



GME Trainee Manual

For trainees who are represented by the Committee of Interns and Residents (CIR), the applicable collective bargaining agreement shall apply to the extent this manual or the policies herein conflict with the collective bargaining agreement

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Introduction

The Graduate Medical Education (GME) Committee has developed and approved a series of policies related to the education and well-being of all house staff. These policies cover a broad range of topics from resident eligibility and selection to what happens in the event of a substantial disruption in operations.

Although many policies are required by the ACGME, we believe that these policies do more than just fulfill requirements. Our policies have been carefully written to assist housestaff and program leadership in tackling complex issues that may come up during training. These policies can provide guidance to our graduate medical education community, allowing programs to provide a superior educational experience that respects the rights of the individual residents or fellows while also supporting their program leadership.

For questions surrounding these policies please contact: gme@bidmc.harvard.edu

For access to additional GME and/or hospital-wide policies visit the BIDMC portal: <https://portal.bidmc.org> and search the PPGD Directory or pose a question to the ChatPPGD.

Lastly, for all current and prospective (post-match) BIDMC trainees you also have access to a wealth of internal resources you'll find on the housestaff internal resources page: www.shapiroinstitute.org/gme-internal-resources

Once accepted in the program, you will see the link and password on your Medhub home page or you can reach out to your program coordinator for access.

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Beth Israel Lahey Health
Primary Care



2026 Benefit Plan Overview

Beth Israel Lahey Health



Beth Israel Deaconess Medical Center — Residents



At BILH, we do all we can to support the well-being of employees and family members with comprehensive Total Rewards programs and resources. The following is an overview of our 2026 benefits.

Our 2026 benefits program is generally available for employees regularly scheduled to work 20 or more hours per week and is designed to provide you the flexibility to choose the benefits that best meet the needs of you and your family. You have 30 days to enroll, and benefits are effective as of your first day of employment.

Health Benefits

Medical Plan Options

We understand the importance of good health as the foundation for a productive life at home and at work. You can choose from **four medical plan options** through Harvard Pilgrim Health Care (HPHC): BILH Network Premier HMO, Flex HMO, Flex Plus HMO and Access PPO.* If you enroll, you will receive prescription drug coverage. See the chart below for a high-level summary of what each medical plan offers.

Save Money!

Note that you pay less when you use BILH providers for medical care, and you can save on prescription drugs by using a BILH pharmacy if you are enrolled in an HMO.

Medical Plans**

	Preventive Care	Office Visit with PCP or Specialist	Emergency Room Visit	Inpatient Hospital Services
BILH Network Premier HMO (two tiers)	100% coverage (no copay)	\$0 - \$100 copay (based on tier where care is received)	\$200 copay	70% - 90% coverage after deductible (based on tier where care is received)
Flex HMO (three tiers)	100% coverage (no copay)	\$0 - \$160 copay (based on tier where care is received)	\$200 copay	50% - 90% coverage after deductible (based on tier where care is received)
Flex Plus HMO (three tiers)	100% coverage (no copay)	\$0 - \$100 copay (based on tier where care is received)	\$200 copay	60% - 90% coverage after deductible (based on tier where care is received)
Access PPO (in- and out-of-network)	100% coverage in-network (no copay)	\$20 - \$40 in-network copay	\$150 copay	70% - 90% coverage after deductible (based on where care is received)

* Employees who live in a zip code which is 20 or more miles from a Tier 1 BILH Primary Care Provider (PCP) are also eligible for the Basic Out-of-Area PPO.

** For more details on the medical plans, including deductibles and copays, refer to the plan documents available at the [Harvard Pilgrim website](#).

This summary is intended to assist you in understanding the employee benefits program. If there is any difference between the information presented in this summary and the official plan documents, the plan documents will govern. This statement does not constitute an employment contract, nor does it provide a guarantee of future employment. BILH reserves the right to amend, modify or terminate any of the plans in any manner in whole or part, at any time.

Health Benefits (continued)

Prescription Drug Coverage

When you elect one of the BILH health plans, you are automatically enrolled in prescription drug coverage.	BILH Network Premier, Flex & Flex Plus HMOs			Access and Basic Out-of-Area PPOs		
	BILH Pharmacy & Home Delivery		Retail Network Pharmacy	BILH Pharmacy & Home Delivery		Retail Pharmacy
	30-Day Supply	90-Day Supply	30-Day Supply Only	30-Day Supply	90-Day Supply	30-Day Supply Only
Generic	\$5	\$12.50	\$10	\$10	\$25	\$10
Preferred Brand	\$25	\$62.50	\$30	\$30	\$75	\$30
Non-Preferred Brand	\$40	\$100	\$60	\$60	\$150	\$60
Specialty	\$40	\$100	Not covered	\$100	\$250	Not covered
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family			\$3,000 member/\$6,000 family		

Dental Coverage

You can choose from two dental plan options through Delta Dental.

Note that both plans include the “Right Start 4 Kids Program” that covers 100% of the cost for diagnostic, preventive, basic, and major restorative (in High Option) care for children up to age 13.

Dental Coverage		
	Low Option (In-Network Benefit)	High Option (In-Network Benefit)
Annual Deductible	\$25 individual/\$75 family	\$50 individual/\$150 family
Plan Year Maximum	\$1,000 per individual	\$5,000 per individual
Preventive	100%, no deductible	100%, no deductible
Basic Restorative Services	60% coverage after deductible	80% coverage after deductible
Major Restorative Services	Not covered	50% coverage after deductible
Orthodontia Coverage (for dependents to age 19)	Not covered	Covered at 50% up to a separate lifetime maximum of \$1,000

Health Benefits (continued)

Vision Coverage

You can choose from two vision plan options through EyeMed Vision Care: the Low Option and the High Option.

Both plans cover eye exams, frames, lenses, and contact lenses as well as offer a variety of discounts on services and materials. (If you do not elect vision coverage, routine eye exams will be covered under your medical insurance.)

Flexible Spending Accounts

You have two FSA options as a smart and convenient way to stretch your benefit dollars:

1 Health Care Spending Account: Used to pay for eligible out-of-pocket medical, dental and vision care expenses for yourself and your eligible dependent(s). You may contribute pre-tax dollars up to \$3,400 per year.

2 Dependent Care Spending Account: Used to pay for eligible expenses for the care of a dependent child **under age 13** (e.g. preschool, child day care) or a dependent adult (e.g. elder day care). You may contribute pre-tax dollars up to \$7,500 per family per year.

If you want to participate in an FSA, IRS rules require that you enroll each year (FSA elections do **NOT** carry over to the next year) and elect an annual amount. You must use the amount you set aside in your account by the annual deadline or you will lose any remaining funds.

Disability and Life Insurance

Short-Term Disability (STD)

STD coverage protects your income in the event of an illness, injury, or during maternity leave. The STD plan pays either 60% or 75% of your base pay (weekly base earnings), up to \$3,000 per week for up to 26 weeks while you remain unable to work due to a qualifying non-work-related illness or injury. If you elect STD insurance, you pay the full cost based on the coverage level and elimination period (waiting period) you select as well as your salary and age as of your date of hire. Note that pre-existing condition limitations may affect claim approval.

Long-Term Disability (LTD)

The LTD plan will replace a portion of your salary if you are disabled and out of work for more than 180 days due to a covered disability. We automatically provide eligible employees with Core LTD coverage equal to 60% of their monthly pay (maximum of \$10,000 per month) at no cost. If you would like additional coverage, you may elect the Optional LTD Buy-Up (for a total of 66 2/3% coverage up to a monthly maximum of \$15,000)—paid for on an after-tax basis.

