clinton Ave (Adult & Child/Youth)**  
87 N. Clinton Avenue, Rochester NY, 14604, (585) 546-7220  
Mondays 1-3pm; Tuesdays, Wednesdays, & Thursdays 9-11am

**Liberty Resources (Adult & Child/Youth)**  
175 Winton Rd N, Rochester, NY (585) 410-3370  
Mondays, Tuesdays & Thursdays 8:30am-10:00am

**Rochester Rehabilitation (Adult only)**  
1000 Elmwood Avenue, Rochester NY, 14620, (585) 271-2520  
Thursday mornings 8:30-9:30am

**Substance Use Clinic open access/walk-in times:**

In addition to the wait times for initial appointments at substance use clinics listed in the tables below, some providers also offer regular open access (i.e. walk-in, no appointment required) times for intakes. Walk in times for substance use clinic services are currently available at the following sites:

**Catholic Family Center (Adult only)**  
87 N. Clinton Avenue, Rochester NY, 14608, (585) 546-7220  
Monday to Thursday 8:30am to 3pm, Friday 8:30am-12pm

Same day Medication-Assisted Treatment Services (MATS) Monday to Friday 8:30am-12pm

**Huther Doyle (Adult only)**  
360 East Avenue #200, Rchester NY, 14604, (585) 525-5100  
Monday thru Thursday 8am-5pm & Fridays 8am-3pm

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**Substance Use Clinic Services – Adult**

Provider	Availability
<b>Action for a Better Community</b> 400 West Ave, Rochester NY 14611 (585) 325-5116	Call Provider updated 02/14/20
<b>Baden Street Settlement of Rochester</b> 585 Joseph Ave, Rochester NY, 14605, (585)325-4910	Call Provider updated 03/05/21
<b>Catholic Family Center</b> 79 N. Clinton Avenue, Rochester NY, 14604, (585) 262-7000	See walk in hours above updated 08/02/21
<b>Conifer Park</b> 556 South Clinton Ave, Rochester NY, 14620, (585) 442-8422	No Wait updated 03/05/21
<b>Delphi Rise</b> 72 Hinchey Rd. Rochester NY 14624, 585-467-2230	Call Provider updated 03/05/21
<b>Huther Doyle</b> 360 East Avenue # 200, Rochester NY, 14604, (585) 325-5100	See walk in hours above updated 03/05/21
<b>Rochester Regional Health Brighton Behavioral Health Center</b> Crossroads Office Park, Bldg.#2, 2000 Winton Road, Rochester NY, 14618, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Evelyn Brandon Behavioral Health Center</b> 81 Lake Avenue, Rochester NY, 14608, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Greece Chemical Dependency</b> 1565 Long Pond Road, Rochester NY, 14626, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Rochester Behavioral Health Center</b> 490 East Ridge Road, Rochester NY, 14621, (585) 922-2500	Call Provider updated 02/14/20
<b>Strong Behavioral Health, Strong Recovery Chemical Dependency</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 275-7545	Call Provider updated 02/14/20
<b>Villa of Hope Outpatient Clinic</b> 1099 Jay Street, Building J, 2nd Floor, Rochester NY, 14611, (585) 328-0834	Call Provider updated 03/05/21
<b>Westfall Associates</b> 919 Westfall Road, Building B, Suite 60, Rochester NY, 14618, 585-473-1500	Call Provider updated 02/14/20

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**Mental Health Clinic Services – Adult**

Provider	Availability
<b>Catholic Family Center</b> 79 N. Clinton Avenue, Rochester NY, 14604, (585) 262-7000	See walk in hours above updated 08/02/21
<b>FLACRA</b> 339 East Avenue, Suite 303, Rochester NY, 14604, (585) 434-2633	Walk-ins Welcome updated 03/05/21
<b>Healing Connection, Inc.</b> 1320 University Ave, Rochester NY, 14607, (585) 641-0281	Call provider updated 03/05/21
<b>Liberty Resources</b> 175 Winton Rd N, Rochester NY, (585) 410-3370	See walk in hours above updated 10/31/23
<b>Rochester Psychiatric Center</b> 1111 Elmwood Avenue, Rochester NY, 14620, (585) 241-1200	Call for availability and admission criteria updated 07/02/14
<b>Rochester Regional Health Evelyn Brandon Behavioral Health Center</b> 81 Lake Avenue, Rochester NY, 14608, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Genesee Behavioral Health Center</b> 224 Alexander Street, Rochester NY, 14607, (585) 922-7770	Call Provider updated 05/09/22
<b>Rochester Regional Health Pinewild Behavioral Health Center</b> 100 Pinewild Drive, Rochester NY, 14606, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Rochester Behavioral Health Center</b> 490 East Ridge Road, Rochester NY, 14621, (585) 922-2500	Call Provider updated 02/14/20
<b>Rochester Rehabilitation</b> 1000 Elmwood Avenue, Door 5, Rochester NY, 14620, (585) 271-2520 (Clinic); 256-3430 (PROS)	See walk in hours above updated 02/14/20
<b>Strong Behavioral Health, Deaf Wellness Clinic</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 275-6785 V/TTY or 275-3812 V	Call provider updated 02/14/20
<b>Strong Behavioral Health, Family Therapy Service</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 275-8321	Call Provider updated 02/14/20
<b>Strong Behavioral Health, General Adult Psychiatry</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 275-3535	Call Provider updated 02/14/20
<b>Strong Behavioral Health, Lazos Fuertes</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 276-4144	Call Provider updated 02/14/20
<b>Strong Behavioral Health, Older Adults Service</b> 315 Science Parkway, Suite 200, Rochester NY, 14620, (585) 279-7849	Call Provider updated 02/14/20
<b>Strong Behavioral Health, Strong Ties Community Support Program</b> 2613 West Henrietta Road, Rochester NY, 14623, (585) 279-4900	Call Provider updated 02/14/20
<b>Villa of Hope Outpatient Clinic</b> 1099 Jay Street, Building J, 2nd Floor, Rochester NY, 14611, (585) 328-0834	Call Provider updated 03/05/21



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### Mental Health Clinic Services - Child & Youth

Provider	Availability
<b>Catholic Family Center</b> 79 N. Clinton Avenue, Rochester NY, 14604, (585) 262-7000	See walk in hours above updated 08/02/21
<b>Healing Connection, Inc.</b> 1320 University Ave, Rochester NY, 14607, (585) 641-0281	Call provider updated 03/05/21
<b>Liberty Resources</b> 175 Winton Rd N, Rochester NY, (585) 410-3370	See walk in hours above updated 10/31/23
<b>Rochester Regional Health Genesee Behavioral Health Center</b> 224 Alexander Street, Rochester NY, 14607, (585) 922-7770	Call Provider updated 05/09/22
<b>Strong Behavioral Health, Child &amp; Adolescent Clinic - Crittenden Blvd</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 279-7800	Call Provider updated 02/14/20
<b>Strong Behavioral Health, Child &amp; Adolescent Clinic - Science Parkway</b> 315 Science Parkway, Suite 100, Rochester NY, 14620, (585) 279-7800	Call Provider updated 02/14/20
<b>Villa of Hope Outpatient Clinic</b> 1099 Jay Street, Building J, 2nd Floor, Rochester NY, 14611, (585) 328-0834	Call Provider updated 03/05/21

### Suboxone Availability within Substance Use Clinic

Provider	Availability
<b>Catholic Family Center</b> 79 N. Clinton Avenue, Rochester NY, 14604, (585) 262-7000	Call Provider updated 08/02/21
<b>Delphi Rise</b> 835 West Main St, Rochester NY, 14611, 585-467-2230	Call Provider updated 03/05/21
<b>Huther Doyle</b> 360 East Avenue # 200, Rochester NY, 14604, (585) 325-5100	Call Provider updated 03/05/21
<b>Rochester Regional Health Brighton Behavioral Health Center</b> Crossroads Office Park, Bldg.#2, 2000 Winton Road, Rochester NY, 14618, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Evelyn Brandon Behavioral Health Center</b> 81 Lake Avenue, Rochester NY, 14608, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Greece Chemical Dependency</b> 1565 Long Pond Road, Rochester NY, 14626, (585) 723-7740	Call Provider updated 02/14/20
<b>Strong Behavioral Health, Strong Recovery Chemical Dependency</b> 300 Crittenden Boulevard, Rochester NY, 14642, (585) 275-7545	Call Provider updated 02/14/20
<b>Villa of Hope Outpatient Clinic</b> 1099 Jay Street, Building J, 2nd Floor, Rochester NY, 14611, (585) 328-0834	Call Provider updated 03/05/21

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### Substance Use Clinic Services – Youth

Provider	Availability
<b>Conifer Park</b> 556 South Clinton Ave, Rochester NY, 14620, (585) 442-8422	No Wait updated 03/05/21
<b>Rochester Regional Health Brighton Behavioral Health Center</b> Crossroads Office Park, Bldg.#2, 2000 Winton Road, Rochester NY, 14618, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Evelyn Brandon Behavioral Health Center</b> 81 Lake Avenue, Rochester NY, 14608, (585) 723-7740	Call Provider updated 02/14/20
<b>Rochester Regional Health Greece Chemical Dependency</b> 1565 Long Pond Road, Rochester NY, 14626, (585) 723-7740	Call Provider updated 02/14/20
<b>Villa of Hope Outpatient Clinic</b> 1099 Jay Street, Building J, 2nd Floor, Rochester NY, 14611, (585) 328-0834	Call Provider updated 03/05/21
<b>Westfall Associates</b> 919 Westfall Road, Building B, Suite 60, Rochester NY, 14618, 585-473-1500	Call Provider updated 02/14/20

### Specialized Services

Provider	Availability
<b>Healing Connection, Inc.</b> 1320 University Ave, Rochester NY, 14607, (585) 641-0281	Call for evaluation updated 03/05/21

### PROS (Personalized Recovery Oriented Services)

Provider	Availability
<b>Rochester Regional Health Evelyn Brandon Behavioral Health Center PROS</b> 81 Lake Avenue, Rochester NY, 14608, (585) 368-6982	Tours available without referral. Call: 585-368-6901, x8886 updated 02/14/20
<b>Rochester Regional Health Genesee Behavioral Health Center</b> 224 Alexander Street, Rochester NY, 14607, (585) 922-7770	Tours available without Referral. Call: 922-7200 updated 05/09/22
<b>Rochester Rehabilitation</b> 1000 Elmwood Avenue, Door 5, Rochester NY, 14620, (585) 271-2520 (Clinic); 256-3430 (PROS)	Call Provider updated 02/14/20

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**ONTARIO COUNTY OFFICE OF MENTAL HEALTH**

[Mental Health | Ontario County, NY - Official Website \(ontariocountyny.gov\)](http://ontariocountyny.gov)

Clifton Springs Hospital and Clinic / Behavioral Health

2 Coulter Road  
Clifton Springs NY 14432  
315-462-9561

35 North Street, Suite 3  
Canandaigua, NY 14424  
585-394-0530

Family Counseling of the Finger Lakes

671 S. Exchange Street  
Geneva, NY 14456  
315-789-2613

**GENESEE COUNTY OFFICE OF MENTAL HEALTH**

Welcome to County of Genesee

**Contact Us:**

5130 East Main Street Road, Suite 2  
Batavia, New York 14020-3496  
(585) 344-1421  
Fax (585) 345-3080

**Agency Hours:**

Monday through Friday  
8:00 a.m. to 5:00 p.m.

Evening Meetings Available by Request

**Walk-In Hours:**

Monday through Friday  
9:00am-3:00pm (seen in order of arrival)

**Clinic Location:**

5130 East Main Street Road, Batavia,  
NY

**School Satellite Locations:**

Oakfield-Alabama Central School  
LeRoy Central School  
Batavia Central School  
Byron Bergen Central School

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### **OTHER RESOURCES (ACGME II.G.4-8)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

#### **Food Services**

There are food service areas available at each of the hospitals with 24 hour availability, including cafes, cafeterias, micromarkets, and/or vending machines.

#### **On-Call Meal Allowance**

Vouchers for on-call meals are provided by each residency or fellowship program per individual program policy. Vouchers can be used according to each hospital policy.

#### **Call Rooms**

All programs are provided with ample and secure on-call rooms for residents and fellows who are required to remain in the hospital overnight. Call rooms are also available in certain areas for residents and fellows who need to rest during the day due to excessive fatigue.

#### **Transportation**

Residents/fellows/students who may be too fatigued to drive home have access to Taxi/Uber/Lyft and other services that are able to pick them up at their clinical location.

#### **Lactation Rooms**

All hospitals have lactation rooms available for resident/fellow/student use. Please contact the program leadership or the Medical Education Office for assistance in locating a room. Please reference the NYS Law for Breastfeeding Mothers under Governance Policies in this manual.

#### **Medical Records**

Care Connect (Epic) is available on all hospital computers and provides instant access to admission and discharge summaries, consult and progress notes, and laboratory and radiology results on all inpatients and outpatients.

#### **Safety and Security/Parking/ID**

A robust and effective Safety and Security Department is present at each of the RRH hospitals. In addition to officer presence in and around the buildings, the security office issues parking permits and photo ID badges in the Parking/ID Offices. Hospital ID badges are to be worn at ALL times while on any RRH premises.

#### **Security Office/Parking Locations:**

- **RGH:** Security is located on the first floor of the Carter Street Garage. Office hours are Monday-Friday from 7 am – 5 pm. Parking is available to all residents/fellows/students in the Portland Avenue Garage at a reduced fee.
- **Unity:** Security is located midway down Hallway 5 off the main concourse. Parking is available to all residents/fellows/students in the employee parking lots at no charge.
- **UMMC:** If there is an issue, please dial 333 (our internal emergency number) or dial 911. Parking is available to all residents/fellows/students in the employee parking lot at no charge.

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- **NWH:** Security is located adjacent to the ED Reception area. If needed, they can be reached at 315-332-2221. Parking is available to all residents/fellows/students in the employee parking lot at no charge.
- **CSH:** Security is located in the SPD building next to Receiving/Bio Med and only a few steps away from the ED side door/hallway. If needed, they can be reached at 315-462-0111. Parking is available to all residents/fellows/students in the employee parking lot at no charge.

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### **Accommodations for Disability (ACGME II.G.9)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

It is the policy of RRH to ensure that no qualified person shall be denied access to, participation in, or the benefits of any program because of a disability. Employment and promotion decisions will be based upon the individual's qualifications for and ability to perform the essential function of the position with or without reasonable accommodation. Disabled persons who have met the academic and technical standards for admission to or participation in a residency or fellowship program shall receive appropriate accommodations needed to insure equal access to educational opportunities, programs and activities in the most integrated setting appropriate as deemed reasonable by the Hospital.

Reasonable accommodations will be made as necessary and are those that do not fundamentally alter the nature of the program and can be provided without lowering academic, patient safety, and/or other essential performance standards.

#### **Procedure**

For residents and fellows requesting an accommodation:

- a. An accommodation being requested prior to employment with RRH can be made by emailing [accommodations@rochesterregional.org](mailto:accommodations@rochesterregional.org).
- b. An accommodation ~~is~~ being requested after the resident or fellow is already employed by RRH can be made by emailing [accommodations@rochesterregional.org](mailto:accommodations@rochesterregional.org).
- c. The resident or fellow is required to make timely and appropriate disclosures and requests for accommodations, and may be asked to provide medical or other diagnostic documentation of the disability and limitations, and to obtain additional evaluations, prior to receiving the requested accommodations.
- d. The Human Resources Accommodations department will work with the resident/fellow, and the respective Residency/Fellowship Program and Medical Education Office throughout this process.

#### **Rights:**

- Residents and fellows have a right to expect all disability-related information to be treated confidentially.
- The Accommodations department at RRH is designated to review disability documentation and determine eligibility and appropriate accommodations.

#### **Responsibilities:**

- Residents and fellows have a responsibility to self-disclose and provide the Accommodations department with appropriate documentation of their disability.
- Residents and fellows have a responsibility to initiate discussions with the Accommodations department concerning accommodation requests in a timely manner.
- Residents and fellows have a responsibility to notify the Accommodations department immediately when an accommodation is not being provided completely or correctly.
- Residents and fellows have a responsibility to notify the Accommodations department when an accommodation is not being used or is no longer needed.

## **MEDICAL EDUCATION POLICIES**

### **RRH EMPLOYEE ETHICAL STANDARDS OF CONDUCT POLICY**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

As RRH employees, we have a responsibility to display complete integrity in our work activity. Integrity forms our reputation as individuals and is one of the core values that drives RRH's mission to provide care that improves the quality of life of the people we serve.