Basic Life Insurance

Basic group term employee life insurance coverage is provided at no cost to you through Voya. The amount of coverage is one times your annual eligible base pay, up to a maximum (combined with Supplemental Life) of \$2,250,000.

Supplemental and Dependent Life Insurance

You may purchase additional life insurance for yourself through Voya from 1 times up to 8 times your annual base pay (in 1/2 increments), up to a maximum of \$2,250,000 (combined with Basic Life). You may also purchase life insurance coverage for your spouse and dependent children. For your spouse, you may purchase \$10,000 to \$300,000 of coverage in \$10,000 increments; for your children, \$10,000 or \$15,000 per child. This coverage cannot exceed 100% of the approved employee supplemental life insurance amount.

Note: Evidence of insurability may be required for certain amounts of supplemental employee and spouse life insurance.

Accidental Death & Dismemberment (AD&D)

You may purchase Accidental Death & Dismemberment Insurance from one to six times your annual base pay (in 1/2 pay increments) to a maximum of \$1,500,000. For your spouse, you may purchase \$10,000 to \$300,000 of coverage in \$10,000 increments; for your children, \$10,000 or \$15,000 per child. Spouse and child AD&D coverage cannot exceed 100% of the approved employee Accidental Death & Dismemberment benefit.

Voluntary Benefits

You have an opportunity to purchase additional insurance options to supplement your benefits:

Accident Insurance

Accident insurance provides benefits in the event of an injury due to an accident including fractures, burns, lacerations, dislocations and more. You can elect coverage for you, your spouse and your children.

Critical Illness Insurance

Critical illness insurance can help cover the extra expenses associated with a severe, life-threatening illness, including COVID-19. You can elect coverage for you, your spouse, and your children.

Hospital Indemnity Insurance

If you are admitted or confined to a hospital due to an accident, illness or pregnancy, hospital indemnity insurance benefits can help pay for out-of-pocket costs such as health insurance deductibles and copays—or for anything that you see fit. The plan provides a higher benefit if you use a BILH facility.

Legal Insurance

Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

Well-Being Benefits

Employee Assistance Program (EAP)

The EAP provides free and confidential counseling, referral information, and help for many other life and family issues 24/7 to employees and their adult family members.

Care.com

This service can help you find caregivers for your whole family, including your child(ren), parents/grandparents and/or pet(s) as well as your home. In addition, you have access to subsidized backup childcare.

BenefitHub

BenefitHub is a centralized website with access to benefits and discounts specifically for employees, like auto and home insurance, pet insurance, identity theft insurance, and more.

Retirement Benefits

BIDMC provides you with an opportunity to save for retirement through two defined contribution plans—the Beth Israel Lahey Health 401(k) Retirement Savings Plan and the Beth Israel Lahey Health 403(b) Retirement Savings Plan—both administered by Fidelity Investments. The plans allow you to defer taxes (pre-tax) on contributions and earnings as you save for your retirement. Both plans provide a Roth after-tax feature which allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement—as long as the distribution is a qualified one.

Note: The annual IRS contribution limit applies to your combined 401(k) and 403(b) contributions. If you have made contributions to a retirement plan with a prior employer in the same year, you will be responsible for adjusting your deferrals based on the IRS contribution limits.

Enrollment: Assistance is available by contacting Fidelity Customer Service at **800-343-0860** or www.fidelity.com/atwork/.

BILH 401(k) Retirement Savings Plan

You may elect to contribute a percentage of your pay to the BILH 401(k) Plan upon hire. You can contribute up to the annual IRS contribution limit, \$24,500 for 2026, with an additional catch-up contribution* permitted if you are age 50 or older.

There are two components to the plan:

1 Employee voluntary contributions. You may elect to contribute a percentage of your pay on a pre-tax basis to the BILH 401(k) Plan anytime upon hire. Also available is the BILH 401(k) Roth feature which allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement—as long as the distribution is a qualified one. You may elect to contribute up to the annual IRS contribution limit, with an additional catch-up contribution* permitted if you are age 50 or older. If you have made contributions to a retirement plan with a prior employer in the same year, you will be responsible for adjusting your deferrals based on the IRS contribution limits.

**\$8,000 in 2026 for ages 50-59 and 64 and older; \$11,250 in 2026 for ages 60-63. Note that catch-up contributions are required by the IRS to be made as Roth (after-tax) contributions where prior year BILH FICA wages are equal to or exceed \$150,000 for 2025.*

2 Employer contributions. BIDMC will make contributions on behalf of employees to the BILH 401(k) Plan. To be eligible for BIDMC contributions, participants must be at least age 18, have been employed for one year and be employed at BIDMC. Note that participants are immediately 100% vested in employer contributions when they are made. There are two types of employer contributions:

Matching contributions—If you make voluntary elective contributions, BIDMC will contribute \$0.60 per dollar, up to the first 4 percent of pay, each pay period. For example:

Your Deferral Election	BILH Match
1%	0.6%
2%	1.2%
3%	1.8%
4% or more	2.4%

You may defer between 1.0% up to 100% of your eligible pay.

Per diem employees, temporary employees and employees regularly scheduled to work fewer than 20 hours per week must complete at least 1,000 hours of service during the benefit year and be employed on December 31 of the benefit year in order to receive matching contributions.

• **Non-elective core contributions**—Each year BIDMC will automatically contribute a percentage of your pay based on your age and service as of January 1 of the plan year. You must complete at least 1,000 hours of service during the benefit year and be employed on Dec. 31 of the benefit year to receive this contribution.

Your age plus years of Basic Service on January 1, 2026:	Your 2026 BILH Core contribution made in January 2026:
Less than 55	2.0%
55-59	2.5%
60-64	3.0%
65-69	3.5%
70-74	4.0%
75-79	4.5%
80 or more	5.0%

Note: These contributions are 100% vested immediately.

Note: Transferring from within any Beth Israel Lahey Health affiliate does not allow access to your vested account balance; you must terminate all employment with Beth Israel Lahey Health or be over age 59 1/2 to have access to your vested account.

Paid Time Off

This program offers continuing income when you are absent due to vacation, holidays, illness, personal reasons and emergency situations. Through the bi-weekly accrual of Earned Time (ET) and Extended Illness (EI) hours, you continuously earn time to provide you with maximum flexibility when taking time off.

You accrue ET throughout the year based on your weekly scheduled hours and years of service. A 40-hour-a-week employee will generally accrue 28 days of ET in their first full year of service.

Additional Benefits

- **Commuter Program:** The Commuter Services department offers an array of options from onsite and offsite parking to monthly MBTA passes. Benefit eligible employees may enroll in the employer-subsidized monthly MBTA pass program by emailing BIDMCcommuterservices@bidmc.harvard.edu. Passes may be purchased through payroll deductions at a subsidized rate of 50% up to a value of \$125 per month. A Flexible Spending Account for parking is also available for work-related parking expenses (not combinable with discounts received through other commuter programs).
- **Tuition Assistance:** After six months of employment, you may apply for reimbursement of tuition costs for approved work-related courses. Reimbursement amount varies based on degree program, hours worked, and years of service.
- **HIV Supplemental Benefit Plan:** This plan, fully paid by BIDMC, provides financial assistance and other services if you become HIV positive as the result of a work-related incident.
- **Travel Accident Insurance:** We provide a travel accident insurance policy with limits up to \$500,000. This coverage is for accidental death or dismemberment while away on any company business anywhere in the world.
- **Direct Deposit Services:** You can sign up for direct deposit of your paycheck to a maximum of five different accounts.
- **Workforce Development:** The Office of Workforce Development provides free career and academic counseling, college placement testing, onsite pre-college prep courses, and on-site English for non-native English speakers.
- **Discounts:** You will have access to a number of discounts as a BIDMC employee, including:
 - Discount movie tickets, ski tickets, and water park tickets available through the BIDMC Gift Shops
 - Zipcar and BlueBike membership discounts
 - Wireless discounts for certain cell phone providers are administered by the Telecommunications Office
 - As the Official Hospital of the Boston Red Sox, employees can use their ID badges to obtain up to two tickets for \$5 each on game days. Tickets are available 30 minutes after the start of any home game and based on availability.

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Health and Well-Being Resources for BIDMC Residents and Fellows

Clinician Health Services

Contact **Dr. MacKenzie Brigham** at mbrigham@bidmc.harvard.edu

- ✓ Self-referral service for all physicians
- ✓ Up to 3 confidential psychiatric consultations; referrals made to outside providers as needed
- ✓ No online records kept, and insurance is not billed
- ✓ Contact Dr. Brigham directly, response can be expected within 1 business day

KGA Employee Assistance Program

KGA Employee Assistance Program

855-760-BILH (2454), KGA mobile (App Store)

- ✓ Learn about the range of services offered in this [short video](#)
- ✓ Call for 24/7, Free and Confidential support from a licensed counselor
- ✓ [Offers mental health resources](#), [in the moment counseling](#), financial/legal consultations, childcare resources, career coaching, [fertility specialist consultation](#)
- ✓ Short-term telehealth counseling is free and confidential. For longer term counseling or psychopharmacology, KGA helps locate a specialist with availability and insurance coverage

Primary Care

Make an appointment with primary care provider using an [online scheduling tool](#)

- ✓ If no appointment is available for your schedule, see a listing of all BILH primary care locations [here](#)
- ✓ Try BILH Virtual Primary Care for more flexibility. Schedule an appointment [here](#).

Health and Fitness

- ✓ Check out the **Peloton** bikes (no membership required), weight and yoga mats at the East Campus resident lounge in Reisman 0240. The room also has a fridge, coffee, couches, and workstations.
- ✓ **Simmons Gym**: Located across from East Campus, the Simmons University Holmes Sports center offers gym membership for BIDMC employee for \$50 or less per month, and day passes for \$8.
- ✓ **Bodyscapes Fitness**: We have partnered with Bodyscapes (in NRB near East campus) to offer **\$83/month** membership and **daypasses for \$10 per day**. Just present your BIDMC badge!
- ✓ **Discounted Fitness Membership - Ompractice**: **Omppractice** offers discounted membership at \$129 per year! See online live and recorded classes on strength training, pilates, yoga, meditation and more!
- ✓ **Free Yoga**: We have partnered with **JP Centre Yoga** to bring free in-person and streaming yoga classes for BIDMC Housestaff for up to **24 classes per year**. Access the [full schedule here](#), create an account, and use discount code **BIMEDYOGA26** for in-person or live-streaming classes. This code is **only** for current BIDMC GME trainees.
- ✓ **HPHC Fitness Reimbursement**: If you are enrolled in a HPHC medical insurance plan through BIDMC, you are eligible for **\$150 reimbursement per year for gym membership**. Please go to the HPHC website for more information.
- ✓ **Health Insurance**: Questions about Harvard Pilgrim coverage? Visit [this guide](#)
- ✓ **SilverCloud** (code BILH): On-demand virtual behavioral and mental health care
- ✓ **BILH Living Well**: A well-being resource for BILH employees. Includes:
 - ✓ Two-way online yoga classes, mindfulness classes, healthy living guides and webinars
 - ✓ Discounts on complementary medicine services (acupuncture, chiropractic care, etc)
 - ✓ **Behavioral health tools** including access to AbleTo (provides 1:1 virtual therapy) and Valera Health (helps to connect with psychiatrist or therapist)

Self-Screening Tool

Well-Being Index: <https://www.mywellbeingindex.org/signup> Code: 85793KT

- ✓ Anonymous self-assessment tool available on Medhub with national resources on well-being

To learn more about GME Wellness initiatives at BIDMC, please contact Taylor Brown, MD
tbrown24@bidmc.harvard.edu

Work/Life Well-Being Resources for BIDMC Residents and Fellows

GME Wellness Committee

GME-Wide Trainee Wellness Committee

- ✓ Trainee-led interdepartmental committee supports trainee wellness across BIDMC, focusing on community building, career and professional development, healthy lifestyle, and promotion of resilience skills
- ✓ Meets monthly at 6:30pm via Zoom
- ✓ Email mlie@bidmc.harvard.edu or ballar@bidmc.harvard.edu for more information

Childcare and Family Resources

BIDMC Housestaff Parent Support Group: A place for BIDMC trainees who are parents (and their support networks!) to exchange ideas, tips, and items that their kids may have outgrown. This network is also an opportunity to coordinate meet-ups/playdates with GME funding available. Join the [WhatsApp group!](#)

Care.com: Visit bilh.care.com to activate your Care@Work benefits, including:

- ✓ Subsidized back-up care from vetted providers
- ✓ Use **Expert Assistance** from a Care.com specialist to find care more efficiently

Reserved childcare slots available at [Longwood Medical Area Childcare Center](#)

HMFP Child Family Newsletter: Stay informed of resources and tips with this newsletter through HMFP.

- ✓ Email HMFPbenefits@bidmc.harvard.edu to sign up

KGA (see page 1) offers family planning, parenting, and childcare resources. [HPHC](#) and [Ovia](#) benefits also available for fertility and family planning

Peer Support Program

Peer Support Program:

- ✓ Trained volunteers offer support to peers after a stressful event
- ✓ Page psychiatric nurse specialists Leslie Ajl or Joanne Devine or view list of supports on the Portal

Professionalism Concerns

Share any concerns regarding professionalism or respect and dignity:

- ✓ **Program leadership:** Program directors, APDs, Chief residents are available to troubleshoot any concerns
- ✓ **BIDMC GME Ombudsperson:** GMEOmbudsman@bidmc.harvard.edu
An Ombudsperson is an impartial, confidential resource to explore conflict resolution options
- ✓ **Speak Up Hotline:** 24/7 confidential line
1-888-753-6533 and <https://bidmc.compliance.alertline.com>
- ✓ **BIDMC Human Resources, Employee Relations**
617-632-9326 and azaglin@bidmc.harvard.edu
- ✓ **STARS:** Report respect and dignity concerns via STARS Safety Tracking and Reporting System on the Portal

Harvard/BIDMC Badge Perks

Harvard ID: Learn about perks that you can access with your Harvard ID, including admission to museums, mortgage perks, insurance coverage, and more [here](#).

BIDMC ID Red Sox Tickets: With your BIDMC badge, you can access up to two same-day tickets to see the Red Sox at Fenway for only \$5. Details can be found on the [Portal](#).

To learn more about GME Wellness initiatives at BIDMC, please contact Taylor Brown, MD
tbrown24@bidmc.harvard.edu

Facilities Resources for BIDMC Resident and Fellows

Call Rooms

Call rooms are available overnight from **4pm to 9am**.

- Reminders: please do not use these rooms for storage or office space, and please remove your belonging by 9am, so that the room can be cleaned and prepared for use again the following night.