The RRH Employee Ethical Standards of Conduct are intended to serve as a guide to assist trainees with the difficult and complex situations and decisions that may be confronted and acted upon daily. However, no set of guidelines, including our own, can ever substitute for the sound judgment, common sense and personal integrity required for meeting the challenges of the job.

The current RRH Employee Code of Conduct can be found on PolicyStat <https://intranet.rochesterregional.org/sites/Policies/Pages/PolicyLinks.aspx>

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### **RESIDENT / FELLOW APPOINTMENT, PROMOTION, TERMINATION (ACGME III.D.1-3)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

#### **Appointment**

Prospective residents and fellows must meet all of the eligibility requirements of, the ACGME/CODA/CPME/AOA, New York State, ECFMG, and other regulatory bodies prior to appointment in a residency or fellowship program.

In compliance with Federal regulations, RRH must verify documentation of the identity and employment eligibility of all employees. All residents or fellows must be in a work-authorized status and are required to complete and sign the INS Form I-9 before commencing work.

Resident's appointment and employment as a resident in a Residency or Fellowship Program is contingent upon confirmation of educational credentials and ECFMG Certification (if applicable), as well as successful completion and passing of a Drug and Alcohol Screen and Criminal Background Check.

Employment agreement letters stipulate that each resident or fellow must be promoted and reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year. Employment agreement letters are renewed annually.

Appointment as Chief Resident in the Department of Medicine is for a maximum of 12 months.

Recommendations for the appointment and promotion of residents and fellows should be initiated by departments and programs and sent to the Medical Education Office.

Appointment and/or reappointment do not constitute an assurance of successful completion of a residency or fellowship program. Successful completion is based on performance as measured by individual departmental standards. Successful completion of a residency or fellowship program does not entitle a resident or fellow to subsequent appointment to the Medical/Dental Staff of any Rochester Regional Health facility.

#### **Promotion**

Promotion to the subsequent year of training requires approval of each AGCME program's Clinical Competency Committee (or equivalent for non-ACGME programs) which for each resident or fellow will review cumulative evaluations by faculty, and other relevant data to determine satisfactory progress in scholarship and professional growth. This includes demonstrated proficiency in the six AGCME competencies for residents and fellows in ACGME-accredited programs:

- Patient Care and Procedures
- Medical Knowledge
- Systems-Based Practice
- Interpersonal and Communication Skills
- Professionalism
- Practice-Based Learning and Improvement



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Dental Residents will demonstrate proficiency in the following competencies:

- Act as a primary oral health care provider to include:
  - Providing emergency and multidisciplinary comprehensive oral health care
  - Obtaining informed consent
  - Functioning effectively within interdisciplinary health teams, including consultation and referral
  - Providing patient-focused care that is coordinated by the general practitioner
  - Directing health promotion and disease prevention activities
- Assess, diagnose and plan for the provision of multidisciplinary oral health care for a wide variety of patients including those with special needs
- Manage the delivery of patient-focused health care

Podiatric Residents will demonstrate proficiency in the competencies developed by the CPME:

- Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
- Assess and manage the patient's general medical and surgical status.
- Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion
- Communicate effectively and function in a multi-disciplinary setting.
- Manage individuals and populations in a variety of socioeconomic and health-care settings
- Understand podiatric practice management in a multitude of health-care delivery settings.
- Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

### **Non-renewal or non-promotion not due to academic issues**

In the event of non-renewal or non-promotion for reasons not related to remediation, misconduct or other academic issues related to an individual learner, including natural disasters, discontinuation of the residency or fellowship program, or hospital closure, every effort will be made to provide at least four months' notice prior to employment expiration. This notice will be made in writing to the resident or fellow with a copy to the RRH Medical Education Office. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the employment, the program must provide the resident or fellow with as much written notice of the intent not to renew as the circumstances will reasonably allow. The resident or fellow will continue to work at their appointed level of training through the end of the employment period if circumstances allow. Full credit for the year may be given to the resident or fellow at the discretion of the Program Director and consistent with guidelines of the individual board. The resident or fellow will be dismissed at the end of the employment period.

### **Termination or Resignation for cause**

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Any resident or fellow who is terminated from one of the programs for cause or resigns from a program to avoid disciplinary action (for instance, resigning prior to a termination for cause or to avoid being placed on remediation) is ineligible for admission or continued participation in any of the other RRH Graduate Medical Education programs.

**Termination of Training by Trainee**

Residents and fellows shall give Program Director at least one hundred twenty (120) days advance written notice of intent to discontinue residency or fellowship whenever possible.

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### **LICENSURE**

**(Last revised: 10/24/22)**

**(Last Reviewed: 11/27/23)**

Residents and fellows may train in residency and fellowship programs in New York State under the supervision of a licensed physician, optometrist, or dentist (as is appropriate) in an approved hospital setting without a license.

Podiatric residents and fellows are required by New York State to obtain training permits prior to the start of patient care responsibilities.

After completion of the appropriate training period, residents and fellows are eligible to obtain a New York State License and may be required to do so at the discretion of the program director. An unrestricted license is valid for a two-year period and is required of residents and fellows who wish to moonlight. Applications for licensure are available at:  
<http://www.op.nysed.gov/prof/med/medlic.htm>.

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### **RESIDENT / FELLOW EVALUATION**

**(Last revised: 5/7/20)**

**(Last Reviewed: 11/27/23)**

Residents and fellows will be evaluated by the faculty at the end of each rotation. Based upon cumulative evaluations as well as other evaluative data (e.g., rotational medical knowledge assessments), and against a set of written standards acceptable to his/her department or program, residents and fellows in ACGME programs will be evaluated twice-yearly by their program's Clinical Competency Committee. Dental and Podiatric residents will undergo at least twice-yearly summative evaluations with their Program Director. A formal written summary of the individual rotation evaluations must be placed in the resident or fellow's permanent file, shared with the resident or fellow, and indicate by their signature that the resident or fellow has seen and understands the substance of the report. Residents and fellows should be given the opportunity to indicate in writing where they have disagreements with the written evaluation.

Such standards of evaluation must be applied equitably to all residents or fellows, be consistent with all relevant institutional policies, assure due process, and wherever possible, be published and available to members of the resident and fellow staff.

Evaluations of residents and fellows are to be used in making decisions about promotion, program completion, remediation, and any disciplinary action.

The final evaluation will be completed by the Program Director and placed in the institution's permanent file. This evaluation will provide the Program Director's documentation of the resident or fellow's competence in each of the core areas.

Residents and fellows must complete confidential, written evaluations of the faculty at least annually. The information should be shared with the Department Chairman and used in the overall evaluation process of the faculty. Faculty evaluation should include a review of their teaching abilities, commitment to the educational program, clinical knowledge and, if known, scholarly activities.

Residents and fellows must also complete confidential, written evaluations of the program and rotations at least annually. This evaluation should include quality of the curriculum and the extent to which the educational goals and objectives are met. These evaluations should be shared with the Department Chair and used by the Program Director in the formal program evaluation process.

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### **RESIDENT / FELLOW FPP, REMEDIATION AND SUBSEQUENT ACTIONS (Due Process) (ACGME III.D. 5)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

The purpose of this policy is to outline the process for placing residents and fellows on focused professional practice and remediation plans.

#### **Focused Professional Practice (FPP)**

FPP plans and remediation plans are similarly structured, but contain several differences. FPP plans are not included in the learner's permanent file and generally do not result in termination in the event of failure. Termination may still occur under two circumstances: if an egregious event occurs that indicates that the learner is an imminent threat to themselves or others, or if the learner's performance during the FPP plan indicates that there is no realistic hope of success. Remediation plans are included in the permanent file and can result in termination from the residency or fellowship program in the event of failure.

In most, but not all instances, residents who are struggling are given an opportunity to be placed on a FPP plan before remediation. In the overwhelming majority of situations, this step allows them to work on their areas of deficiency with lessened fears of being terminated from the program or damaging their permanent record.

#### **Non-Promotion While on a Focused Professional Practice Plan (FPP)**

As previously noted, in the event a FPP plan is ineffective, a remediation plan will generally be implemented, unless the program leadership and the Clinical Competency Committee for ACGME programs believes there is no reasonable chance for improvement or a behavior occurs, which is grounds for termination. In the instance where improvement on an FPP occurs but not enough improvement to merit removal from the plan--while simultaneously progression to a remediation plan is not felt to be necessary--the Clinical Competency Committee may elect to extend the FPP and may issue notice of non-promotion until the necessary milestones are achieved. The resident or fellow will be notified of this decision as soon as circumstances allow. The fact that the resident or fellow is on an FPP will serve as notice that the resident or fellow may not be promoted if the performance issues are not successfully addressed within the course of a standard academic year. The notice of non-promotion will outline the steps to be accomplished prior to the learner's advancement to the next level. The resident or fellow will be paid at their present level (i.e., at the time of the FPP period commencing/continuing) until they advance to the next level.

The policy below is specific to remediation plans, but can be used to structure FPP plans as well.

All resident and fellow FPP and remediation plans must be reviewed by the RRH Medical Education Office prior to implementation. Note that if deficiencies in professional competence that clearly, consistently or immediately endanger patients arise at any time during training, regardless of whether a resident or fellow is on a remediation plan or not, the resident or fellow may be terminated or suspended immediately after consultation with the Medical Education Office.

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### **Remediation plans**

The primary responsibility for defining the standards of academic performance and personal professional development rests with individual departments and the Program Director. In each program, there must be a clearly stated basis for evaluation and advancement, and this document must be provided to the residents and fellows. In accordance with the requirements of an individual program's accrediting body, but no less often than semi-annually, each resident or fellow's performance must be evaluated against these standards by programmatic leadership (and the Clinical Competency Committee for ACGME programs). A written summary assessment must be prepared and reviewed with the resident or fellow.

When the evaluation process identifies performance deficiencies that cause concern regarding a resident or fellow's ability to perform as expected, or indicate that the resident or fellow will not be able to advance to the next PGY level as scheduled, the resident or fellow should be placed on a remediation plan. In addition, residents or fellows who regularly exhibit professional deficiencies that affect their ability to work cooperatively and effectively with their co-workers or to provide compassionate and safe patient care will be expected to work with program administration to address these issues. Under the ACGME rubric, academic deficiencies are primarily identified under the following three competencies: Patient Care, Medical Knowledge, and Systems-Based Practice. Professional deficiencies are primarily identified under the Interpersonal and Communication Skills and Professionalism competencies. Deficiencies related to Practice-Based Learning and Improvement can be both academic and professional, and may be addressed as either.

A period of remediation will generally occur over a period of three to six months, but the exact duration of the plan will be determined on a case-by-case basis depending on the needs of the learner. A remediation plan must outline the reasons for this action, the specific period, the plan to correct the deficiencies, the goals that must be attained by the resident or fellow and the possible outcomes. The plan should then be provided to the resident or fellow in writing, and a signature obtained that indicates the resident or fellow has read and understands the written plan. The signature line *should include a disclaimer that the resident or fellow's signature indicates receipt of the written plan and does not imply agreement with the findings that led to the plan or the plan itself.*

During the remediation period, efforts shall be made to advise, tutor, and otherwise aid the resident or fellow to correct deficiencies with the acknowledged goal of keeping him/her/them in the program. It shall, however, remain the resident or fellow's responsibility to correct the deficiencies. It is the Program Director's responsibility to meet with the resident or fellow at regular intervals, no more than a month apart, throughout the remediation process to inform the resident or fellow of his/her/their progress, and review any evaluations. This responsibility may also be assigned to an associate program director or specifically-designated remediation mentor. At the end of the remediation period, at the discretion of the Clinical Competency Committee, the possible outcomes may include (a) removal from remediation with potential extension of training, (b) extension of the remediation period with potential extension of training, (c) immediate dismissal from the training program, (d) non-promotion with need to repeat part or all of the academic year or (e) non-renewal of employment.

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### **Removal from remediation**

If a resident or fellow has successfully completed the remediation period as determined and documented by the Program Director (and the Clinical Competency Committee for ACGME programs), a notice in writing shall be delivered to the resident or fellow with a copy to the RRH Medical Education Office. However, a truly successful remediation is defined not only as achieving the desired level of performance, but *sustaining that level of performance over time*, i.e., the remainder of the training program. In the event the resident or fellow is unable to demonstrate sustained performance as defined by the remediation goals after the completion of the remediation period, non-renewal of employment after remediation may occur. Remediation, even when successful, may result in extension of training at the discretion of the Program Director (and the Clinical Competency Committee for ACGME programs).

### **Extension of the remediation period**

When a resident or fellow has made significant but not sufficient progress after the initial remediation period, and it is the determination of the Program Director (and the Clinical Competency Committee for ACGME programs) that an additional period of remediation will successfully bring the resident or fellow to the expected level of functioning, the remediation period can be extended for an additional period, with the duration defined on a case-by-case basis at the discretion of the program.

### **Non-promotion while on Remediation**

If a resident or fellow is on remediation because he/she/they is/are not meeting the Program standards sufficiently in his/her/their current training level, the Program may make a decision not to promote the resident or fellow to the next level of training. This may include repeating an entire academic year. The resident or fellow will be notified of this decision as soon as circumstances allow. The fact that the resident or fellow is on remediation will serve as notice that the resident or fellow may not be promoted if the performance issues are not remediated successfully. The notice of non-promotion will outline the remediation steps to be accomplished prior to the learner's advancement to the next level. The resident or fellow will be paid at their present level (i.e., at the time of the remediation period commencing) until they advance to the next level. If the resident or fellow does not successfully complete the remediation plan, further disciplinary action, including termination, may occur.

### **Immediate dismissal from the training program after remediation**

In the event that programmatic leadership (and the Clinical Competency Committee for ACGME programs) determine that a resident or fellow is unable to meet minimum program expectations following the outlined period of time, and the resident's or fellow's functioning requires an extraordinary level of supervision to avoid patient endangerment, a program, with the approval of the RRH Medical Education Office, may immediately end the appointment (i.e., terminate the resident or fellow from the program). The resident or fellow is to be notified in writing of this action.

The letter of notification must include specific information as to why the resident or fellow failed the remediation plan (or is being terminated for cause). The notice must also inform the resident or fellow of his/her/their right to appeal pursuant to the institutional policy. The resident or fellow will not be allowed to continue to work after this written notice. The letter of notification must be reviewed with the resident or fellow, who will be asked to sign and date indicating the material has been received by and reviewed with them (NOTE: *a disclaimer should be included prior to the signature line indicating that the signature does not imply agreement with the decision, but*

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*simply acknowledges that the information was shared*). If the resident or fellow refuses to sign the letter, the Program Director should note that on the bottom of the letter. A copy of this signed (or unsigned with Program Director comment in the case of refusal to sign) notice must be sent to the RRH Medical Education Office. Termination of employment is subject to the Medical Education Office institutional appeal process.

Credit for training may be given for periods of satisfactory performance, per the guidelines of the individual board.

### **Non-Renewal of employment after remediation**

In the event that a resident or fellow is unable to improve to the level necessary for advancement, or is unable to sustain the requirements of the remediation, but is not at risk of compromising patient care, the programmatic leadership (and the Clinical Competency Committee for ACGME programs) have the option, with the prior approval of the RRH Medical Education Office, to not renew the resident or fellow's employment agreement. The resident or fellow will be notified at the end of their remediation period that their contract will not be renewed. The letter of notification must include specific information explaining why the resident or fellow failed the remediation plan. Every effort will be made to provide the resident or fellow with four months' notice; however, if the timing of the remediation plan is such that the remediation period concludes less than four months from the end of the program year, the last date of the program year will determine the resident or fellow's termination date. Non-renewal of employment is subject to the RRH Medical Education Office institutional appeal process.

### **Suspension**

If, in the judgment of the Program Director, Department Chair, or Executive Medical Director, a resident or fellow is impaired or their performance is such that the safety of patients or other personnel is threatened, hospital operations disrupted, or the resident or fellow cannot effectively carry out their duties, then the resident or fellow may be suspended immediately with or without pay pending further review consistent with current RRH HR policies. In such cases, the RRH Medical Education Office must be consulted to determine if suspension is warranted. After investigation of the events, the possible outcomes include, but are not limited to, reinstatement within the program with or without make-up time, warning or reprimand, remediation program, or dismissal. If the results of the investigation warrant dismissal of the resident or fellow, any remaining focused professional practice plan or remediation period will be waived and the dismissal shall be immediate. Placement on suspension cannot be appealed; however, a termination as a result of a suspension due to an educational cause is subject to the RRH Medical Education Office institutional appeal process.