To reserve a call room **as needed call room overnight**:

- For West campus: Call **617-754-3339** and leave a message 24/7. Messages are reviewed during normal business hours.
 - Keys can be picked up in Rosenberg lobby from 7am-7:30pm, after which time they are available at Public Safety (Farr Building)
- For East or West campus: Present in person to **Feldberg or Rosenberg Lobby** between 7am-7:30pm to reserve a room. Keys are available at time of reservation.

Lactation Rooms

Lactation Rooms are available at the following locations:

East Campus:

Feldberg 217 (1 station)
Gryzmish 217 (3 stations)
CLS 436 (2 stations)

West Campus:

Palmer 505 (3 stations) *Klarman building:* 06338, 07213
RB 4 (1 station) 08213, 09213, 10213

- Rooms have hospital grade Medela pumps, mini fridges, and sinks.
- You can bring your own pump or use a [Medela Symphony Pump Kit](#)
- For access or questions, please email [Sarah Quinones-Myers](#).

Parking

On-site parking is available to trainees at a subsidized rate.

- To sign up, please email [Commuter Services](#).
- Garage assignment is based on availability.

Interested in **night/weekend parking**?

- On nights, weekends and holidays, trainees have access to Feldberg, Shapiro, and Pilgrim garages. **Overnight hours are 5pm – 10am**, Mon-Thur. Weekend hours are Friday 5pm - Monday 10am. This rate/access requires enrollment in a night/weekend parking program for \$10/two weeks, deducted from payroll. To sign up for this, email [Commuter Services](#).
- Trainees can also park for **\$5 flat fee per park** on nights/weekends from **6pm-10am** without being enrolled in any of the above parking programs.
- Trainees already enrolled in on-site parking do not pay any additional charge for nights/weekends.

Shuttle service is available from 7pm to 12am, 365 days a year from Feldberg, Farr, and Rosenberg lobbies to any on-site parking garages, including New Research Building. Call Service Response at x5-9700.

Overnight Food Access

Free hot food is available to residents and fellows working overnight shifts. These meals can be found at the following locations:

East Campus:
Reisman 0240

West Campus:
Deac 300 RB 251
RB 539

To learn more about these resources or to share feedback, please contact Taylor Brown, MD

**Beth Israel Deaconess Medical Center
BIDMC Manual**

Title: Principles Guiding Medical Education at BIDMC

Policy #: MS-13

Purpose: The Beth Israel Deaconess Medical Center recognizes medical education as central to its mission. This statement outlines the principles supported by the BIDMC community to support and strengthen “a culture of education” at this medical center.

General Principles. All faculty and trainees can expect:

To advocate for his/her patients’ best interests, and to provide compassionate, appropriate, equitable and effective patient care and education.

To participate in high quality educational experiences in an institution committed to the development of competent, compassionate, ethical physicians.

To teach and learn in a safe and humane environment where education is a primary goal, without compromising patient care.

To be treated fairly, respectfully, and without bias related to their age, race, gender, and sexual orientation, disability, religion or national origin.

To uphold ethical norms of integrity, honesty, behavior, and reliability, and to cultivate the practice of professionalism.

To identify and develop their own practices of life-long and systems-based learning.

To fulfill his/her responsibilities as a member of the health care team.

To communicate freely with faculty and trainees.

To contribute to the design of the educational process and the evaluation of educational programs.

To participate in the Medical Center community in ways which enhance the academic and social environment.

To have adequate teaching, learning, and testing environments, with access to appropriate technologies.

To promote a safe environment by reporting unprofessional conduct or any behavior affecting

patient care to the appropriate individual or authority, without fear of reprisal.

In addition to the General Principles, all trainees (interns, residents, fellows and students) can expect:

To be governed by clearly stated and justifiable academic procedures, rules and regulations.

To be informed of educational goals and objectives at the outset of the course/program.

To be taught how to deliver culturally competent care and have the opportunity to interact with and care for individuals of different backgrounds (gender, age, race/ethnicity, religion, socioeconomic status, and sexual orientation).

To be informed at the outset of the course/program of grading and evaluation criteria and the processes by which grades and evaluations are completed.

To receive unbiased, fair assessments based on direct observation to include: formative evaluation at specified times during the educational experience regarding academic and clinical performance, summative evaluation in writing, and the opportunity to discuss evaluations in person with faculty without fear of retribution.

To be informed of institutional policies and procedures.

To receive individual guidance and assistance in matters of career and professional development.

To have resources made available for support in matters pertaining to medical and psychological health.

Adequate resources such as on-call rooms, bed and shower facilities, and 24-hour access to food.

In addition, all interns, residents and fellows can expect:

To be treated as professional colleagues and junior members of the faculty in the care of patients and in the academic community.

To have meaningful and significant representation at their institutions and in state/national organizations on matters concerning all aspects of their training.

Medical students can expect:

To be treated as with respect and as contributing members of the health care team.

In addition to the General Principles, faculty members can expect:

Time for teaching, acknowledgement of their teaching contributions on an annual basis, and formal communication about the remuneration processes for their teaching efforts, according to methodologies determined by BIDMC and HMS administrators responsible for education.

The support of BIDMC and HMS (as represented by their Department Chair, Course/Program Director(s), and BIDMC Education Center) as they present their teaching contributions in the context of their teaching portfolio in consideration for academic promotion.

Access to, and support for, faculty development and continuing medical education activities.

All trainees have the responsibility:

To ask questions that promote their understanding of their discipline and their care of patients.

To know and act in accordance with one's own cognitive, physical, and emotional limitations.

To take steps to act on constructive criticism.

To acknowledge their own mistakes and take steps to correct them.

To devote appropriate time and effort to self-care.

To be respectful of their colleagues, nurses, and teachers.

To ask for help when needed.

Faculty members have the responsibility:

To be appropriate role models in providing compassionate patient care.

To teach trainees as junior colleagues and future professionals, at a level appropriate to the trainee's learning needs.

To contribute to the establishment of a learning environment that fosters mutual trust and inquiry.

To foster an inclusive educational environment that promotes and honors diversity and values learners for who they are.

To provide appropriate supervision for trainees.

To be familiar with the curricular context of the course/program(s) in which they participate.

To be aware of the goals and objectives of the educational experience, and the criteria for grading and performance evaluation, and to communicate these to trainees.

To be accessible to trainees, and responsive to trainee questions and needs.

To communicate problems with a learner's knowledge, skills, and behaviors to the learner and, when appropriate, to other educators who share responsibility for the learner's education (e.g., Society Advisor, Course/Clerkship/Program Director). This feedback should be given in a timely and constructive manner that provides guidance or instruction for remediation.

To provide mentorship and advising, formally and informally.

To serve the academic community in matters of curriculum planning and related committee work.

To update his/her own knowledge and skills, and to incorporate this new learning into teaching.

To be actively involved in the intellectual discussions of the profession, particularly as a member of the research and health care teams.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

☒ **Medical Executive Committee: 7/21/21**

**Daniel Talmor, MD
Chair, MEC**

☒ **Graduate Medical Education Executive Council: 4/26/21 Carrie Tibbles, MD
Director, GME**

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 12/15/2004

Revisions: 2/2008, 2/2011, 5/2014

Next Review Date: 7/24

Eliminated:

References:

Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual

Title: Policy for Duty Hours

Policy #: GME-01

Purpose: To describe the Medical Center's approach to the implementation of ACGME rules and monitoring of trainee duty hours

1. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to a maximum of 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents cannot be scheduled for in-house night float more than six consecutive nights, averaged over four weeks.
- d. PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night, when averaged over a four week period.
- e. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- f. Duty periods cannot last for more than 24 hours, although residents may remain on duty for four additional hours to transfer patients, maintain continuity of care or participate in educational activities.
 - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
 - Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
 - Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00PM and 8:00AM, is strongly suggested.
 - It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish

these tasks; however, this period of time must be no longer than an additional four hours.

- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - In unusual circumstances, residents, on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention of the needs of a patient or family.
 - Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
- g. Residents may attend educational activities between work periods, but at some point in the 24 hour period must have an equivalent period of continuous time
- h. Residents must have adequate time for rest between work periods.
- PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
 - Intermediate-level residents should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods, within the context of the 80-hour, maximum duty period length and the 1 day off in 7 standards.
- i. When rotating on an Emergency Medicine rotation, EM Residents must:
- Work less than or equal to 60 hour per week
 - Have time off in-between shifts of at least the length of the shift
 - Work less than a total of 72 hours per week including conference time
 - Have one day off in seven
 - Work scheduled shifts that are not longer than 12 hours
 - Residents may attend educational activities between work periods, but at some point in the 24 hour period must have an equivalent period of continuous time off between the end of one activity (work or educational) and the start of another activity (work or educational).

2. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

- a. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty
- b. A new patient is defined as any patient to whom the resident has not previously provided care.
- c. Internal Medicine Fellowships programs are not allowed to average in-house call over a four week period.
- d. Every other night call is forbidden.
- e. At- home call (pager call) is defined as call taken from outside the assigned institution

The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off duty period”.

3. Moonlighting

- a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

- b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting.
 - c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, or externally must be counted toward the 80-hour weekly limit on duty hours. In-house moonlight counts toward the weekly limit. In addition, program directors must ensure that external and internal moonlighting does not interfere with the resident's achievement of the program's educational goals and objectives.
 - d. PGY-1 residents are not permitted to moonlight
4. Oversight
- a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
 - b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
 - c. The Trainee shall be expected to log his/her hours in New Innovations as specified by the Program and Graduate Medical Education. It is expected that with diligent monitoring of hours and appropriate support all duty hours violations will be eliminated. All duty hours violations shall be reviewed by the Program and a corrective action plan will be established to eliminate future violations.
 - d. At a minimum Programs are required to provide duty hours reports three times a year to the GMEC and more frequently if indicated.
 - e. Programs reporting a failure to comply with any of the ACGME mandated duty hours limitations must present a plan to correct those deficiencies within 4 weeks to the GME Office, together with data to substantiate the plan's effectiveness.
 - f. Programs reporting a failure to comply with any of the mandated duty hour's limitations will be required to continuously monitor the hours until resolution is proven. The data must be reported regularly to the GMEC.
 - g. Programs exhibiting a pattern of failure in substantial compliance with the ACGME duty

hours requirements may be placed on internal probation within the Medical Center

5. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required. The procedure is outlined in the *Institutional Policy for Granting Duty Hours Exception*.

Vice President Sponsor: Richard M. Schwartzstein, M.D., Vice President of Education

Approved By:

- ☒ **Graduate Medical Education Committee**
Carrie Tibbles, MD, DIO/Director, GME
- ☒ **Medical Executive Committee**
Daniel Talmor, MD, Chair, MEC

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

Revisions: 3/9/2006, 9/22/2008, 7/2011, 9/2014, 1/2017, 6/19/2019

Next Review Date: 8/16/2025

Eliminated:

Beth Israel Deaconess Medical Center
GME 03 - Evaluation and Promotion Policy

I. PURPOSE

To establish the minimum standards regarding the evaluation and promotion of residents/fellows who are enrolled in programs sponsored by Beth Israel Deaconess Medical Center (“BIDMC”). The policy applies to programs accredited by the Accreditation Council for Graduate Medical Education (“ACGME”) and to non-accredited programs.

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy that requires each of its programs to determine the criteria for promotion and/or renewal of a resident’s appointment. The Sponsoring Institution must ensure that each of its programs provides a resident with a written notice of intent when that resident’s agreement will not be renewed, when that resident will not be promoted to the next level of education and training, or when that resident will be dismissed.

III. DEFINITIONS

“Clinical Competency Committee (the “CCC”)” means a required body comprising of three or more members of the active teaching faculty, including at least one core faculty member, that is advisory to the Program Director and reviews the progress of all residents in a program.

“Core Competencies” means specific educational and clinical knowledge, skills, and attitudes that physicians must develop in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.

“Final Evaluation” means the required overall evaluation to be completed by the Program Director for every resident upon completion of the program.

“Milestones” refers to a complete set of the ACGME Milestones framework of performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains.

“Resident Adverse Action” means an action taken against a resident which alters the intended career development of the resident, and which is to be accorded due process consistent with ACGME Requirements. Resident Adverse Actions include suspension and the following:

“Dismissal” means the act of terminating a resident participating in a program prior to successful completion of the course of training, including by early termination of the resident’s agreement of appointment.

“Non-Renewal/Non-Reappointment” means the act of not reappointing a resident to subsequent years of training prior to fulfillment of a complete course of training.

“Non-Promotion” means the act of not advancing a resident to the next level of training according to the usual progression through the program.

IV. **POLICY**

A. **Evaluation of Residents**

General

Programs are responsible for ensuring that faculty members provide frequent feedback in the context of routine clinical care. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment, in accordance with this Policy and with ACGME Institutional, Common Program and Specialty/Subspecialty Requirements.

Each program shall have and maintain objective procedures and criteria governing evaluation of resident performance, which procedures and criteria shall be consistent with this Policy, with applicable ACGME Requirements and with applicable Milestones. Programs are expected to review all ACGME Requirements on evaluations to ensure their procedures and criteria reflect specific requirements applicable to their program and remain current with all existing Requirements. Evaluations should generally document progress performance improvement appropriate to educational level.

Program evaluation procedures and criteria will be reviewed by the Annual Program Review (“APR”) subcommittee of the GMEC during each program’s APR. Residents are expected to be evaluated against the same program procedures and criteria when assigned to rotations affiliated with the program that are outside of BIDMC facilities.

Types of Evaluations – Formative and Summative

Consistent with the ACGME Common Program Requirements, a formative evaluation monitors resident learning and provides ongoing feedback that can be used by residents to improve their learning in the context of provision of patient care or other educational opportunities. A summative evaluation evaluates a resident’s learning by comparing the resident against the goals and objectives of the rotation and program, respectively. Summative evaluations are utilized to make decisions about promotion to the next level of training, or program completion. End-of-rotation and end-of-year evaluations have both summative and formative components.

The program shall provide an objective evaluation based on the Core Competencies and the specialty-specific Milestones for each resident using multiple evaluators (e.g., faculty members, peers, patients, self and other health care professionals) and provide this evaluation to the CCC for its synthesis of progressive resident performance and

improvement towards the unsupervised practice of medicine.

The Program Director or his/her designee is responsible for collecting or ensuring the submission of written evaluations regarding resident performance in accordance with this Policy.

Timing of Evaluations

1. End of Assignment

A written evaluation of the resident must be completed at the end of a resident's program rotation or at a minimum of every three (3) months by faculty who had direct educational contact with the resident. For block rotations of greater than three (3) months in duration, evaluations must be documented at least every three (3) months. For longitudinal assignments, evaluations must be documented at least every three (3) months and at assignment completion. More frequent feedback is strongly encouraged for PGY-1 residents to ensure early recognition of deficiencies or for residents who have deficiencies that may result in a poor final rotation evaluation.