### **Immediate dismissal without a remediation period**

Immediate dismissal can occur as a result of performance or serious events that put patients or other health care professionals at risk. The bases for immediate dismissal include but are not limited to instances of professional misconduct. If the resident or fellow is dismissed, their appointment shall end immediately.

Immediate dismissal may be based on a single significant event including, but not limited to:

- Falsification of records
- Material omission of information on an application
- Conviction of a felony



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- Disciplinary Action by the State Licensing Boards
- Theft on or of company property
- Gross neglect of duty
- Breach of confidentiality/HIPAA Violation
- Walking off the job or leaving work without approval
- Participation in illegal activities

Immediate dismissal may also be based on a consistent, documented pattern of:

- Inconsiderate or unsafe treatment of patients
- Disregarding safety and sanitary regulations, including refusal to wear appropriate PPE
- Insubordination

### **Behavioral Contracts**

Even in the absence of a preceding Focused Professional Practice plan or Remediation, in the event of consistent lapses in professional behavior that initially do not rise to the level of immediate dismissal and have not resolved with feedback or a lapse in professional behavior that is deemed serious but does not rise to the level of immediate dismissal, the resident or fellow may be placed on a behavioral contract that defines the inappropriate behavior, as well as the expected behavior, and allows for immediate termination of the resident or fellow if the identified behavior recurs. The behavioral contract would become part of any subsequent Focused Professional Practice plan or remediation enacted due to the behaviors which led to the contract being initiated or will remain active concurrently if the subsequent Focused Professional Practice plan or remediation is enacted due to a deficiency different from the one mentioned in the behavioral contract. The behavioral contract is generally expected to be in force for the duration of training, including all delineated consequences, even if the resident or fellow successfully completes a Focused Professional Practice plan or Remediation.

### **J-1 Visas and dismissal from a program**

Please be advised that J-1 visa sponsorship requires that a resident or fellow hold a valid contract for full-time participation in a program of graduate medical education. Upon receipt of notification of dismissal, ECFMG is required to update the resident/fellow's record in the U.S. Government's Student and Exchange Visitor Information System (SEVIS) to reflect their new program end date and the corresponding Form DS-2019 also reflects that date. A resident/fellow may contact EVSP at [evsp-support@ecfm.org](mailto:evsp-support@ecfm.org) if there are any questions.

- **30-day Grace Period**

The U.S. Department of Homeland Security (DHS) grants a 30-day grace period from the program end date reflected in SEVIS and listed on Form DS-2019. This period allows participants to settle their affairs and to prepare to return to their home countries. The rules governing the 30-day grace period are as follows:

- The resident/fellow is no longer considered to be in J-1 status.
- *No training or other employment is permitted during this period.*
- *This time should not be used to interview for other GME positions.*

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J-1 physicians are advised to retain any documentation that evidences timely departure from the United States. This may include, but is not necessarily limited to, airline tickets, boarding passes, and entry stamps in the passport.

- **Form DS-2019**

The Form DS-2019 associated with the Rochester Regional Health position is not transferable and may not be used in conjunction with any other training or employment activities in the United States. An amended Form DS-2019 reflecting the new program end date is mailed to the resident/fellow by the ECFMG at the forwarding address provided on the Required Notification of J-1 Physician Resignation form.

- **Future Training / ECFMG J-1 Sponsorship**

ECFMG sponsorship eligibility is reviewed on a case-by-case basis and ECFMG makes no commitment or guarantee for future sponsorship. A dismissed resident/fellow is advised to contact ECFMG in advance of pursuing any additional U.S. GME training positions that may require ECFMG J-1 visa sponsorship.

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**RESIDENT / FELLOW LEARNING ENVIRONMENT COMPLAINT POLICY (Program Level) (ACGME III.D.4)**

**(Last Revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

A complaint is defined as an issue perceived by a resident, fellow or Program Director as needing resolution. Such a matter will not significantly threaten a resident or fellow's intended career development nor have the potential of leading to a recommendation of dismissal or non-renewal. It is the policy of the Medical Education Office that resident or fellow concerns can be freely brought forward without fear of intimidation or retaliation.

**Process for Addressing House Staff Concerns**

House staff concerns may be brought to the Program Director, Department Chair, Chief Medical Officer, Service Line Executive Medical Director, the Medical Education Office, the Quality and Safety Office, or registered in SafeConnect. The process of mediation is available for house staff to address concerns or differences and eliminate or resolve a concern in a confidential and protected manner without fear of retaliation.

It is recommended that any concern first be discussed with the Program Director and/or Department Chair. If not resolved, the resident or fellow may bring the issue to the attention of the DIO or System Senior Director of Medical Education to discuss confidentially. The Medical Education Office may act as mediator and intercede for the house staff member, so as to try to reconcile differences and resolve the concern in a confidential manner.

## **RESIDENT / FELLOW GRIEVANCE AND APPEAL POLICY (ACGME III.D.4)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

This appeal policy shall establish the procedural steps required to protect the rights of a resident or fellow who believes that a rule, procedure or policy has not been followed, or has been applied in an inequitable manner. An action may not form the basis of a grievance if the resident or fellow merely challenges the judgment of the faculty as medical educators in evaluating the performance of a resident or fellow. Thus, when a resident or fellow receives notice of an adverse determination (i.e., suspension, dismissal, or non-promotion) by the Program Director, he/she shall have the right to appeal such action only if the resident or fellow believes that the decision was reached in the absence of due process, not because the resident or fellow disagrees with the decision being handed down. Placement on a Focused Professional Practice plan, Behavioral Contract, or into a remediation program cannot be appealed.

To initiate the appeal process, the resident or fellow shall notify the DIO in writing within ten (10) working days of the date that the Program Director has notified the resident or fellow of the adverse determination. The request from the resident or fellow must include the specific reasons or grounds for the formal appeal. Failure to notify the DIO within the prescribed time frame will terminate the appeal process and render the adverse determination final and binding. The expected duration of the appeal process ordinarily will not exceed 3 months from the time the resident or fellow receives written notice of the adverse action from his/her department. If the resident or fellow is a non-US citizen on a J1 or H1B visa and he/she has received a notice of dismissal from the program, efforts will be made to expedite the process.

Within 10 working days of receipt of the request for appeal, the DIO will appoint an ad hoc committee. The chair of said ad hoc committee will be a member of the sponsoring institution's Graduate Medical Education Committee; the balance of the committee will be comprised of one additional full-time faculty member and one resident or fellow. An eligible faculty member for the ad hoc committee is defined as a member of the Medical/Dental Staff who is neither a member of the faculty of the program in which the resident or fellow is enrolled, nor a physician with any perceived conflict in serving. In primary clinical learning environments with more than one sponsored program, a resident or fellow member of the committee must be from a department other than that which sponsors the aggrieved resident or fellow's program. In a primary clinical learning environment with a single program, it is permissible for the resident/fellow member to be from the same residency/fellowship program.

The RRH Medical Education Office will provide administrative support to the ad hoc committee and will notify the resident or fellow and the members of the ad hoc committee in writing of the committee's appointment with a copy to the Program Director. The hearing will be scheduled and the resident or fellow and Program Director will be notified in writing of the time and place of the hearing. The hearing shall occur within 15 working days of the committee's appointment.

Prior to the hearing, the residency or fellowship program shall submit the following documentation to the RRH Medical Education Office, for distribution to the committee:

- Most recent Focused Professional Practice plan, remediation plan, and/or behavioral contract, as appropriate to the individual situation;

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- Documentation of process which led to resident or fellow being placed into the aforementioned plan (e.g., CCC minutes, evaluations, previous improvement plans, etc.)
- Documentation of support provided to resident or fellow during the plan period;
- Documentation of all meetings held between the Program Director, associate program director(s), program coordinator, and/or other faculty with the resident or fellow during the plan period;
- Documentation of resident or fellow communications with the Program Director and faculty during the plan period;
- Minutes from meeting(s) where the outcome of the plan was determined; including any documentation supporting the decision (all information regarding other residents or fellows in these minutes not germane to the matter at hand must be redacted prior to distribution to the ad hoc committee to protect the anonymity of those residents and fellows); and
- Written communications to the resident or fellow informing him/her of the decision of the program leadership (and the Clinical Competency Committee for ACGME programs)

The resident or fellow is also entitled to copies of this information, on the condition that confidentiality is maintained to preserve anonymity as necessary and therefore there may be some redactions. The program is entitled to copies of any information shared by the resident or fellow with the ad hoc committee.

The hearing process will not be rigidly prescribed except that the resident or fellow will be required to appear before the committee and will be allowed to be accompanied by an advocate who is not an attorney or paralegal. The resident or fellow should be prepared to present evidence for rescinding the action. The Program Director should appear and be prepared to present evidence for upholding the action. The hearing shall be confidential and open only to the committee members (and a note taker, should the committee elect to have a separate note-taker). Recording devices are not allowed during the hearing. Should the resident or fellow fail to appear at the scheduled hearing, they waive their right to appeal and by default accepts the decision by the program.

If the Program Director, resident, or fellow desires an appearance by an individual with factual information regarding the process by which the decision was reached, the interested party may make the appropriate arrangements. The hearing may only be rescheduled under extraordinary circumstances at the discretion of the Chair of the ad hoc committee. At the sole discretion of the Chair, the Program Director and resident or fellow may question witnesses. If the committee decides that additional information is required, the Chair may request written materials and additional meetings, which may occur beyond the 15-day time period referenced above.

The ad hoc committee's scope of review shall be to determine whether the appropriate procedures were followed in the creation and management of the plan and any subsequent action taken as a result, as outlined below:

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POLICY	COMPLIANCE
<b>REMEDATION PLANS</b>	
A period of remediation will generally be (though not required to be) at least three months and may be extended to a maximum of six months if it is determined that an additional period of remediation will successfully bring the resident to the expected level of functioning.	Were the dates of the remediation plan included in the remediation document?
A remediation plan must outline the reasons for the remediation plan	Were the reasons for the remediation plan clearly stated?
A remediation plan must detail the plan to correct the deficiencies	Was the correction plan clearly stated?
A remediation plan must specify the goals to be attained by the resident. Goals and objectives must be in some way objectively measurable.	Did the remediation plan clearly state goals and objectives, and how they would be measured?
A remediation plan must list the possible outcomes: (a) removal from remediation, (b) extension of the remediation period, (c) immediate dismissal from the training program, (d) non-promotion with need to repeat part or all of the academic year or (e) non-renewal of employment.	Were the possible outcomes of the remediation plan detailed in the remediation document?
The above information must be provided to the resident or fellow in writing	Was all of the above information provided to the resident or fellow in writing?
The written document must be signed and dated by the resident or fellow indicating that he/she understands the terms of the remediation plan. The Program Director must also sign and date the document. If the resident or fellow refuses to sign the document, the Program Director must indicate as such	Did the resident or fellow and Program Director sign the written document outlining the terms of the remediation plan?
Efforts shall be made to advise, tutor, and otherwise aid the resident or fellow to correct deficiencies with the acknowledged goal of keeping them in the program. These efforts must be documented in the resident or fellow's file.	Did the program provide adequate support to the resident or fellow during the remediation period, and was there documentation of this support?
It is the Program Director's (or their designee's) responsibility to meet with the resident or fellow at regular intervals, no more than a month apart, throughout the remediation process to inform the resident or fellow of his/her progress. The frequency of meetings must be defined in the remediation plan (weekly, monthly, etc.).	Did the remediation plan clearly state how often the Program Director (or designee) would meet with the resident or fellow?
The program must keep timely and detailed documentation of all meetings with the resident or fellow leading up to and including the remediation period.	Is there documentation that these meetings occurred, and that the resident or fellow was provided with ongoing feedback regarding his/her progress?

**FAILURE TO REMEDIATE**

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In the event that the resident or fellow is unable to demonstrate improved and sustained performance as defined by the remediation goals after the completion of a remediation period(s), immediate dismissal from the program or non-renewal of employment after remediation may occur, depending on the circumstances	Was the program leadership in agreement, and is there adequate documentation, that the resident or fellow has failed to meet the goals of the remediation plan?
In the event that a resident or fellow is unable to meet minimum program expectations following the outlined period of time, and the level of functioning is such that he/she needs an extraordinary level of supervision to avoid patient endangerment, the end of the appointment is immediate.	Was there adequate documentation that the resident or fellow requires an extraordinary level of supervision to avoid endangering patients?
If the resident or fellow is to be terminated immediately upon completion of the remediation period, he/she is to be notified in writing of this action with a copy of the letter to the DIO	Was the resident or fellow notified in writing that he/she is being terminated from the program?
If the resident or fellow is to be terminated at the end of the program year (i.e., contract non-renewal), every effort will be made to provide the resident or fellow with four months' notice; however, if the timing of the remediation plan is such that the remediation period concludes less than four months from the end of the program year, the last date of the program year will determine the resident's termination date.	Has the resident or fellow been notified in writing that his/her contract will not be renewed at the end of the program year?
Non-renewal and termination of employment are subject to the Medical Education Office grievance and appeal process	Was the resident or fellow provided with the resident or fellow grievance and appeal policy?

When the ad hoc committee has come to a decision by majority vote, that information will be relayed to the DIO in writing (i.e., via post or email) within five (5) working days. The DIO will then inform the resident or fellow, and the Program Director in writing (i.e., via post or email) of the committee's decision. Reports and minutes of the meetings of the committee, should they exist, shall be prepared by a designated member and such documents will be maintained in the RRH Medical Education Office.

In the event that it is determined by the committee that the program either did not provide due process, or does not have adequate documentation to support its decision, the resident or fellow will be provided with the opportunity of a structured re-evaluation period, during which time the resident or fellow will adhere to the original plan.

If the resident or fellow wishes to appeal the decision of the committee, they may do so in writing to the RRH Chief Medical Officer within ten (10) working days of the date of the written notice of the ad hoc committee's decision from the DIO. Failure to request an appeal within the prescribed time frame will operate as a waiver and acceptance of the ad hoc committee's decision. The RRH Medical Education Office will provide a copy of all documentation from the ad hoc committee's review of the resident or fellow's initial appeal to the RRH Chief Medical Officer. The process of this final appeal is at the discretion of the RRH Chief Medical Officer. A decision shall be rendered within ten (10) working days

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of receiving the file and the resident or fellow shall be notified of the decision directly in writing (i.e., via post or email) with a copy to the DIO.



## **MOONLIGHTING (ACGME III.D.6)**

**(Last revised: 3/10/25)**

**(Last Reviewed: 3/10/25)**

All RRH sponsoring institutions and residency/fellowship programs may permit or prohibit professional activity outside of the educational program (i.e., “moonlighting”). All moonlighting activities **MUST** be approved by the individual Program Director, and **MUST** meet the relevant ACGME, CODA, CPME and New York State work hours regulations. All residency programs may have their own moonlighting policy that is more specific to their needs but must be consistent with the central GME policy.

There is no required moonlighting for residents or fellows at RRH; any activities are initiated by the resident or fellow and the privilege to moonlight is granted at the sole discretion of the program. It is within the purview of a program to deny this privilege to all residents or fellows within the program if the program does not feel it is in the best interest of their residents and fellows to moonlight, or to restrict the privilege to certain PGY levels. Denial of the privilege to moonlight is not a disciplinary action and is therefore not subject to the grievance process.

External moonlighting, which is moonlighting with any entity not owned by Rochester Regional Health, must follow all of the rules of this policy. All moonlighting hours at the external entity must be reported to the Program Director for duty hour compliance monitoring.

It is the responsibility of the moonlighting resident or fellow as well as the RRH department/institution or external entity hiring the resident or fellow to:

- a. ensure proper licensure is in place,
- b. ensure adequate professional liability coverage is provided,
- c. determine if the resident or fellow has the appropriate training and skills to carry out the assigned duties.

In addition, residents or fellows who are here on visas must also adhere to visa regulations:

- a. residents or fellows with J-1 visas are prohibited from seeking outside employment for any reason;
- b. residents or fellows with H1B visas are required to have a NYS license in order to moonlight as physicians. Residents who are foreign medical graduates must complete three years of an ACGME accredited residency program before they are eligible to apply for a NYS license. A license is not necessary to do internal moonlighting in an APP-equivalent role.
- c. An H1B beneficiary can moonlight as long as they are getting paid only by the company that sponsors their visa, and they are physically located in the same county specified by their Department of Labor LCA (i.e., Monroe County for residents and fellows at RGH or Unity and Genesee County for residents and fellows at UMMC). The work they take on must be along similar lines to the job duties reflected in their petition. In essence, as long as the training has cleared a resident or fellow to perform the tasks of the moonlighting assignment, they may be able to do that under their current visa, as long as their employer will remain the entity that filed their H-1B petition;

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- d. working for any other entity aside from the one named on the resident/fellow's H-1B visa petition would not be permitted, absent the filing of a separate/ "concurrent" H-1B visa petition through that additional employer.
- e. Additional visa regulations may also apply and we therefore advise all residents/fellows who are in a nonimmigrant visa status to seek legal counsel prior to engaging in any moonlighting activity.

Prior to moonlighting, residents or fellows:

- are required to request permission to moonlight in writing from the Program Director, indicate the location and general plan, discuss the request with the Program Director, and have written approval from the Program Director. This written approval should be maintained in the resident or fellow's file while they are in training.
- should seek written assurance of malpractice and workers' compensation coverage from any outside RRH employer.
- must have a valid New York State medical or dental license (as appropriate) and Federal DEA number for any moonlighting role where controlled substances are likely to be prescribed. NOTE: the RRH temporary residency or fellowship assigned DEA suffix will not apply to moonlighting activities outside of RRH entities.

If a resident or fellow engages in professional activities outside of the training program, no more than 40 hours each week are permitted AND the hours devoted to that activity must be added to the training program work hours and must be reported in writing on a bi-weekly basis to the Program Director and on any institutional or departmental duty/work hour surveys. The total hours worked for each week must comply with the number of hours a resident or fellow may work as detailed in the New York State Health Work Hours Regulations:

- Residents and fellows cannot work more than eighty (80) hours per week (ACGME allows averaging over a 1-month period, but the NYS DOH does not).
- Residents and fellows cannot work longer than 24 consecutive hours.
- Residents and fellows must have at least eight (8) hours of non-work time between shifts.
- Residents and fellows must have one 24-hour period free from clinical duties each week.

The resident or fellow's performance in the residency/fellowship program will be monitored for the effect of these activities upon their performance in the program. If the moonlighting activities interfere with the responsibilities in the residency or fellowship program, the well-being of the resident or fellow, or have had negative effects on patient care provided by the resident or fellow, the approval for moonlighting will be revoked at the sole discretion of the program.

### **NOTE:**

- There is NO professional liability coverage for professional activities (moonlighting) outside the scope of the residency or fellowship program.
- While residents and fellows may choose to moonlight during their RRH vacation time from their program of training, it is recommended that the resident or fellow be mindful of the purpose of vacation; that a break from training affords the trainee time to rest and recharge and moonlighting during vacation would defeat that purpose.

## **RESIDENT / FELLOW LEAVES OF ABSENCE & OTHER TIME AWAY (ACGME III.D.7)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Leave of Absence**

All RRH Residents/Fellows are provided with the ACGME standard Leave of Absence policies consistent with applicable laws:

- a. A minimum of 6 weeks of approved medical, parental, caregiver, leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during a program, starting the day the resident/fellow is required to report;
- b. The equivalent of 100 percent of the resident/fellow salary for the first 6 weeks of the first approved medical, parental, or caregiver leave(s) of absence;
- c. A continuation of health and disability insurance benefits for Residents/fellows and their eligible dependent during any approved medical, parental, or caregiver leave(s) of absence.

### **Process for applying for leave:**

- Residents and Fellows are encouraged to discuss their intention for a leave with their Program Director and also contact their Leave Partner directly with any questions.
- The Leave Partner for each Resident and Fellow may be found on the “Benefits, Leave, Retirement & Tuition” tile in Workday, as well as on the RRH Resident and Fellow’s Workday profile on the “Contact Page” under “Support Roles.”
  - RRH Leave Administration may be reached at (585) 922-1100, prompt 5 to leave a voicemail.
  - RRH Leave Administration may be reached via email at [LeaveAdmin@RochesterRegional.org](mailto:LeaveAdmin@RochesterRegional.org).
- If it is determined by RRH Leave Administration that leave may be submitted under RRH’s Disability, FMLA and/or PFL policies, the Resident or Fellow must contact Lincoln.
  - Lincoln may be reached as follows: [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) (first time users must register using Company Code RRHLINCOLN) or by calling 1-888-778-9217.
  - Lincoln will notify RRH Leave Administration once a request under this policy has been received.

If it is determined by RRH Leave Administration that the Resident or Fellow is not yet eligible for leave under RRH’s Disability, FMLA and/or PFL policies, RRH Leave Administration will provide the necessary paperwork to complete and return.

### **Process for returning from leave:**

- Residents and Fellows out on leave due to a serious medical condition must be cleared by their health care provider prior to returning to work. To do this, employees must contact Leave Administration ([LeaveAdmin@rochesterregional.org](mailto:LeaveAdmin@rochesterregional.org)), as well as their Program Director, and provide appropriate return to work clearance from their health care provider.
- If the return to work clearance contains restrictions, employees must submit their return to work clearance to RRH WorkReady ([RTWEHS@rochesterregional.org](mailto:RTWEHS@rochesterregional.org)) for processing.
- Once reviewed, the employee’s direct supervisor must notify RRH Leave Administration as to whether or not the restrictions can be accommodated. Employees will not be cleared to return to work until restrictions are accommodated.
- To submit appropriate medical documentation when returning to work with restrictions, the return to work clearance should be emailed to: [RTWEHS@rochesterregional.org](mailto:RTWEHS@rochesterregional.org)

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### **Vacation**

RRH residents and fellows receive vacation per year according to their specific program and is outlined in their employment contract. Carryover of unused vacation from one year to the next is not permitted, nor is payment for unused vacation. All vacation scheduling must be approved by the Program Director in advance.

- All vacation time is tracked in Medhub by the program staff.

### **Sick Days**

RRH residents and fellows earn 1 hour of sick time for every 30 hours worked. Up to 56 accrued sick time hours can be used in a calendar year for reasons outlined in the RRH Paid Sick Time Policy. The number of sick days a resident or fellow may take without adding additional time to their residency or fellowship may vary depending on specific program and/or board licensing requirements.

- All sick time is tracked in Kronos by the program staff as per RRH HR Benefits policy. In Kronos, residents can view: the current balance, planned takings, and taken YTD sick time.
- Sick time is also tracked in Medhub by the program staff.

### **Prenatal Leave Time**

Beginning January 1, 2025 New York State will require employers to provide 20 hours of paid leave for prenatal and pregnancy-related medical care. This time will be tracked in Kronos. Refer to the Prenatal Leave Policy under Governance in this manual.

### **Jury Duty**

The Hospital will continue to pay the resident or fellow their full base pay for the duration of jury service. Travel, Parking and Meals will not be reimbursed. It is up to the individual program to determine if any portion of time spent on jury duty must be made up in accordance with the program requirements of that discipline.

### **Effect of Leave**

For residents and fellows who must take additional time away from the program beyond the annual vacation allocation, it is up to the individual program to determine if any absence must be made up, either in accordance with the board requirements of the specialty or at the program director's discretion. Board requirements addressing training time required for board eligibility can be found in each program's policy manual. Should the resident or fellow be required to make up all or part of the leave, they will continue to be paid by the program at the salary rate commensurate with the appointment level.

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### **VENDOR POLICY (ACGME III.D.8)**

**(Last revised: 12/14/2021)**

**(Last Reviewed: 11/27/23)**

#### **Policy Statements**

Residents and fellows participating in training programs must minimize contact with vendors so as to avoid conflicts of interest.

#### **Procedures**

In accordance with the guidelines established by the American Medical Association Statement on Gifts to Physicians, acceptance of gifts from vendors is discouraged.

- Residents and fellows may not accept gifts, regardless of value, for themselves or on behalf of any Rochester Regional Health facility, individually or as a group, from any vendor or manufacturer of a healthcare product or from the representative of any such vendor or manufacturer.
- Residents and fellows shall not accept gifts or compensation for prescribing or changing a patient's prescription.
- Residents and fellows may not make patient care decisions that are influenced by the possibility of personal financial gain.
- In the event that a resident/fellow is contacted directly by a vendor, the resident/fellow will contact the program director to report the interaction. It will be the responsibility of the program director to document and determine the appropriate course of action.
- Industry vendors are not permitted in patient care areas, with the exception of providing in-service training on devices and/or equipment.
- Vendor support of educational activities involving residents and fellows is permitted on the condition that the funds are provided to the institution and not directly to the trainee. Vendor sponsorship of GME educational activities should take place under unrestricted grants and gifts only. Financial support by industry vendors must be fully disclosed by the meeting sponsor.
- Vendors may orient, train, and advise residents and fellows on the proper use or calibration of a product that has already been acquired for use by any Rochester Regional Health facility. In such cases, the vendor will be appropriately identified as such so that the vendor is not mistaken for a clinician. The vendor will act as a consultant and must solely advise on the specific device. They will not be permitted to market any other products.
- Vendor-sponsored scholarships for residents and fellows must be provided from a central fund within the academic department and will not identify any specific individual for receipt of funds.

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### **NON-COMPETITION POLICY (ACGME III.D.9)**

**(Last revised: 12/14/2021)**

**(Last Reviewed: 12/14/22)**

#### **Policy**

Per ACGME institutional requirements, the Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

#### **Purpose**

The purpose of this policy is to ensure that the Graduate Medical Education Committee (GMEC) is providing appropriate oversight regarding the use of restrictive covenants in trainee agreements per Accreditation Council for Graduate Medical Education (ACGME).

#### **Institutional Requirements**

A restrictive covenant (non-competition guarantee), in its broadest sense, is a provision that precludes an employee from competing with the employer and/or from working for a competitor of the employer, for some period of time after the employment has been terminated. The Accreditation Council for Graduate Medical Education (ACGME) specifically prohibits the use of restrictive covenants in trainee agreements and requires the Sponsoring Institution to maintain a policy that prohibits programs from requiring a Resident/Fellow to sign a non-competition guarantee or restrictive covenant.

All Rochester Regional Health facilities specifically prohibit the creation and enforcement of any Restrictive Covenants as a condition of Housestaff participation in Graduate Medical Education Programs. Neither the Sponsoring Institution nor its ACGME-accredited programs will require Housestaff to sign a non-competition guarantee or restrictive covenant.

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### **PHYSICIAN IMPAIRMENT POLICY (ACGME III.E.1)**

**(Last revised: 11/4/2024)**

**(Last Reviewed: 11/4/24)**

Impairment is defined as “the physician's inability to practice medicine with reasonable skill and safety to the patient due to the physician's disability. Common causes include alcohol and drug abuse mental illness physical disability and senility.” (NIH National Library of Medicine, 2020)

It is professional misconduct to practice medicine while impaired. New York State includes within the definition of professional misconduct the following: (1) practicing the profession while the ability to practice is impaired by alcohol, drugs, physical disability, or mental disability; and (2) being habitually drunk or being dependent on, or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects.

RRH recognizes that drug addiction, mental disability and alcoholism are illnesses. Issues regarding resident/fellow impairment, including alcohol or substance abuse, will be handled in accordance with RRH System policy on Substance Abuse, provided in full on the RRH Employee Workday portal found under the HROPS Guide.

The Committee for Physician’s Health of the Medical Society of the State of New York (CPH) will provide confidential evaluation, treatment planning, and monitoring for physicians who voluntarily enroll. CPH generally does not report participating physicians to the Office of Professional Medical Conduct (OPMC) of the New York State Department of Health unless 1) on initial evaluation the physician is an imminent danger to the public, 2) the physician refuses to cooperate with CPH, or 3) the physician does not follow the treatment plan and/or does not respond to treatment.

The New York State Dental Association (NYSDA) Council on Chemical Dependency provides similar services for dental residents.

#### **Voluntary Self-Referral for Drug/Alcohol Treatment in the Absence of Performance Issues**

A resident who is concerned that they may have a problem with impairment may contact CPH directly <https://www.mssny.org/get-help/committee-for-physician-health/>, (1-800-338-1833 or 1-518-436-4723) or NYSDA (800-255-2100 ext. 251), or may discuss the issue with the program director, the Department Chair or the Medical Education Office.

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### **RESIDENT / FELLOW WORK HOURS (ACGME CPR VI.F.1)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

The scheduled work-week shall not exceed an average of 80 hours per week averaged over a four-week period.

Residents or fellows shall not be scheduled to work for more than 24 consecutive hours. A maximum 4 additional hours for transfer of information about patients is allowed in connection with a consecutive 24-hour shift if 1) the resident or fellow assumes no new patient care responsibilities during this time, and 2) the transition time is included in the 80-hour work week. The 4-hour transition time shall not be scheduled as part of assigned duties. (ACGME Common Requirements VI.F.3.a.)

Scheduled activities which count in the 80-hour work week and for the 24-hour consecutive work rule include inpatient assignments, outpatient clinic and ED assignments, required conferences and other required educational activities, and on-site activity/direct patient care which occur when a resident or fellow is on beeper call.

Scheduled on-duty assignments must be separated by 8 non-working hours. (NYSDOH 405.4)

Residents and fellows shall have at least one 24-hour period of scheduled, non-working time per week. This means no scheduled activities including beeper call.

The ACGME requires that residents and fellows take in-house call no more frequently than every third night.

### **RESIDENTS AND FELLOWS MUST LOG THEIR DUTY HOURS INTO MEDHUB WEEKLY.**

Residents and Fellows may log hours for the current calendar week (Sunday - Saturday), and for the previous calendar week. But beyond this time, they are locked out from logging hours and must contact their Program Administrator/Coordinator to backlog or edit old hours.

Each program shall maintain records of direct patient care by residents and fellows on beeper call and adjust call schedules if direct patient care during beeper call regularly causes residents or fellows to exceed the 80-hour workweek. The Medical Education Office will centrally monitor duty hour reports filed by residents and fellows and report on these findings at each quarterly GMEC meeting. The Graduate Medical Education Committee will monitor compliance with the above requirements for Rochester Regional Health residents and fellows. Inbound rotators will log their duty hours within their own system's mechanisms and be monitored for compliance by their own programs and Graduate Medical Education Committee. If an inbound rotator violates any duty hour standards, however, the relevant RRH Graduate Medical Education Committee is empowered to act to correct the situation.

Each resident or fellow must notify their department of any employment outside of assigned program duties (i.e., moonlighting). Residents and fellows are prohibited from working outside of the training program if the addition of such hours will exceed the 80-hour maximum workweek or the 24-hour consecutive work limit. The hours devoted to moonlighting must be added to the training program work hours and must be reported on any institutional or departmental duty/work



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hours survey.

**SPECIAL PROVISIONS FOR SURGERY RESIDENTS:**

On-call duty in the hospital during the night shift hours shall be included in the 80-hour work week and the 24-hour consecutive work limit unless all of the following four conditions are met:

- the program can document that during such night shifts residents and fellows are generally resting and that interruptions for patient care are infrequent and limited to patients for whom the resident or fellow has continuing responsibility;
- such duty is scheduled for each resident or fellow no more often than every third night;
- a continuous assignment that includes night-shift “on-call” duty is followed by a non-working period of no less than 16 hours;

The department has written policies and procedures to immediately relieve a resident or fellow from a continuing assignment when fatigue due to an unusually active “on-call” period is observed.

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### RESIDENT SUPERVISION (ACGME IV.D)

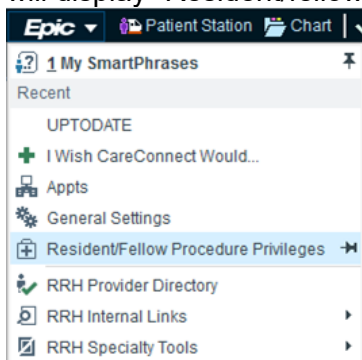
(Last revised: 11/4/24)

(Last Reviewed: 11/4/24)

Management of a patient's care is the responsibility of a qualified licensed practitioner with appropriate clinical privileges. All residents are supervised by a licensed independent practitioner who is a member of the Medical and Dental Staff of RRH and who has been granted clinical privileges on that staff.

All residents will consult with the attending physician regarding the assessment and treatment of a patient's illness. Treatment plans will be in accordance with the attending physician's recommendations. When a procedure is performed by a resident, a credentialed provider needs to be physically present except when the resident has been credentialed to do the procedure and has permission of a credentialed provider to perform the procedure. The procedure credentialing status of a resident can be verified at:

- For ACGME, ACOE, CODA accredited programs: [Program Settings - MedHub](#)  
In MedHub on the Home screen, under site management, go to Program settings, click procedures, scroll down to the Verifications, Certifications and the bottom of the page and click on Enable Procedure Verifications. Click Save Settings. The completed procedure list will populate.
- For CPME accredited programs: residents log their procedures into the Podiatry Residency Resource and the list can be produced by the Program Coordinator upon request.
- For all: in Epic, click on Epic in the upper left corner of the screen, the drop down menu will display "Resident/fellow procedure privileges" which can be pinned to the desktop.