2. Semi-Annual and Annual Evaluation

The Program Director will assure that each resident is formally evaluated at least semi-annually and annually during each year of appointment. The Program Director or his/her designee, with input from the CCC, shall meet with each resident to review and discuss the semi-annual evaluation of performance and highlight trends and identify weaknesses or areas of insufficient progress. The written evaluation shall include, but not be limited to attainment of ACGME Milestones based on the six Core Competencies, with review of the resident's individualized learning plan (as applicable) to capitalize on the resident's strengths and identify areas for growth. If necessary, the Program Director, with input from the CCC, shall develop a written remediation plan for a resident who is failing to progress. Objective performance assessments may be conducted more frequently than every six months, particularly if deficiencies are noted. Additional information on remediation actions and probation may be found in GME-10, Academic or Professional Performance Deficiencies and Due Process Policy.

At least annually, each resident will have a written summative evaluation of the resident's readiness to progress to the next year of his or her program, as applicable. This evaluation should evaluate the resident's learning by comparing the resident against the goals and objectives of the rotation and program.

3. Final Evaluation

At the conclusion of a resident's training, the Program Director shall provide a Final Evaluation using the specialty-specific Milestones, and when applicable, the specialty-specific Case Logs (as defined by the ACGME). Final Evaluations must also: verify whether the resident has demonstrated the knowledge, skills and behaviors necessary to enter into autonomous practice; be shared with the resident upon completion of his/her

program; and become part of the resident's file in the and be accessible for review by the resident. For the resident's file, the Program Director should also provide documentation evidencing the resident's completion of all required rotations.

Resident Access to Evaluations

Each Program Director or his/her designee is responsible for collecting written evaluations and/or monitoring MedHub for submission of the evaluations regarding resident performance from all evaluators. A copy of each evaluation shall be accessible to the resident and any evaluation summaries and must be kept in the resident's file. Residents are able to review their evaluations in MedHub or request copies of them, at any time, by contacting their Program Director or the GME Office.

Clinical Competency Committee

The Program Director must appoint the CCC, composed of, at a minimum, three (3) members of the program faculty, at least one (1) of whom is a core faculty member. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.

Each program must have a written description of the responsibilities of the CCC, which responsibilities should include, but are not limited to: (i) reviewing all resident evaluations at least semi-annually; (ii) determining each resident's progress on achievement of the specialty specific Milestones and reporting the Milestones semi-annually to the ACGME; and (iii) meeting prior to the residents' semi-annual evaluations and advising the Program Director regarding each resident's progress, including advisement on promotion, remediation, and Resident Adverse Actions decisions.

B. Resident Evaluations of the Program and Faculty

BIDMC values resident input and insight into their training experience at BIDMC. Residents will be provided an opportunity annually to prepare a written, confidential evaluation of their program and faculty. Resident evaluations of their program and faculty will be conducted according to ACGME Institutional, Common Program and Specialty/Subspecialty Requirements. Evaluations of faculty will be anonymous to the extent possible, with only aggregate summaries and blinded comments provided to the Program Director and individual faculty.

C. Promotion / Renewal of Appointment of Residents

Promotion and reappointment decisions of residents are made by the Program Director based on criteria established by each program and communicated to faculty and residents in the program. Such criteria should include, at a minimum: attainment of the Core Competencies, specialty-specific Milestones, and the specific sub-competency areas defined by the appropriate specialty Review Committee of the ACGME applicable

to the resident's level of education and training; the resident's satisfactory completion of the outlined curriculum; the resident's evaluations; the program's curriculum and accreditation requirements; and mastery of clinical activities appropriate for the resident's PGY level.

Each program's criteria for promotion should be made available to residents and faculty to review. These requirements should be reviewed by the Program Director and department on an annual basis. The APR subcommittee will also review program criteria for promotion during each program's APR and may provide feedback and recommendations.

D. Notification of Non-Renewal, Non-Promotion and Dismissal

The Program Director will provide a resident with a written notice of intent if and when one of the following occurs: (1) the resident will not have their contract renewed, (2) the resident will not be promoted to the next level of training, or (3) the resident will be Dismissed.

At least four (4) months prior to the end of the resident's agreement/next academic year (generally by February 28th), each resident's Program Director will make a reasonable effort to make any decisions as to whether the resident's agreement is not going to be renewed or a resident is not going to be promoted. If the primary reason(s) for the Non-Renewal or Non-Promotion occurs within the four (4) months prior to the end of the contract, the Program Director must provide the resident with as much written notice of the intent not to renew or not to promote as possible, prior to the end of the contract. Program Directors may offer the resident an opportunity to repeat an academic year if permitted by the ACGME and board eligibility and Specialty/Subspecialty Requirements. Residents may also decide to conclude the remainder of their academic year or resign from the program, depending on individual circumstances, following a decision of Non-Renewal or Non-Promotion.

Residents will be provided a written notice of any Resident Adverse Action, which will include a description of the proposed action and the reasons for such action and inform the resident that he/she may exercise due process procedures as set forth in GME-10, Academic or Professional Performance Deficiencies and Due Process Policy.

Adopted and approved by:

Graduate Medical Education Committee

Original Date: 3/24/2004

Revised: 5/21/2007, 4/26/2010, 5/19/2014, 1/4/2017, 6/19/2019, 2/24/2025

Medical Executive Committee on behalf of BIDMC: 3/19/2025

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy for Extension of Training

Policy : GME-04

Purpose: To describe the policy for trainees who may need to extend training due to a leave of absence

Policy Statement:

This Policy establishes hospital-wide guidelines for extending training as might be applicable for Trainees appointed to ACGME programs sponsored by Beth Israel Deaconess Medical Center. The extension of training guidelines described in this Policy relate to those Trainees who might need to compensate for excused days (vacation, sick, or personal) or leaves of absence (medical, family, parental, general or bereavement), or in the event of insufficient experience during the training period.

1. Extension of Training Requirements

A program director may require a trainee to compensate for excused days, or a leave of absence. The extension of training period may be accomplished by either extending the Trainee's appointment year, or by reappointing the Trainee for the time period sufficient to make up the lost days.

Alternatively a program director may require a trainee to extend his or her training in order to complete all RRC-required clinical experiences, or otherwise to meet specialty board examination eligibility requirements. In this instance, additional training shall be determined by the program director, the pertinent RRC and/or the certifying board.

2. Stipend for Extension of Training

The trainee may receive a stipend during any extension of training, subject to the availability of funding. The decision to provide a stipend is dependent upon available budget, and whether the trainee's excused days or leave was paid or unpaid. In the event a stipend is paid, it will be at the pay rate the trainee received during the last regular appointment year.

3. Notification

Prior to the extension of the program, the trainee will receive written notification from the program director indicating the required length of additional training and the time period over which it will occur. It is the responsibility of the program to notify the ACGME and /or specialty certifying board accordingly.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

☒ **Graduate Medical Education Committee** 7/1/22

Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** 7/20/22

Daniel Talmor, MD, Chair, MEC

Requestor Name: Graduate Medical Education Committee

Original Date Approved: 11/22/2004

Revised: 3/9/2006, 12/2/2008, 1/26/2009, 3/28/2011, 5/19/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

Eliminated:

References: www.acgme.org

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Trainee Grievances

Policy: GME-05

Purpose: To provide a mechanism for resolving ‘grievances’ or disputes and complaints from trainees

Policy Statement:

To provide a mechanism for resolving ‘grievances’ or disputes and complaints that may arise between a trainee and his/her program director or other faculty member. The procedures described below are applicable to all trainees, including interns, residents and fellows. To appeal a formal disciplinary action the trainee is referred to policy GME-10 “*Remediation and Disciplinary Actions.*”

A grievance is any unresolved dispute or complaint a trainee has with the policies or procedures of the residency training program or any unresolved dispute or complaint with his/her program director or other faculty member.