General supervision of residents is required, but the depth of the supervision and level of resident responsibility will vary by stage of training. The degree of responsibility given to a resident is determined by each program's defined PGY goals and objectives and evaluation policies, each program's policies on advancement, and clinical skill documentation.

A supervising attending physician must be in the hospital, or they must be immediately available by telephone and readily available in person (within 20-30 minutes) at all times.

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In accordance with the New York State Regulations, when the responsible attending physician is immediately available by telephone and readily available in person when needed (within 20-30 minutes), the onsite supervision of routine hospital care and procedures in the acute care specialties of medicine, obstetrics, pediatrics and surgery may be carried out by postgraduate trainees who are in their final year of training, or who have completed at least three years of training in their program. Direct Attending physician supervision is required at all times for all surgical procedures requiring general anesthesia or an operating room procedure.

For non-acute care specialties, onsite supervision of routine hospital care and procedures may be performed by a resident who is not in the final year of training if the departmental rules and regulations specifically allow that individual resident to work in that capacity and supervise other residents/fellows. Each residency program will maintain written documentation of such allowances for each resident.

All supervision must be documented in the resident and fellow rotation schedules and by attending physician on-call schedules. Each department will have available at all times such schedules and will provide such to all interested parties. Each residency program will have a more detailed supervision policy available in the Department.

**(ACGME VI.A.2.b) Levels of Supervision:** to promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

### **A. Direct Supervision:**

- VI.A.2.b).(1) Direct Supervision: VI.A.2.b).(1).(a) the supervising physician is physically present with the resident during the key portions of the patient interaction; or, [The Review Committee may further specify].
- VI.A.2.b).(1).(a).(i) PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). (Core) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]
- VI.A.2.b).(1).(b) the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify.

### **B. Indirect Supervision:**

- VI.A.2.b).(2) Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

### **C. Oversight:**

- VI.A.2.b).(3) Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- VI.A.2.c) The program must define when physical presence of a supervising physician is required.

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- (Core) VI.A.2.d) 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.

## **FELLOW SUPERVISION (ACGME IV.D)**

**(Last Revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Purpose**

The purpose of this policy is to ensure that there is a defined process for supervision by a qualified, licensed, member of the Medical Staff (Attending Physician) of each fellow training in an RRH Fellowship Program (Fellows) in carrying out patient care responsibilities.

### **Policy**

All medical care provided by Fellows shall be under the supervision of qualified medical staff Attending Physicians, according to the Medical Staff Bylaws.

### **Procedures**

#### **I. Inpatient Services**

##### **A. Patients Assigned to Attending Physician:**

All patients in the hospital are the direct responsibility of an attending member of the medical staff. Each patient is assigned a primary Attending Physician, although other attending physicians may, at times be delegated responsibility for the care of a patient and provide supervision instead of or in addition to the assigned practitioner. Hospital admissions must have a written note by the Attending Physician entered into the medical record within 24 hours of admission. The supervising Attending Physician sees each patient and rounds with the team daily and is responsible for completing a daily written progress note on each patient.

##### **B. Progressive Fellow Responsibility:**

Attending Physicians supervise Fellows in their patient care responsibilities in a manner commensurate with the Fellow's level of training and experience. The Program Director is responsible for ensuring that the degree of professional responsibility accorded to each Fellow is progressively increased through the course of training, commensurate with his or her skill, training and experience. Fellow graded responsibilities for each level of training are described in the individual goals and objectives for each clinical rotation. The attending physician is also responsible for determining in an individual case the degree of fellow independent functioning. Structured evaluation processes include regular verbal feedback, regular written evaluations from a variety of sources of each Fellow, results of internal examinations, and Fellow evaluation meetings.

##### **C. Supervision:**

1. Supervising Attending Physicians have the responsibility to enhance the knowledge of the Fellow and to ensure the quality of care delivered to each patient by any Fellow. This responsibility is exercised by observation, consultation and direction. It includes the imparting of the practitioner's knowledge, skills and attitudes by the practitioner to the Fellow and assuring that the care is delivered in an appropriate, timely and effective manner. Fulfillment of such responsibility requires personal involvement with each patient and each Fellow who is providing care as part of the training experience. Supervising attending physicians should act professionally and as a role model for trainees.

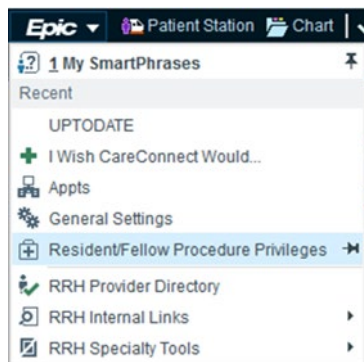
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2. Supervising Attending Physicians will direct the care of the patient and provide the appropriate level of supervision based on the complexity of care, and the experience, judgment and level training of the Fellow being supervised. The faculty are responsible for evaluating the progress of each Fellow in acquiring the skills necessary for the fellow to be entrusted with patient care responsibilities. As these are learned, greater independence is granted the fellow in the routine care of the patient at the discretion of the faculty who, at all times, remain responsible for all aspects of the care of the patient.

3. Fellows perform procedures on their patients under the supervision of the Attending Physician. Fellows may only perform those procedures for which the patient's Attending Physician has privileges. If the Attending Physician does not have privileges to perform the needed procedure, the Attending Physician may delegate another licensed member of the Medical and Dental Staff with privileges as the Supervising Physician for that procedure. Fellows may perform procedures, identified by the Program Director, without direct supervision with agreement of the Attending Physician who is responsible for judging the Fellow's competence to perform such procedures without direct supervision. The procedure credentialing status of a fellow can be verified at:

- a. For ACGME accredited programs: [Program Settings - MedHub](#)  
In MedHub on the Home screen, under site management, go to Program settings, click procedures, scroll down to the Verifications, Certifications and the bottom of the page and click on Enable Procedure Verifications. Click Save Settings. The completed procedure list will populate.
- b. For CPME accredited programs: fellows log their procedures into the Podiatry Residency Resource and the list can be produced by the Program Coordinator upon request.
- c. For all: in Epic, click on Epic in the upper left corner of the screen, the drop down menu will display "Resident/fellow procedure privileges" which can be pinned to the desktop. See screenshot below:



4. Fellows may act in the best interests of the patient in emergency situations subject to subsequent review by the Attending Physician, the Program Director and by the usual quality assurance measures of the Medical and Dental Staff.

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### **D. Documentation:**

The documentation requirements for care provided to patients who have been admitted to a teaching service and who are seen by Fellows under the supervision of a faculty member will be by daily progress notes entered into the record by the attending physician. Fellows' notes in the chart reflecting their ongoing consultation with the Attending Physician shall also reflect the attending physician's approval of the treatment plan discussed with the Fellow.

### **E. Availability of Attending Physicians:**

Supervising Attending Physicians are available by phone or pager at all times to every fellow who is caring for patients. It is expected that an Attending Physician provide on-site direct supervision, when required by clinical and educational circumstances within a reasonable period of time. The Attending Physician will be available to Fellows who call him or her for assistance (indirect supervision, with direct supervision available as needed). In accordance with the New York State Regulations, when the responsible Attending Physician is immediately available by telephone and readily available in person when needed (within 20-30 minutes), the onsite supervision of routine hospital care and procedures in the acute care specialties of medicine may be carried out by postgraduate trainees who have completed their residency program. Should a Fellow be called upon to perform an invasive procedure or provide anesthesia, direct supervision by an Attending Physician is required at all times. The fellowship program will maintain written documentation of such credentialing for each fellow and the credentialing will be electronically available to anyone in the facility.

F. All supervision must be documented in the fellow rotation schedules and by attending physician on-call schedules. The schedule will be available at all times and will be provided to all interested parties by the appropriate division.

### **G. Communication Encouraged:**

In providing supervision to Fellows, supervising Attending Physicians should provide advice and support and should encourage trainees to freely seek their input. Fellows are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from their supervisors.

### **H. Communication Required.**

1. Any significant change in a patient's condition should be reported immediately to the attending physician. These automatically qualify as "significant changes" in the patient's condition and require that the fellow notify the attending:

- Admission to hospital of any unstable patient
- Transfer of the patient to the intensive care unit
- Need for intubation or ventilator support
- Cardiac arrest or significant changes in hemodynamic status
- Development of significant neurological changes
- Medication errors requiring clinical intervention
- Any significant clinical problem that will require major surgery
- Death of a patient.

2. All patients scheduled for discharge must be discussed with the attending prior to the discharge.

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### II. Ambulatory Services

- A. Patients assigned to Attending Physician: Each patient evaluated by a Fellow in the ambulatory setting has a licensed member of the medical staff as his/her Attending Physician who is physically present and readily available during the entire clinical encounter (direct supervision or indirect supervision with direct supervision immediately available, depending on the clinical location and progression of skills of the Fellow).
- B. Fellows will perform a history and physical examination on the patient and review these findings with a supervising Attending Physician.
- C. The Fellow will develop an assessment and plan for the patient and this will be discussed with the supervising Attending Physician. A plan of care for the patient will be agreed upon and set in motion after said discussion.
- D. Fellows will generate a problem-based note summarizing the history, physical examination, assessment and plan for the patient. Each note will be reviewed and signed by the supervising attending.
- E. Fellows will provide continuity care for their patients with the guidance of the supervising Attending Physician.

### III. Monitoring Compliance:

- A. Compliance with supervision and documentation requirements by attending physicians will be monitored by the Chair of the Department with the assistance of the Patient Safety and Quality Departments as required by the bylaws of the relevant facility and the Rules and Regulations of the Department.
- B. The quality of supervision of first year fellows by senior fellows and adherence to supervision guidelines and policies shall be monitored through regularly scheduled reviews by the supervising attending physician and by the fellow's evaluation of their supervising fellows during their clinical rotations according to standards established by the institution's Graduate Medicine Education Committee (GMEC).
- C. Fellows not following the guidelines enumerated in the Fellowship Policy on Supervision are subject to the disciplinary policies of the fellowship program and GMEC. The above guidelines apply to fellows in all years of their training.

**(ACGME VI.A.2.b) Levels of Supervision:** to promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

#### **A. Direct Supervision:**

- VI.A.2.b).(1) Direct Supervision: VI.A.2.b).(1).(a) the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, [The Review Committee may further specify].
- VI.A.2.b).(1).(a).(i) PGY-1 fellows must initially be supervised directly, only as described in VI.A.2.c).(1).(a). (Core) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]
- VI.A.2.b).(1).(b) the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care



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through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify.

**B. Indirect Supervision:**

- VI.A.2.b).(2) Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

**C. Oversight:**

- VI.A.2.b).(3) Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- VI.A.2.c) The program must define when physical presence of a supervising physician is required.
- (Core) VI.A.2.d) 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.

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### **MEDICAL, NURSE PRACTITIONER, AND PHYSICIAN ASSISTANT STUDENT SUPERVISION**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/24/24)**

Assignment to a clinical rotation is processed by the individual Medical, Nurse Practitioner, or Physician Assistant (PA) School and the Medical Education Office. Once assignments have been made, the Medical Education Office disseminates schedule information to the appropriate departments.

Students may participate only in clinical services where educational objectives have been developed and approved for credit. New York State Department of Education guidelines must also be followed as appropriate.

The primary responsibility for the patient is vested with a teaching attending or medical staff member and may not be delegated to a student.

Residents and fellows may participate in overseeing the educational process, but any supervising physician must have applicable credentials, privileges, and authorization in order to oversee each clinical activity or procedure.

Students must be clearly identified as such. A photo ID with student designation will be worn at all times.

Utilization of RRH facilities is dependent upon following the procedures and guidelines as outlined in this policy.

#### **Procedures**

Medical, NP and PA students, in the course of their educational curriculum, may take patient histories, perform complete physical examinations and enter findings in the medical record of the patient with the approval of the patient's attending physician. Medical student notes are considered part of the 'legal medical record', and so would be included in any documentation sent to outside sources or agencies. Student notes necessitate co-signature as required by NYS, and lack of a co-signature and/or lack of completion of a note by a student can result in a medical record deficiency. Students in their third or fourth year of medical school may scribe a physician order if the order is signed by the responsible resident, fellow, or attending physician prior to the order being carried out.

Medical, NP and PA students may be assigned and directed to provide additional patient care services under the direct in-person supervision of an attending physician or authorized postgraduate trainee. The supervising physician, NP, or PA must have privileges or authorization to perform the procedure being supervised. The degree of supervision must take into account the complexity of the procedure, potential for untoward effects, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient.

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Each student will be assigned a unique hospital computer access code. Students may access the computer to obtain needed information on their patients with authorization through Medical Education. Computer entered orders cannot be taken off before approval by the supervising physician.

Students may not sign as witnesses to authorizations or consents for procedures or surgery on patients cared for by themselves, or their team.

At the conclusion of each rotation, the supervising physician, NP, or PA will complete a written evaluation of the student, in the format provided by each school, for submission either directly to the respective school if an on-line format.

## **STUDENT, RESIDENT, FELLOW, FACULTY, AND COORDINATOR WELL-BEING POLICY (ACGME IV.E)**

**(Last revised date 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Purpose of Policy**

This policy defines the ways in which residents and fellows are supported in their efforts to become competent, caring and resilient physicians while completing training programs at Rochester Regional Health, as well as how faculty and coordinators are supported in their own efforts to maintain wellness and resilience.

### **Definitions**

- **Burnout:** Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.
- **Learner:** Any physician or APP in a graduate medical education program, including residents and fellows, as well as medical and APP students.
- **Resilience:** The ability to withstand and recover quickly from difficult conditions or situations. During training, learners may face difficult patient care, educational or personal events which have the ability to negatively affect their Well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase Resilience.
- **Well-being:** Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

### **Policy Statement**

Student, resident, fellow, faculty, and coordinator physical, psychological and emotional well-being is of paramount importance to Rochester Regional Health. All are encouraged to lead healthy lives and make healthy choices that support them in their personal and professional growth. To that end, we provide the following strategies to support learner, faculty, and coordinator health, well-being and resilience:

### **Institutional Support:**

RRH Provides RRH employees and their families with resources and services that motivate, encourage, and promote healthy lifestyles and foster resilience. Services include:

- **Health Improvement and Employee Wellness:** including Health Risk and Wellness Assessment, mindfulness training, health and lifestyle coaching, diet and nutrition resources, fitness rooms, fitness classes and others.

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- Occurrence Reporting: Patient and employee safety reporting for actual events and near misses.
- Access to healthy food and beverage options at the cafeteria and from other on-campus food purveyors
- All employees participate in a safety behaviors for error prevention on-line Health Stream course during onboarding (and available for review at any time thereafter)

### **Medical Education Office (MEO) Support**

The MEO is a safe place where Students, Residents, Fellows, and Faculty can ask for and receive help with various needs including academic counseling, coaching, and mentoring.

The MEO, in partnership with the RRH Learning and Development Team and the simulation center, sponsors in-person inter-professional team learning encounters, including enhancing emotional intelligence

Residents and fellows may become members of, or participate in, the Resident and Fellow Forum (RFF), as well as the Housestaff Association (HSA), when present. The membership comes together to discuss issues affecting Resident and Fellow life. Hospital leadership is present at every RFF to provide residents and fellows direct access, but hospital leadership may be asked to leave at any time for the RFF to go into a closed session. The RFF and HSA seek to promote harmonious and collaborative relationships amongst residents, fellows, faculty and staff and enhance the community through advocacy, volunteer, and social activities.

(ACGME CPR VI.D.2) The program, in partnership with the Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents and fellows who may be too fatigued to safely return home.

All residents and fellows are asked to complete an annual Medical Education Office survey regarding their wellbeing and the learning environment.

### **Program Support**

There are circumstances in which residents and fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a resident or fellow may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the resident or fellow whom is unable to provide the clinical work.

Residents and fellows have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents and Fellows must follow the program's procedures for scheduling and notification of these appointments.

Residents, Fellows, faculty, and coordinators are encouraged to alert the Program Director, a faculty mentor, the Medical Education Office, or the Chief Resident/Fellow when they have concern for themselves, a resident or fellow, colleague or a faculty member displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence.

## **CREDENTIALING**

**(Last revised: 10/23/23)**

**(Last Reviewed: 11/27/23)**

### **Resident and Fellow credentialing for RRH Residents and Fellows**

Each department assesses, on an on-going basis, the knowledge level and skills of all of its residents and fellows in performance of surgical or other invasive procedures. Each program defines its own credentialing process, which is clearly detailed in their procedures manual and available upon request. Other methods of evaluation are used to assess competency of residents and fellows in field-specific procedures within each division/specialty.