A trainee may appeal disagreements, disputes, or conflicts with his/her program using the procedure outlined below.

Grievances:

The following grievances shall be subject to this procedure:

- a. Disputes or complaints related to perceived unfair or improper application of a policy, procedure, rule, or regulation;
- b. Unresolved disputes or complaints with the program director or other faculty member not related to performance or disciplinary actions;
- c. Complaints of retaliatory action associated with use of this procedure or other appeal procedures.

Complaints based solely on the following actions are not subject to this procedure. In some instances these examples constitute disciplinary actions that may be subject to appeal through GME-10 policy.

- a. Establishment and revision of salaries, position classifications, or general benefits
- b. Work activity accepted by a trainee as a condition of employment or work activity which may reasonably be expected to be part of the job
- c. The contents of policies, procedures, rules, and regulations applicable to

trainees

- d. Means, methods, and personnel by which work activities are to be conducted;
- e. Layoff or suspension because of lack of work, reduction in the work force, or job abolition (GME-11 *Residency Closure/Reduction Policy*)
- f. Relief of trainees from duties in emergencies
- g. Formal disciplinary actions resulting in suspension or dismissal of a trainee (GME-10 Policy).

1. Informal Resolution of a Grievance

a. Step 1

A good faith effort will be made by an aggrieved trainee and the program director to resolve a grievance at an informal level. This will begin with the aggrieved trainee notifying the program director, in writing, of the grievance within thirty (30) calendar days of the event or action giving rise to the grievance. This notification should state the nature of the complaint, all pertinent information and evidence in support of the claim, and the relief requested.

The program director shall inform the Department Chair and the Director of GME that notice of a grievance has been received. Within seven (7) calendar days after notice of the grievance is given to the program director, the trainee and the program director will set a mutually convenient time to discuss the complaint and attempt to reach a resolution.

Step 1 of the informal resolution process will be deemed complete when the program director informs the aggrieved trainee, in writing, of the final decision following such discussion. This written response should address the issues and the relief requested. A copy of the program director's final decision will be sent to the appropriate department chair and to the Director of GME.

In instances where the event or action giving rise to the grievance directly involves the program director, the trainee may choose to initiate informal resolution of the grievance with the department chair. The department chair will be responsible to provide the written notification to the trainee as outlined above.

b. Step 2

If the program director's final written decision is not acceptable to the aggrieved trainee, the trainee may choose to proceed to a second informal resolution step which will begin with the aggrieved trainee notifying the department chair, in writing, of the grievance. Such notification must occur within ten (10) calendar days of receipt of the program director's final decision. This notification should

include all pertinent information, including a copy of the program director's final written decision, evidence that supports the grievance, and the relief requested. Within seven (7) calendar days of receipt of the grievance, the trainee and the department chair will set a mutually convenient time to discuss the complaint and attempt to reach a resolution. The trainee and the department chair may each be accompanied at such meeting by one person, other than legal counsel. Step 2 of the informal process of this grievance procedure will be deemed complete when the department chair provides the aggrieved trainee with a written response to the issues and relief requested. Copies of this decision will be kept on file in the offices of the department chair and the Director of GME.

2. Formal Resolution

a. Request for Formal Resolution

If the trainee disagrees with the final decision of the department chair, he or she may pursue formal resolution of the grievance. The aggrieved trainee must initiate the formal resolution process by presenting a written statement to the Director of GME within fifteen (15) calendar days of receipt of the department chair's final written decision. The statement should describe the nature of and basis for the grievance and include copies of the final written decisions from the program director and the department chair and any other pertinent information. Failure to submit the grievance in the fifteen-day period will result in the trainee waiving his or her right to proceed further with this procedure. In this situation, the decision of the department chair will be final.

b. Confirmation

Upon timely receipt of the written grievance, the Director of GME will notify the trainee and department chair in writing confirming that the complaint has been received.

If the Director of GME should determine that the complaint is not subject to the procedure under this policy, a written explanation of this finding will be provided to the trainee and department chair. To the extent possible, the Director of GME will suggest available alternative steps.

For complaints that fall under the Grievance policy appropriately, the Director of GME will initiate the steps for a formal resolution of the grievance, and appoint a Grievance Committee. The Grievance Committee will review and carefully consider all material presented by the trainee, his/her program director and party complained of, at a scheduled meeting, following the protocol outlined below.

The Grievance Committee:

1. Composition of the Grievance Committee

Upon request for a formal resolution and following confirmation that the complaint is subject to the procedure under this policy, the Director of GME will select a Grievance Committee composed of two (2) trainee members, two (2) program directors and an Associate Director of GME. No members of this Grievance Committee will be members of the aggrieved trainee's department. The Director of GME will choose a member to be the chair of the Grievance Committee. Both parties involved in the dispute will be notified in writing of the Grievance Committee composition and may object in writing within five (5) calendar days. The Director of GME will consider any objection and within five (5) calendar days of receipt of an objection, may, at his/her discretion, substitute one or more members of the Grievance committee. Either party will have only one opportunity to object to the selected Grievance Committee members. Once the selection of the Grievance Committee is complete, the Director of GME will send a copy of the trainee's written grievance to each member of the Grievance Committee.

2. Grievance Committee Procedures

a. Hearing Date

The Chair of the Grievance Committee will set the date, time, and place for a hearing which is mutually convenient to the Grievance Committee members, the trainee, and the department chair.

b. Attendance

All Grievance Committee members shall be present throughout the hearing except for brief periods due to emergencies. The trainee must appear personally at the Grievance Committee hearing. The trainee, the department chair, and a representative of each one's choice is entitled to be present during the entire hearing, excluding deliberations. The Grievance Committee will determine the propriety of attendance at the hearing of any other persons. Witnesses other than the trainee, the department chair, and their representatives may remain in the hearing room only while giving their testimony unless the Grievance Committee, the trainee, and the department chair agree otherwise.

c. Conduct of Hearing

The Chair of the Grievance Committee will preside over the hearing, determine procedure, assure there is reasonable opportunity to present relevant oral or written information, and maintain decorum. Both the trainee and the department chair, or their representatives, will have the right to present evidence, call and question witnesses, and make statements in defense of his or her position.

Before testifying, each witness shall affirm that his or her testimony shall be the truth, the whole truth, and nothing but the truth. The Grievance Committee Chair will determine if information is relevant to the hearing and should be presented or excluded. The Grievance Committee Chair is authorized to exclude or remove any person who is disruptive.

d. Legal Representation

The Grievance Committee shall be entitled to have an attorney present to advise the Grievance Committee on procedural and evidentiary issues.

e. Recesses and Adjournment

The Grievance Committee Chair may recess and reconvene the hearing, continuing for such additional sessions, as the Grievance Committee deems necessary. Upon conclusion of the presentation of oral and written information, the hearing record is closed. Once the hearing is completed, it may be reopened, for good cause, by the Grievance Committee at any time prior to the rendering of its written decision. The Grievance Committee will deliberate outside the presence of the involved parties.

f. Decision

Decisions are determined by a majority vote of members of the Grievance Committee and are final. After deliberation, the written decision will be reviewed and signed by the Grievance Committee members.

g. Meeting Record

Arrangements will be made for the hearing to be accurately recorded and for any transcription of the recording it determines to be appropriate. Such recording and transcription may be made by such Medical Center employee or employees as the Grievance Committee may designate. The final written decision of the Grievance Committee and the transcript, if one is prepared, will be placed on file in the GME Office.