### **Procedure credentialing for Residents and Fellows based outside of RRH**

The department receiving the resident or fellow should require a list of procedures that the resident or fellow is credentialed to perform. Any other procedure will be expected to only occur under direct supervision.

## **AWAY ELECTIVES**

**(Last revised: 9/12/24)**

**(Last Reviewed: 9/12/24)**

RRH shares the desire to provide rotations at other sites for educational opportunities not available at the program's hospital. If a resident or fellow in an RRH-sponsored program wishes to participate in an elective experience at another hospital or office which is not already part of the curriculum of their program, the resident or fellow's program director must make and document all arrangements in writing for that experience in cooperation with the Medical Education Office.

- A. Each program will develop their own mechanism and approval forms for the residents or fellows to follow in order to schedule an away elective. Once the educational opportunity has been identified, the program will work with the Medical Education Office to finalize the arrangements.
- B. To maintain compliance with ACGME and Medicare requirements, as well as prudent documentation, the Program Letter of Agreement (PLA) of the terms and conditions of the rotation must be executed prior to the onset of the rotation. The PLA and any additional documentation must be submitted to the Medical Education Office for review prior to mailing to the hosting physician and the final signed documents are to be submitted to the Medical Education Office before the rotation begins.
  - i. The PLA **should** contain the following:
    - educational objectives of the special elective
    - documentation of supervising physician(s)/site director
    - rotation start and end dates
    - malpractice coverage arrangements
    - signed approval from the program director
    - signed approval from the site director
    - signed approval from the RRH Designated Institutional Official (ACGME requirement)
- C. All away electives must be documented in detail on the Department's resident or fellow rotation schedule and in Medhub.
- D. **Resident/fellow international clinical experiences:** Resident/fellow away clinical elective experiences outside of the United States (non-US away elective) is not permitted due to legal and risk compliance matters. This policy also applies to residents/fellows who are considering an away elective in their home country which is not the US.

## **RESIDENT / FELLOW INTERNATIONAL VOLUNTEER EXPERIENCE POLICY**

**(Last revised: 9/7/2024)**

**(Last Reviewed: 9/7/2024)**

Residents/Fellows looking to participate in a volunteer experience outside of the United States may do so with the program director approval for time away; the following apply:

1. RRH does not provide resident/fellow malpractice insurance outside of the US and its territories for a volunteer experience.
2. Vacation time or other form of personal leave time must be used as it is not considered an away clinical rotation.



## **RESIDENT / FELLOW EDUCATIONAL FUNDS USAGE POLICY**

**(Last revised: 5/9/24)**

**(Last reviewed: 5/9/24)**

### **Terms and Terminology**

Educational funds and medical education time away refer to the use of allocated funds per resident per program and the associate/applicable time away granted by the program when using those funds for educational purposes.

### **Scope**

Continuing medical education is an essential part of the lifelong learning necessary to provide the best possible patient care, continuous individual growth and development. In some positions, continuing medical education may be a requirement for license renewal and recertification by virtue of this, a condition of continued employment.

This policy covers residents and fellows in graduate medical education programs.

### **Educational Funds and Timing**

All graduate training programs within RRH provide to their residents and fellows educational funds upon entering into each specific program. The educational funds are allocated per academic year and are to be utilized within and expensed during that academic year. Funds not used within that academic year will be forfeited. Educational funds will not carry over into the next academic year or any subsequent years nor will they transfer into a new program if a resident/fellow transfers into a new program, even fellowship after residency.

### **Educational Fund Amounts**

Each residency/fellowship program determines what the amount of educational funds is per resident or fellow per academic year. The amount is subject to change upon the start of each academic year but will not change during the course of the academic year once allocated.

Each program is responsible for tracking the resident/fellow allocated funds and the amounts expensed during the course of the academic year.

### **Permitted Medical Education Expenses**

1. Medical Board Certification/Recertification.
2. Licensing and registrations such as NYS license and DEA registration that are necessary to maintain the professional status of an individual in his/her position. Note: Completion of the appropriate applications, forms, etc. to register/renew NYS license and/or DEA registration is the responsibility of the resident/fellow. It is also the responsibility of the resident/fellow to pay any and all fees associated with licenses and registrations prior to requesting reimbursement.
3. Professional Journals Subscriptions, Textbooks, Posters, and Software
4. Dues to professional organizations/medical societies (e.g. AMA, AAFP, ACP, MCMS).
5. Tuition / course registration fees for qualified credits to be used by the resident/fellow

towards medical education and approved by the Program Director.

6. Self-study packages/Online Courses for courses related to the field of medical specialty the within which the resident/fellow is enrolled.
7. Live Conferences / Seminars (must be pre-approved by the Program Director and time away must allocated according to program policy), with the following stipulations:
  - a. Allowable expenses will be governed by the RRH travel and expense guidelines.
  - b. Hotel accommodations which may be submitted include the night before the conference starts through the night of the last day of the conference.

8. Computer hardware / technology

The following stipulations apply:

- a. This policy is not applicable to any resident/fellow in a program that has provided the resident/fellow with a laptop, iPad, and/or tablet device for use during the entire length of training.
- b. All purchasers must choose a device and have it approved by RRH Information Technology prior to actual purchase.
- c. The primary use of hardware purchased with educational funds shall be directly related to the practice of medicine including:
  - Medical education courses or learning applications.
  - Preparation and presentation of academic material (i.e. Resident Lectures, Grand Rounds, Professional Conferences).
  - Remote access to RRH patient care systems in compliance with Health System's IT Policies.
  - Accessing and interfacing with the patient care databases of RRH.
  - Medical record keeping provided the information is stored in a secure and encrypted manner.
  - Database recording provided the information is stored in a secure and encrypted manner compliant with IT policies and procedures.
- d. All purchasers must comply with all current and future RRH policies pertaining to electronic Protected Health Information (ePHI) (including, but not limited to: Transmission and Integrity of ePHI, and Access to RRH ePHI).
- e. Hardware purchased using educational funds shall be maintained and configured by the recorded purchaser. The purchaser is responsible for any expenses for installation, repair, or upkeep.
- f. Hardware is limited to: laptop, tablet or iPad.
- g. Educational funds may not be applied toward service agreements or extended warranties.
- h. No greater than \$1000 of the educational funds can be used for computer hardware / technology in any academic year.
- i. Must not be for the employee's family, spouses or personal use. At any time the

program or the GME office reserves the right to inquire and or investigate such applicable usage with resident/fellow responsibility to provide proof of usage.

- j. The program or GME office reserves the right to decline the reimbursement request for a computer/hardware or technology if the device purchased is not considered to be used for patient care, remote work, or educational activities. In case of any questions, it is recommended to check with your program or GME office prior to making a purchase.

## 9. Medical Equipment (ex. stethoscopes)

Medical Equipment is defined to include routine, personal medical equipment that which is required for the professional, but is not otherwise provided by the health system, such as a personal stethoscope or otoscope. Medical equipment does not include medical apparel such as lab coats, lab gowns, shoes, caps, etc.

## Requests for Reimbursement

### 1. Approval of medical education time away:

An approval of medical education time off away from the program must be received by the Program Director prior to registration for any medical education activity to ensure time-off and reimbursement under this policy is applicable.

*Note: In the event that prior approval is not received, the resident/fellow is at risk for personal responsibility for the associated expense(s).*

### 2. Approval of use of medical education expenses:

Reimbursement of medical education expenses must be approved by the Program Director or Program Coordinator prior to attendance or purchases of any items with educational funds.

- a. This is to ensure that the activity meets program and medical education policy standards, as well as to ensure that there are enough monies remaining the resident/fellow educational fund balance to cover the activity. Educational funds can be prorated to utilize remaining fund balances for a purchase even if the remaining amount does not cover the event/purchase expense in full.
- b. Registration for events, seminars, conferences and the like using educational funds cannot be reimbursed to the resident/fellow until after the event has occurred and proof of attendance is supplied by the resident/fellow to the program.
- c. In the case that the event is cancelled by the event itself, then it is expected that the resident/fellow do everything necessary to apply for reimbursement of registration fees from the event organization. The program leadership will determine the reimbursement outcome should the fee not be returned.
- d. In the case that the resident/fellow not attend to the event due to personal circumstances, it is expected that the resident/fellow do everything necessary to apply for reimbursement of registration fees from the event organization. The program leadership will determine the reimbursement outcome should the fee not be returned.

### 3. Items for reimbursement while away at conferences etc.:

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- a. The items for reimbursement follows the RRH Travel and Reimbursement policy found on Policy Stat on the RRH Intranet page. Items generally reimbursed are: ride share/Uber/taxi to and from the airport to the hotel/conference location, mileage from an RRH hospital to the event, food/meals not provided by the conference, overnight stay starting with the day before the conference and through the last day of the conference, flights to and from the city of the conference.
- b. Rental car is not guaranteed as reimbursed and is dependent upon the conference locale, situation etc. It is advised that the resident/fellow discuss this with the program in advance.
- c. Items not reimbursable are: airfare for family, airfare to additional city not part of the standard route to the conference locale, meals for family, hotel stay for family not staying in the same room as the resident/fellow, hotel stay for extended vacation time prior to or after conference dates, entertainment activities, in-room movie purchases, alcohol.

### **The Reimbursement Process**

1. To the extent the resident/fellow has an adequate educational funds balance, has received approval from the program and completed the medical education event, all receipts and proof of attendance should be forwarded to the Program Coordinator designated for the residency/fellowship program.
2. Program Coordinator is responsible for maintaining records of resident/fellow medical education events/purchases/usage of funds reimbursement with outstanding educational funds.
3. The Program Coordinator will submit the reimbursement funds request through the current RRH software process through a Proxy format.
4. Purchases within a fiscal year, Jan 1- Dec 31, must be submitted for reimbursement no later than 30 days after the end of the fiscal year.
5. All reimbursement amounts will be included in the provider's payroll check, but will not be subject to payroll tax withholding.
6. Appropriate receipts must be forwarded with all request for educational funds reimbursement. Receipts must be received within 30 days of the close of the fiscal year. Each receipt must show the name of the resident/fellow as the purchaser. Examples of accepted receipts are:
  - Meal/ride-share/taxi receipts with paid in full notation. A meal receipt must be itemized to show what was purchased; alcohol is not reimbursable.
  - Registration receipt showing the attendee name and paid in full for the conference, event, etc.
  - Airfare receipt showing the attendee name and paid in full.
  - Itemized hotel room Folio (receipt showing daily rate with taxes and fees) showing

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attendee name and paid in full. Booking through a 3<sup>rd</sup> party app e.g. Trivago, may not provide the FOLIO therefore using these types of booking sites may prevent reimbursement.

- Canceled check as proof of payment for the event along with the registration copy which must match in total amount spent.
- Copy of charge on credit card statement along with proof of registration and attendance at the event, in which the registration cost must match the credit card statement.

### **Limitations**

1. Medical education expenses incurred after a resident/fellow has submitted a letter of resignation or notice of transfer from a program will not be reimbursed.
2. Any employee in a formal performance corrective action process may be subjected to not receiving approval of away conference/travel requests by the program leadership. Any medical education funding and activity requests will be considered by the program leadership for their application to the improvement of performance issues(s) and may or may not be approved.

### **Exceptions**

1. Exceptions to this policy may be approved by the RRH Designated Institutional Official or designee.
2. All debated reimbursements between the program and the resident/fellow may be sent to the RRH Designated Institutional Official or designee for final decision.

## **FORMATIVE EVALUATION/ROTATION EVALUATION RECORD REQUESTS**

**(Last revised: 7/16/24)**

**(Last reviewed: 7/16/24)**

When a program or resident/fellow receives a request for a copy of some or all of their formative evaluations and/or rotational evaluations, the program may supply a letter of good standing and a summary statement regarding the resident/fellow's placement on the milestones by the program's clinical competency committee and programmatic leadership. The program may not transmit training records outside the organization with the following exceptions:

- 1) To comply with a legal investigation,
- 2) In the case of a resident/fellow transfer to another program, but only after they have been accepted in transfer.

## **RESIDENT / FELLOW FILE CONTENT, ACCESS AND RETENTION, AND RELEASE OF INFORMATION**

**(Last revised 10/23/23)**

**(Last Reviewed: 11/27/23)**

Each residency and fellowship program sponsored by RRH shall maintain a file concerning each resident and fellow.

The file will contain a record of the trainee's specific rotations and other training experiences (including training procedures), written evaluations from the faculty and others, the periodic summative evaluations by the Clinical Competency Committee, program director or designee, any institutional disciplinary actions, and other information concerning the trainee that the program director judges appropriate to maintain in the file for purposes of evaluation and training, including records required to be maintained by applicable Institutional and Program Requirements of the ACGME, CODA, ACOE, or CPME.

The file will be regarded as confidential, will be maintained in a secure location and will be available only to the Department Chair, Program Director, Associate Program Director(s), Designated Institutional Official, System Senior Director of Medical Education, and designated administrative staff in the Medical Education Office and the applicable residency and fellowship program offices.

The Program Director, DIO, and System Senior Director of Medical Education may disclose the file, or portions thereof, to others whom they judge to have a legitimate need for the information for reasons relating to the education of the trainee, the quality of education in the program, or the quality of patient care in the program. The Program Director, DIO, and System Senior Director of Medical Education may also disclose the file, or portions thereof, to others, as authorized in writing by the trainee or at the request of law enforcement authorities (after review with in-house counsel).

On reasonable request, the trainee shall have access to his or her file under direct supervision of a designated member of the residency or fellowship program. The trainee is not entitled to copies of the contents of the file, except for sections deemed germane by the Medical Education Office to an appeal of an adverse action and/or due process investigation.

Upon completion of the training program, where the trainee will be recommended for Board certification, only the final summative evaluation of the trainee, the record of the trainee's specific rotations and other training experiences (including training procedures) and a record of any disciplinary actions will be maintained in the file. The file will then be maintained as a permanent record. The Program Director may exercise their discretion to retain other records for which there may be a particular need such as, but not limited to, records of successfully remediated academic deficiencies.

For residents or fellows who do not complete the training program, or who complete the training program, but who will not be recommended for Board certification, the entire file will be maintained as a permanent record.

## **RESEARCH INTEGRITY**

**(Last revised: 5/30/24)**

**(Last reviewed: 5/30/24)**

Research integrity is taken seriously at RRH. Any type of research misconduct will be investigated in the manner delineated in the RRH Research Misconduct Policy.

- a. Any misconduct in a quality and safety project will be investigated by the Quality and Safety Institute/RRH Office of General Counsel.
- b. Any misconduct in non-research scholarly activities (e.g., case reports) will be investigated by the program, the Medical Education Office, and/or the RRH Library Director to determine if the accusation is legitimate and, if so, the severity of the misconduct.
- c. All verified misconduct incidents will be managed on a case-by-case basis in coordination with the program and departmental leadership with possible outcomes including, but not limited to, revocation of any and all published materials, forfeiture of conference sponsorship, revocation of dedicated research time, and formal remediation for the professionalism lapse.



## **VISITING RESIDENT / FELLOW ROTATIONS**

**(Last revised 11/4/24)**

**(Last Reviewed: 11/4/24)**

If a resident or fellow from another hospital wishes to participate in a special elective at an RRH site, the resident or fellow's program director should make all arrangements through the Chair or Program Director of the department in which the resident or fellow will be working.

The Medical Education Office Requirements for inbound residents and fellows are:

- The inbound rotator's salary, benefits, and malpractice insurance must be paid for by the home institution through the length of the rotation at any RRH site
- Compliance with RRH onboarding requirements, including but not limited to MMR, PPD
- Liability Insurance Certificate provided by the school.
- Valid Photo ID (Passport, License, or ID Card)
- Current CPR/ BLS training
- Cleared Criminal Background Check –home institution current is acceptable
- Resident/fellow attestation to remain illicit drug free and acceptance of testing with cause
- Home institution white coat and ID badge to be worn along with RRH ID badge while on rotation at RRH
- Professional conduct while at any RRH site

To maintain compliance with ACGME and Medicare requirements, as well as prudent documentation, the Program Letter of Agreement (PLA) of the terms and conditions of the rotation must be executed prior to the onset of the rotation. The PLA and any additional documentation must be submitted to the Medical Education Office for review and the final signed documents are to be submitted to the Medical Education Office before the rotation begins.

The PLA **should** contain the following:

- educational objectives of the special elective
- documentation of supervising physician(s)/site director
- rotation start and end dates
- malpractice coverage arrangements stating home institution will maintain this coverage through length of rotation at an RRH site
- signed approval from the program director
- signed approval from the site director
- signed approval from the RRH Designated Institutional Official (ACGME requirement)

### **Medhub tracking of inbound resident/fellow:**

Inbound resident or fellow rotators to any RRH site. The rotation dates must be documented in detail on the Department's rotation schedule and in Medhub. If the inbound rotator's sponsoring institution is not on Medhub, then the inbound rotator name and dates of the rotation must be sent by the RRH host department to the Medical Education Office for input into Medhub.

The Medical Education Office will onboard the inbound residents and fellows and maintain a copy of the respective completed PLA.

## **Graduates of Foreign Medical Schools**

Residents or fellows from non-RRH hospitals seeking an elective opportunity with RRH must be certified by the ECFMG and currently training in a US residency or fellowship training program. If both of these conditions are not met, an elective experience at RRH is not possible. Due to visa restrictions, foreign medical graduates training in foreign residency programs are not eligible for a hands-on residency experience.

US Citizens training in non-US residency programs must possess a valid ECFMG certificate if they graduated from a non-US medical school and provide that documentation as part of the onboarding process.

## **VISITING STUDENT ROTATIONS**

**(Last revised 11/4/24)**

**(Last Reviewed: 11/4/24)**

If a Medical, Dental, Podiatric, Physician Assistant, or Graduate Nursing student wishes to participate in a clinical clerkship or elective at an RRH site, the student and their school must coordinate the arrangements through the Medical Education Office. The rotation request form found on the Medical Education website (click on Rotations) must be completed and submitted to [graduatemedical.education@rochesterregional.org](mailto:graduatemedical.education@rochesterregional.org), which includes the name of the student, school/program name, program year, and requested rotation type with specific start and end dates.

All student clinical rotation requests within RRH must be approved by the Medical Education Office and the department specific designee and cleared no later than 30 days prior to start of rotation.

Upon being scheduled into a rotation at an RRH site, the rotation is considered tentative until the following clearance requirements are submitted by the school coordinator or school health office to the Medical Education Office. **NOTE: all clearance requirements must remain valid through end of rotation or multiple rotations at RRH, which are:**

- A valid Affiliation Agreement must be in place prior to rotation start.
- Liability Insurance Certificate provided by the school.
- Valid Photo ID (Passport, License, or ID Card)
- Student Photo/ Headshot
- Current CPR/ BLS training
- Verified immunizations attested by the school
- Cleared Criminal Background Check –School current is acceptable
- Student attestation to remain illicit drug free and acceptance of testing with cause
- Student Evaluation Form— online evaluations via link are preferred. If a paper evaluation is being used, then email to MEO onboarding specialist for distribution to department.

Once the onboarding materials are received, students will be assigned an IT account providing them IT access for the use of electronic medical records and the RRH intranet within the health system. **When the IT account is received, the following electronic trainings are required for student completion prior to start of rotation:**

1. HIPAA training
2. RRH Orientation Packet
3. EPIC/CareConnect training
4. Ambulatory Rooming of patients (for ambulatory rotations only)
5. Precaution signage awareness training

The Medical Education Office will maintain a file on the student and coordinate the evaluation process at the end of the rotation.

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**OBSERVERSHIPS**

**(Last revised 10/23/23)**

**(Last Reviewed: 11/27/23)**

The MEO does not support the practice of having post-graduate observers in any department. Undergraduate (i.e., college and medical student) observers, where an observership meets a curricular need, are permitted for a defined, limited duration experience.

## **INSTITUTIONAL AND GOVERNANCE POLICIES**

### **INTERNAL RRH POLICIES**

**(Last revised 11/4/24)**

**(Last Reviewed: 11/4/24)**

Our policies apply to all RRH residents, fellows, and students including those rotating to other institutions. Each resident/ fellow/student must agree to be bound by the Hospital policies and rules and regulations that relate to his/her activities as a resident or fellow or student.

The RRH Intranet lists the respective policies for each hospital which can be found under Policies>PolicyStat. <https://intranet.rochesterregional.org/sites/Policies/Pages/PolicyLinks.aspx>.

### **RRH EMPLOYEE BENEFITS POLICY**

**(Last revised 11/4/24)**

**(Last Reviewed: 11/4/24)**

RRH offers a benefits package that allows employees to select coverage based on their level of need. Detailed information about all RRH benefits is provided during orientation. Any changes to the offerings and out-of-pocket costs to residents and fellows will occur on a calendar year basis. The RRH workday site provides information on benefits such as: Disability Insurance/Maternity/Paternity/Family Leave, Health, Dental, Vision Insurance; Health Spending Account and Flexible Spending Account; Life Insurance; Retirement Program.

**RRH continually evaluates the benefits they offer to employees, and reserves the right to amend or terminate any plan, at any time, for any reason.**

RRH Benefits may be reached via email at [HRBenefits@RochesterRegional.org](mailto:HRBenefits@RochesterRegional.org).

## **WORK BREAKS FOR BREASTFEEDING MOTHERS**

**(Last revised 1/1/25)**

**(Last Reviewed: 1/1/25)**

New York State Labor Law Section 206-c gives all employees in New York the right to express breast milk in the workplace. The New York State Department of Labor has developed the official policy on breast milk expression in the workplace as required by the law, ensuring that all employees know their rights and all employers understand their responsibilities.

### **USING BREAK TIME FOR BREAST MILK EXPRESSION**

- Employers must provide thirty (30) minutes of paid break time for their employees to express breast milk when the employee has a reasonable need to express breast milk. Employees must be permitted to use existing paid break or meal time if they need additional time for breast milk expression beyond the paid 30 minutes.
- This time must be provided for up to three years following childbirth. Employers must provide paid break time as often as an employee reasonably needs to express breast milk.
- The number of paid breaks an employee will need to express breast milk is unique to each employee and employers must provide reasonable break times based on the individual.
- Employers are prohibited from discriminating in any way against an employee who chooses to express breast milk in the workplace.
- An employer is prohibited from requiring an employee to work before or after their normal shift to make up for any time used as paid break time to express breast milk.

All employers must continue to follow existing federal and state laws, regulations, and guidance regarding mealtimes and paid break time regardless of whether the employee uses such time to express breast milk.

While an employer cannot require that an employee works while expressing breast milk, Labor Law 206-c does not otherwise prevent an employee from voluntarily choosing to do so if they want to. Paid breaks provided for the expression of breast milk must be 30 minutes. An employee must be allowed to use regular break or meal time to take a longer paid break if needed. Employees may also opt to take shorter paid breaks. Employees who work remotely have the same rights to paid time off for the purpose of expressing breast milk, as all other employees who perform their work in-person.

For additional information please see the RRH HROPS Guide in Workday or [Breast Milk Expression in the Workplace | Department of Labor](#).

### **MAKING A REQUEST TO EXPRESS BREAST MILK AT WORK**

- If an employee wants to express breast milk at work, they must give the employer reasonable advance notice, generally before returning to the workplace if the employee is on leave. This advance notice is to allow the employer time to find an appropriate location and adjust schedules if needed.
- Employees wishing to request a room or other location to express breast milk in the workplace should do so by submitting a written request to their direct supervisor or individual designated by their employer for processing requests.
- Employers must respond to this request for a room or other location to express breast milk in writing within five days.

## **NYS PRENATAL LEAVE LAW**

**(Last revised 1/1/25)**

**(Last Reviewed: 1/1/25)**

New York State Paid Prenatal Law requires New York State employers to provide paid leave time for prenatal care or pregnancy-related medical care.

The RRH Policy can be found in Workday: Benefits and Pay > Leave > Employee Resources for Leave.

### **Policy:**

- Team members will have paid leave time available to use for prenatal healthcare services related to their pregnancy.
- Prenatal Leave is available in addition to, and is to be used separately from, other sick time benefits provided under the New York State Sick Leave Law and other state and federally mandated leaves.
- There is no waiting period and all leave hours will be available to eligible team members upon hire.

**Eligibility:** Eligible team members include those directly receiving prenatal healthcare services. Team members that are spouses, partners, or other support persons of an individual receiving prenatal healthcare services are not eligible for Prenatal Leave.

### **Types of Leave Covered:**

Team members can use Prenatal Leave for healthcare services received during their pregnancy or related to such pregnancy, including:

- Physical examinations
- Medical procedures
- Monitoring and testing
- Discussions with a healthcare provider related to the pregnancy
- Fertility treatments and/or care appointments

Post-natal and postpartum healthcare services are not covered under the Prenatal Leave law.

### **Paid Benefit description:**

- Team members may take up to 20 hours of paid prenatal leave within a 52-week period.
- The 52-week period begins the first date Prenatal Leave hours are used.
- Prenatal Leave hours can be used in increments of one hour for eligible prenatal healthcare services.
- Prenatal Leave is paid at a team member's regular rate of pay.
- Paid Prenatal Leave may be used for more than one pregnancy per year, but only 20 hours are available in a 52-week period. Any paid Prenatal Leave hours remaining from the first pregnancy may be used during the second pregnancy if the second pregnancy is within the same 52-week period.

### **Procedure for Requesting Prenatal Leave:**

- To request Prenatal Leave, team members must contact Leave Administration at: [LeaveAdmin@rochesterregional.org](mailto:LeaveAdmin@rochesterregional.org).
- **Note:** The Prenatal Leave bank and pay code will only be viewable for team members if the initial request has been processed by Leave Administration. Failure to formally request Paid Prenatal Leave with Leave Administration may result in delays in processing of the team member's request.

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- Team members may contact their Leave Partner directly to discuss Prenatal Leave and the process for requesting leave. Leave Partners can be found in Workday in the “Leave” section of the “Benefits and Pay” app, as well as on the team member’s Workday profile on the “Contact Page” under “Support Roles”.
- Once the request has processed, the team member’s Prenatal Leave bank will be available for use and team members will work with their leaders to have their hours entered in Kronos.

### **What Happens When Using Prenatal Leave?**

- Team members must submit all Prenatal Leave hours to their leader for processing. When received, the team member’s leader will enter submitted hours into Kronos. Failure to report time may result in the delay of time being approved by the team member’s leader.
- Team members should make every effort to schedule healthcare services and notify their leader of scheduled services in advance whenever possible.
- Team members are not required to disclose confidential information about their health condition or the nature of their healthcare services related to Prenatal Leave.
- Leaders cannot ask team members to disclose confidential information about their health condition or the nature of their healthcare services related to Prenatal Leave.

More information can be found at: [New York State Paid Prenatal Leave](#)



## **ACGME ACCREDITATION AND RECOGNITION STATUSES: ADVERSE ACTIONS**

**(Last revised 5/7/20)**

**(Last Reviewed: 11/27/23)**

ACGME Adverse Accreditation Actions as described by ACGME (found on website) [https://www.acgme.org/Portals/0/PDFs/ab\\_ACGMEglossary.pdf](https://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf) is also applicable to non-ACGME programs with reporting to appropriate accreditation body. For additional information on accreditation statuses see Sections 18.10–18.80 of the ACGME Manual of Policies and Procedures.

**Administrative Probation:** If a Sponsoring Institution fails to complete a CLER site visit, the administration of the ACGME may recommend to the ACGME Board that it place that Sponsoring Institution on Administrative Probation for no less than 18 months and no more than 24 months (see Section 16.60).

**Administrative Withdrawal of Accreditation:** A Sponsoring Institution or program that is delinquent in payment of fees, according to ACGME policies and procedures, is not eligible for review, and shall be notified by express mail (signature required) of the effective date of Administrative Withdrawal of accreditation. On that date, the Sponsoring Institution or program shall be removed from the ACGME list of accredited programs or Sponsoring Institutions. A Sponsoring Institution or program may be deemed to have withdrawn from the voluntary process of accreditation if it does not comply with the following actions and procedures:

- (1) undergo a site visit and Sponsoring Institution or program review;
- (2) follow directives associated with an accreditation action;
- (3) supply the Review Committee with requested information (e.g., a progress report, operative data, Resident or Faculty Survey, or other information);
- (4) maintain current data in the Accreditation Data System (ADS);
- (5) undergo a CLER site visit and review while on Administrative Probation; or,
- (6) matriculate residents for six or more consecutive years (programs only).

Under the above circumstances, the Review Committees (See ACGME Policies and Procedures, Section 18.70 b.) and/or administration of the ACGME (See ACGME Policies and Procedures, Section 18.70 a. and b.) may recommend to the ACGME Board that accreditation be administratively withdrawn. The ACGME Board may administratively withdraw accreditation of the Sponsoring Institution or program.

**Administrative Withdrawal of Accreditation due to withdrawal of sponsoring institution's accreditation:** If a Sponsoring Institution is withdrawn for failure to demonstrate substantial compliance with the applicable requirements all of its ACGME-accredited residency and fellowship programs will be administratively withdrawn.

**Accreditation Withheld:** Accreditation shall be withheld when a Review Committee determines that an application for a new Sponsoring Institution or program does not demonstrate substantial compliance with the applicable requirements.

**Continued Accreditation:** The Review Committee will confer an accreditation status of Continued Accreditation based on ongoing substantial compliance of the Sponsoring Institution or program with the applicable requirements.

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**Continued Accreditation without Outcomes:** After the period of Initial Accreditation, the Review Committee may confer a status of Continued Accreditation without Outcomes to a new Sponsoring Institution or program holding Initial Accreditation or Initial Accreditation with Warning that, after a full site visit and review within two years from the original accreditation, has insufficient data to be conferred the status of Continued Accreditation.

**Continued Accreditation with Warning:** The Review Committee may confer a status of Continued Accreditation with Warning if it determines that a Sponsoring Institution or program has areas of non-compliance that may jeopardize its accreditation status.

**Initial Accreditation:** A status of “Initial Accreditation” is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

**Initial Accreditation with Warning:** If a Sponsoring Institution or program does not demonstrate substantial compliance at the subsequent review, the Review Committee may withdraw accreditation or confer a status of Initial Accreditation with Warning for a period of one year. At the end of the first year of Initial Accreditation with Warning, a Sponsoring Institution or program may undergo a site visit at the discretion of the Review Committee. If the Sponsoring Institution or program demonstrates substantial compliance with the applicable requirements, a status of Continued Accreditation or Continued Accreditation without Outcomes may be conferred. If not, the Review Committee may confer a second year of Initial Accreditation with Warning or Withdrawal of Accreditation.

If a second year of Initial Accreditation with Warning is conferred, at the next review of a Sponsoring Institution or program, the Review Committee may confer Continued Accreditation, Continued Accreditation without Outcomes, or Withdrawal of Accreditation. A site visit must be conducted in order for the Review Committee to confer Withdrawal of Accreditation.

**Probationary Accreditation:** A status of Probationary Accreditation is conferred when the Review Committee determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable requirements. A Sponsoring Institution or program with the accreditation status of Continued Accreditation must undergo a site visit before a Review Committee may confer Probationary Accreditation upon it.

Probationary status of a program shall not exceed two consecutive annual reviews, at which point the program must achieve a status of either Continued Accreditation or Continued Accreditation with Warning, or its accreditation will be withdrawn.

Upon site visit and review, a Sponsoring Institution or program demonstrating substantial compliance with the applicable requirements will achieve a status of Continued Accreditation or Continued Accreditation with Warning. If a Sponsoring Institution or program with a status of Probationary Accreditation does not demonstrate substantial compliance with the requirements due to failure to correct previous citations, or if new areas of non-compliance are identified, accreditation may be withdrawn.

**Voluntary Withdrawal of Accreditation:** A Sponsoring Institution or program may request Voluntary Withdrawal of Accreditation. Upon Voluntary Withdrawal of an institution’s accreditation, the accreditation of all sponsored programs will be administratively withdrawn. The Sponsoring Institution and its programs may not accept new residents and/or fellows, may not request “reversal” of the action (regardless of the proposed effective date), but may seek re-accreditation by undergoing the application process pursuant to ACGME policy.

**Withdrawal of Accreditation:** Accreditation may be withdrawn when a Review Committee determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the applicable requirements. A Sponsoring Institution or program must undergo a site visit before a Review Committee may withdraw its accreditation.

**Withdrawal of Accreditation under Special Circumstances:** Regardless of a program's accreditation status, the Review Committee may withdraw the accreditation of a program based on clear evidence of non-substantial compliance with accreditation standards, such as: (1) a catastrophic loss of resources, including faculty members, facilities, or funding; or, (2) egregious non-compliance with accreditation requirements.

**RECOGNITION STATUSES** (For additional information on recognition statuses see Sections 18.130-18.180 of the ACGME Manual of Policies and Procedures):

**Initial Recognition:** A status of Initial Recognition is conferred when the Recognition Committee determines that an application for Recognition of a new Sponsoring Institution or program substantially complies with the Recognition Requirements.

**Osteopathic Recognition:** Recognition of an ACGME-accredited program that is in substantial compliance with the Osteopathic Recognition Requirements.

**Pre-Accreditation:** A status created exclusively for use during the 2015-2020 transition to a single accreditation system.

**Recognition Withheld:** Recognition shall be withheld when the Recognition Committee determines that an application for Recognition of a Sponsoring Institution or program does not demonstrate substantial compliance with the Recognition Requirements.

**Withdrawal of Recognition:** Recognition may be withdrawn for a Sponsoring Institution or program with Continued Recognition with Warning when the Recognition Committee determines that a Sponsoring Institution or program has failed to demonstrate substantial compliance with the Recognition Requirements. A Sponsoring Institution or program must undergo a site visit before the Recognition Committee may confer Withdrawal of Recognition upon it.

**Voluntary Withdrawal of Recognition:** A Sponsoring Institution or program may request Voluntary Withdrawal of Recognition. Upon Voluntary Withdrawal of an institution's recognition, the recognition of all sponsored programs will be administratively withdrawn. The Sponsoring Institution and its programs may not accept new residents and/or fellows into the program of recognized element of the program as applicable and may not request "reversal" of the action (regardless of the proposed effective date), but may seek re-recognition by undergoing the application process pursuant to ACGME policy.

**Administrative Withdrawal of Recognition:** If a program's accreditation is withdrawn, the Recognition of the program is Administratively Withdrawn simultaneously.

In the case of an adverse action, a copy of the notification from the RRC will be sent to the Office for Medical Education (through WEBADS for ACGME programs) and will be presented at the next scheduled meeting of the Graduate Medical Education Committee. The Program Director should meet with the DIO prior to that meeting to discuss the issues involved.

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The response to the RRC will be reviewed and cosigned by the DIO in WEBADS. This correspondence will be presented at the next regularly scheduled Graduate Medical Education Committee meeting.

If, after the RRC has reviewed the response, and the adverse action status stands, the Program Director will develop and put into place a plan of correction. The Program Director will present the plan of correction to the Graduate Medical Education Committee.

The program has the opportunity to formally appeal this adverse action to the ACGME as outlined in the ACGME Program Director's Reference Guide. Any such appeal must be coordinated through and approved by the DIO.

The GMEC will monitor the progress of the correction plan by whatever means and at whatever frequency it deems appropriate. Review will take place before the next ACGME review of the program.

## **GME ANNUAL INSTITUTIONAL REVIEW (AIR) POLICY (ACGME I.E.6.b)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Purpose**

The purpose of this policy is to establish an Annual Institutional Review (AIR) policy. The GMEC must oversee:

- the Sponsoring Institution's accreditation, including an Annual Institutional Review (AIR) summarized in an annual report that documents: (Outcome)
- institutional performance indicators to include, at a minimum: (Core)
- the sponsoring institution's accreditation, recognition and citation status
- each of its ACGME-accredited/recognized programs' ACGME accreditation recognition, citation statuses
- results of ACGME surveys of residents/fellows and core faculty members;
- action plans and performance monitoring procedures resulting from the AIR. (Core)

### **Policy**

The DIO or Delegate will chair a committee charged with conducting the Annual Institutional Review (AIR). The time period of review for the AIR will be the previous academic year. Areas reviewed by the committee should include, but are not limited to:

- Most recent Institutional Letter of Notification (LON)
- Most recent CLER report
- Institutional Self-Study Report (if available)
- Aggregated Faculty ACGME Survey Reports
- Aggregated Resident ACGME Survey Reports
- Standing Committee Annual Reports
- Most recent program LONs
- Resident stipends and benefits
- NRMP results
- GME Office resources (i.e., staffing, facilities)
- Program Self-Study Reports
- Special Program Review Reports
- Common themes emerging from APE Reports
- Institutional wellness initiatives
- Institutional quality improvement/patient safety initiatives
- Other Program performance indicators

### **AIR Committee Membership and Process**

AIR committee membership will be determined by the AIR Committee chair. The AIR will include review of documents supporting the areas listed in the Policy section of the document. The committee members will determine the number of meetings and length of time needed to complete the process.

## **AIR Report and Action Plan**

The AIR Report and Action Plan, prepared by the AIR Committee chair, will be presented to the Graduate Medical Education Committee (GMEC) for approval. Once approved, an executive summary of the AIR Report and Action Plan will be presented to the Healthcare Services Board as designated by the Board of Directors. Progress on Action Plan items will be monitored by the GMEC.

## **ANNUAL PROGRAM EVALUATION POLICY (ACGME CPR V.C.1)**

**(Last revised: 11/4/24)**

**(Last Reviewed: 11/4/24)**

The purpose of this policy is to set minimum standards for a programmatic Annual Program Evaluation (APE).

### **Policy:**

The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident/fellow from within the program.

### **Program Evaluation Committee responsibilities must include, at a minimum:**

- (1) review of the program's self-determined goals and progress toward meeting them;
- (2) guiding ongoing program improvement, including development of new goals, based upon outcomes; and
- (3) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. This data should include, but is not limited to:

- ACGME letters of notification, including citations, Areas for Improvement, and comments
- Quality and safety of patient care
- Aggregate resident and faculty well-being
- Recruitment and retention
- Workforce diversity, including graduate medical education staff and other relevant academic community members
- Engagement in quality improvement and patient safety
- Scholarly activity
- ACGME Resident and Faculty Survey results
- Aggregate resident Milestones evaluations
- Achievement on in-training examinations (where applicable), board pass and certification rates, and graduate performance.
- Aggregate faculty evaluation and professional development
- Annual Medical Education Office Survey of residents and fellows

The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO.

Upon request of the ACGME (e.g., for a site visit), the program must complete a Self-Study and submit it to the DIO.

## **SPECIAL PROGRAM REVIEW POLICY AND PROTOCOL (ACGME I.E.6.c.2)**

**(Last Revised 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Purpose**

The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation, and oversight of a quality improvement process in the form of a Special Program Review (SPR) for our ACGME-accredited graduate medical education training programs. The purpose of the SPR is to support program quality improvement efforts in areas judged non-compliant with Accreditation Council for Graduate Medical Education (ACGME) regulations.

### **Initiating a Special Program Review**

The following criteria are used by the GMEC to trigger an SPR:

#### **Internal Criteria:**

- At the request of hospital, department, or program administration
- Problems identified from internal surveys
- Concerns communicated to the Medical Education Office by residents or faculty
- Issues identified by the GMEC or its subcommittees

#### **External Criteria:**

- Annual ADS information submitted by the program indicates a pattern of resident or faculty attrition
- Annual ACGME Resident Survey
  - Multiple categories with less than or equal to 50% compliance for multiple years
  - A pattern of significant downward category trends since the last survey
  - A rating of less than 4.0 in the category “Overall Evaluation” in successive years (though a single occasion may be enough if other concerns are significant enough as determined by the GMEC).
  - Survey completion rate below the 70% minimum requirement
- Annual ACGME Faculty Survey
  - Multiple categories with less than or equal to 50% compliance for multiple years
  - Pattern of significant downward category trends since the last survey
  - Survey completion rate below the 60% minimum requirement
- RRC request for progress report
- Concerns about board pass rates

### **SPR Process**

Globally, the DIO will notify the Program Director of the initiation of the SPR, identifying specific areas of concern. The Program Director is responsible for reviewing the issue(s) and creating an action team that includes at least two elected resident representatives and a GME provider outside their department. Within 60 days from the initiation of the SPR, the team will outline a work plan with corrective action. The DIO then meets with the Program Director to review the report. After confirmation by the DIO, the written report is reviewed by the GMEC. Upon review,



the GMEC determines if a satisfactory plan is in place to resolve the trigger issue(s) or if further analysis is required. In support of the action team, the residency program will prepare a set of materials to document elements of the program. Documentation includes:

- ACGME ADS summary
- Annual Program Evaluation reports for the past two academic years
- Previous SPR Reports and Work Plans (if relevant)
- ACGME Resident Survey results for past two academic years
- ACGME Faculty Survey results for past two academic years
- RRC Accreditation Requirements
- Relevant RRC correspondence
- Relevant program policies
- Most recent board pass rate report for graduates
- Other materials as necessary

### **SPR Report**

For all SPRs there must be a written report that contains the following:

- Program leadership roster
- Action Team roster
- Last RRC site visit date
- Current accreditation status
- Start and end dates of the SPR
- Quality improvement action items
- Work plan to address action items

### **GMEC Monitoring of Outcomes**

A work plan addressing corrective measures must be completed by the action team under the leadership of the Program Director and submitted to the GME office within 60 days of SPR initiation. The proposed work plan is reviewed and approved by the GMEC with feedback.

The report and all work plan actions are reflected in the minutes of the GMEC. Progress reports to the GMEC are made as requested, but are required at least quarterly.

A progress report of the approved SPR work plan is attached to the Annual Program Evaluation (APE).

### **Sharing SPR Findings with Faculty and Residents/Fellows**

In order to complete the review process, the Program Director should share the results of the review with residents/fellows and faculty in the program. Discussion of any SPR action items should take place by the Program Education Committee (PEC) as part of the Annual Program Evaluation (APE) process, with an SPR progress report submitted as an attachment to the APE report.

### **Confidentiality**

The SPR process is a quality assurance evaluation that is protected. A confidential cover page must accompany reports and work plans, indicating quality assurance protection. SPR reports and work plans are confidential and are not shared with RRC site visitors. To confirm compliance

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with this policy document and ACGME institutional requirements, SPR reports are included in the Institutional Review Questionnaire (IRQ) and examined by the ACGME Institutional Review Committee at the time of periodic institutional accreditation evaluation to verify that we are following approved SPR policy, protocol, and procedure.

## **GME DISASTER AND EMERGENCY RESPONSE POLICY (ACGME III.D.10)**

**(Last Updated: 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Background**

The ACGME Institutional Requirements state, “The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.

The Designated Institutional Official (DIO) and the Sponsoring Institution Graduate Medical Education Committee (GMEC) must ensure that there is administrative and financial support for Graduate Medical Education in the event of a disaster.”

A disaster is defined as a set of events causing significant alteration to the residency or fellowship experience at one or more residency or fellowship programs. This document acknowledges that there are multiple types of disaster: acute disaster with little or no warning (e.g. tornado or bombing), intermediate, with some lead-time and warning (e.g. hurricane), and the insidious disruption or disaster (e.g. Covid-19 pandemic). This document will address disaster and disruption in the broadest terms.

The purpose of this policy is to define the basic procedures and assigned responsibilities to efficiently restructure housestaff training experiences following a disaster.

### **Policy**

In the event of a disaster whereby any Rochester Regional Health (RRH) Sponsoring Institution or any of its programs will be unable to provide an adequate educational experience for all housestaff, RRH must arrange for a temporary transfer to other programs/institutions until such time as the residency/fellowship program(s) can provide adequate educational experiences for all housestaff; or assist the housestaff in permanent transfers to other programs/institutions, i.e. enrolling in other ACGME-accredited programs in which they can continue their medical education. In the event of a disaster, RRH will continue to provide the same level of financial and administrative support to the extent possible as it did prior to the disaster until transfer of financial and/or administrative support is documented in writing with the receiving institution.

### **Procedure**

The DIO or designee will notify the ACGME of the disaster as soon as reasonably possible. On notification from the DIO or designee, when warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the disaster (See ACGME Policies and Procedures 25.30).

The DIO will immediately convene the Graduate Medical Education Committee (GMEC) and other institutional leadership in order to ascertain the status and operating capabilities of all Sponsoring Institution training programs. The DIO or designee in consultation with administration and program directors will (a) arrange temporary transfer to other programs/institutions until such time as the residency/fellowship program can provide adequate educational experience for each of its residents/fellows, or (b) assist the residents and fellows in permanent transfers to other

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programs/institutions, i.e., enrolling in other ACGME-accredited programs in which they can continue their education. In the event that more than one program/institution is available for temporary or permanent transfer of a particular resident or fellow, the transferee preferences of each resident or fellows must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident or fellow will complete the academic year in a timely manner.

Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the programs (See ACGME Policies and Procedures 25.40):

- To submit program reconfigurations to the ACGME, and
- To inform each program's residents or fellows of resident or fellow transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.

The DIO or designee will facilitate communication to the ACGME from disaster-affected program directors and residents and fellows as needed. The DIO or designee will maintain a list of institutions/programs offering to accept temporary or permanent transfers. The DIO or designee will work with the ACGME to expedite submissions by programs relating to program changes to address disaster effects, including without limitation (a) the addition or deletion of a participating institution, (b) change in the format of the education program, and (c) change in the approved residency or fellowship complement.

The DIO or designee will ensure that at the outset of a temporary transfer that a program will inform each transferred resident or fellow of the minimum duration of the estimated actual duration of his/her temporary transfer, and continue to keep each resident or fellow informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency or fellowship year, it must inform each such transferred resident or fellow.

**RESIDENCY AND FELLOWSHIP PROGRAM CLOSURE AND REDUCTION POLICY  
(ACGME III.D.11)  
(Last revised 11/4/24)  
(Last Reviewed: 11/4/24)**

The closure of a hospital or program, or a change in the size of a program, are potential occurrences. The sponsoring institution will notify the Graduate Medical Education Committee, the DIO and the residents and fellows as soon as possible to reduce the size of a program, close one or more programs, or when the sponsoring institution intends to close.

In the event that alterations are made to program size, only the number of future positions to be offered will be changed.

In the event that a program or hospital is closed, the program must allow residents or fellows already in the program to complete their education or assist the residents or fellows in enrolling in an ACGME, CODA, ACOE, or CPME-accredited program in which they can continue their education.

The GMCEC of the Sponsoring institution of the program closure or institution closure will receive regular reports on the status of the closure and support of the resident/fellows in the program.

## **RRH ADDITIONAL RESOURCES AND SERVICES**

**(Last revised 11/4/24)**

**(Last Reviewed: 11/4/24)**

### **Event Reporting (SAFECONNECT)**

All RRH employees and inbound rotating residents/fellows/students are able to report an event (i.e.: near miss, patient falls) anonymously through the SafeConnect portal located on the RRH Intranet front page. The Quality and Safety Department will review each reported event and utilize it for quality improvement processes.

#### **Featured Links**



**CORPORATE COMPLIANCE**

Hotline 1-877-647-6725

[rrhcompliancehotline.alertline.com](http://rrhcompliancehotline.alertline.com)



**SAFECONNECT**

Click to access

### **Training in Infection Control**

All licensed physicians must maintain a current infection control certificate. Infection control coursework is completed through the RRH Health Stream Learning Center.

### **Life Support Training**

RRH will pay for residents' or fellows' training in BLS, ACLS, ATLS, NALS or PALS as deemed necessary by the program.

### **DEA Suffix**

At the beginning of the residency, each resident and fellow is assigned a controlled substance (DEA) suffix for use when writing prescriptions for controlled substances using the hospital's prefix and the resident-specific suffix. The resident or fellow keeps their suffix for the duration of training. This suffix is not for use during moonlighting activities and its use is terminated when the resident graduates from or leaves the RRH residency or fellowship program.

The respective hospital prefixes are:

RGH: AT-0552578.

Unity: AP-6612445.

UMMC: BU-7411440.

Applications for a permanent DEA number can be made on-line or a form can be printed from <http://www.deadiversion.usdoj.gov>.

### **National Provider Identification (NPI) numbers**

All residents will be expected to apply for an NPI number at the beginning of their residency. NPI numbers can be applied for on-line at no charge. Residents will receive instructions on applying for an NPI number at the start of their residency program. The NPI remains with the resident

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throughout the entire residency and into fellowship if applicable. Fellows should have already obtained their NPI numbers during residency.

**Lab Coats/RRH Clothing**

Lab coats are provided to residents/fellows by the residency or fellowship program per department policy. If lab coats are not used in a particular program, other RRH clothing may be required/provided as per department policy.

**Residency and Fellowship Certificates**

One certificate will be issued at the completion of residency or fellowship training or at a resident's or fellow's departure. In the event that a certificate is lost or destroyed, a duplicate certificate will be issued and the former resident or fellow will be charged \$30.00.

**Student computer rooms**

All students have a computer and locker room at Rochester General Hospital in room 5700, access code is 7676.

All residents/fellows/students have access to computer and lockers at Unity Hospital in the Unity Medical Library in Hallway 1.

**End.**