3. Final Decision of the Grievance Committee

The Grievance Committee will provide the aggrieved trainee, the department chair, and the Director of GME with a written decision within ten (10) calendar days of the meeting. The decision shall consist of two sections, one containing findings of fact, and the other containing recommendations to the Director of GME. The recommendations may include affirmation, reversal or modification of action taken with respect to the trainee, and also may include suggested changes in Medical Center policies and procedures that the Grievance Committee feels would be appropriate in light of the grievance. The recommendations also may include any

suggested action that should be taken with respect to persons other than the trainee and any other suggestions that the Grievance Committee feels appropriate. The decision of the Grievance Committee will be final.

Confidentiality:

All participants in the grievance process are expected to maintain confidentiality by not discussing the matter under review with any third party except as may be required for purposes of the grievance procedure.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

☒ Graduate Medical Education Committee	7/1/22
Carrie Tibbles, MD, DIO/Director, GME	
☒ Medical Executive Committee	7/20/22
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 5/17/2004

Revised: 5/21/2007, 4/26/2010, 5/19/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

References: www.acgme.org

***Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual***

Title: Vacation and Leave of Absence Policy

Policy: GME-06

I. PURPOSE

To provide guidance on vacation and leaves of absence for all residents/fellows who are enrolled in graduate medical education (“GME”) programs sponsored by Beth Israel Deaconess Medical Center (“BIDMC”).

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy for vacation and leaves of absence, consistent with applicable laws, which provides residents with a minimum of six (6) weeks of approved medical, parental, and 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 is required to report. This policy must also provide residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s eligibility to participate in examinations by the relevant certifying board(s).

III. POLICY

A. General

This Policy applies to residents enrolled in both accredited and non-accredited GME programs sponsored by BIDMC.

There may be circumstances when a resident is unable to attend work, including but not limited to, due to fatigue, illness, family emergencies, and medical, parental or caregiver leave. Each program shall have policies, consistent with this Policy, which allow a resident unable to perform patient care and/or training responsibilities to take an appropriate leave of absence. These policies and procedures must be implemented without fear of negative consequences to the resident who is unable to provide the clinical work.

Program policies must set forth the program’s procedures for submitting requests for vacations and leaves of absence, including appropriate timing for such requests (generally at least 30 days’ advance notice, absent illness or extenuating circumstances) and to whom the resident must submit his/her written request for leave, typically the Program Director and Program Coordinator. Written requests

for a leave of absence should include the reason for leave, dates requested for the leave and any additional information required by the program. Program Directors should timely approve or reject resident requests. Each program's policy/procedures on requesting planned leaves should be communicated and made available to residents.

To the extent possible, residents should work with their Program Directors and other clinical supervisors to minimize disruption to clinical care for any vacation or non-urgent paid time off. When advance notice is not possible (due to illness or other reasons), the resident must provide notice as soon as practicable and in accordance with any additional program procedures or policies. Any resident absences from a program must be recorded appropriately in MedHub.

Program policies should also specify the program's policy for resident attendance at outside professional conferences (funding and amount of time allowed), and time away for job or fellowship interviews.

B. Paid Time Off

Each resident, per academic year, will be provided with a minimum of [21] paid vacation days (15 weekdays plus six (6) weekend days). In general, vacation should be scheduled as a week with the weekend prior to or after included. Programs may provide additional vacation days or paid time off to residents at their discretion.

Each resident, per academic year, is also provided with seven (7) additional days of paid time off for unexpected absences (bereavement; an acute illness of the resident or family member; personal or childcare emergencies; elective healthcare appointments; or other reasons). [Except for absences taken under the Family and Medical Leave Act ("FMLA"), Massachusetts Paid Family and Medical Leave Law ("PFMLL"), and/or Massachusetts Parental Leave Act ("MPLA"), addressed below, these additional days of paid time off are to be used in lieu of the benefits provided in BIDMC policy 11, Employee Leaves of Absence Policy and/or in other BIDMC policies.]

Unused paid time off cannot be carried over into subsequent academic years.

C. Medical, Parental, Caregiver Leaves of Absence

BIDMC provides residents with medical, parental, caregiver leaves of absence as set forth below. Eligibility for the following medical, parental, caregiver leaves of absence will be determined consistent with this Policy, other BIDMC policies/procedures, ACGME Requirements, and applicable state or federal law.

1. Paid Medical, Parental and Caregiver Leave for Residents in ACGME-accredited Programs

Each resident in an ACGME-accredited and approved program shall be provided, **up to 12 weeks** (and a minimum of six (6) weeks) **paid medical, parental, and caregiver leave of absence per academic year** for qualifying reasons that are consistent with applicable ACGME Requirements and law, including FMLA, PFMLL and MPLA, starting on the day the resident is required to report.

Paid medical, parental, or caregiver leave shall be provided at an equivalent of 100 percent of the resident's salary. One (1) week of paid time off shall also be reserved for use outside of paid leave during the academic/appointment year that a resident takes a paid medical, parental or caregiver leave. Health and disability insurance benefits for residents and their eligible dependents during any approved, qualifying medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave. BIDMC will continue to deduct the employee portion of benefit premiums from the resident's salary continuation.

With the exception of unforeseen circumstances, approval of paid medical, parental and caregiver leave shall be requested in writing, in advance, and in accordance with program policies/procedures on requesting leave, with sufficient time to allow programs to coordinate patient care and rotation schedules. Additional information on the process for requesting approval for paid medical, parental, and caregiver leaves of absence is provided to residents with their benefit information at the time of onboarding and detailed in program and BIDMC policies.

Residents in programs which are not BIDMC-sponsored ACGME accredited programs are not eligible to receive paid medical, parental, and caregiver leave in accordance with this section.

This policy constitutes a paid family and medical policy within the meaning of 458 CMR 2.12(6)(d)(2). Paid leave under this section of the Policy will run concurrently with – not in addition to – any other family or medical leave available under state or federal law or other BIDMC policy.

2. *Family Medical Leave Act, Massachusetts Paid Family and Medical Leave Law, and Massachusetts Parental Leave Act*

Residents may be eligible for leave or additional leave for their own serious health condition, to care for a family member with a serious health condition, or for family bonding/parental leave under BIDMC policies relating to the FMLA, PFMLL, and MPLA. Any period of family or medical leave under state or federal law or BIDMC policy that does not qualify for salary continuation under section C.1 of this Policy will be subject to BIDMC's PM-11, Employee Leaves of Absence and/or PM-40, Massachusetts Paid Family and Medical Leave Law Policy, as applicable. This includes with respect to residents' ability to elect to use vacation time concurrent with any such leave and the maintenance of benefits during such leave.

During any leave of absence that is unpaid by BIDMC, health insurance coverage and other benefits will continue as if the resident worked continuously during the leave period, provided that residents continue to pay their share of the premiums, as applicable. Residents should contact the BIDMC Benefits Department for more information about maintenance of benefits during an unpaid leave of absence.

Residents seeking to take leave under BIDMC's PM-11, Employee Leaves of Absence and/or PM-40, Massachusetts Paid Family and Medical Leave Law Policy should contact Human Resources for more details regarding eligibility for and initiating leaves under these policies.

D. Effect on Training

Leaves of absence may impact a resident's training. This Policy does not consider minimum training or competency requirements of programs, departments, the ACGME, ACGME Review Committees, state licensing boards, or any other authority as to the adequacy of medical training and should not be construed as altering minimum attendance or any of these other requirements.

Residents should be aware that any leave, including any medical, caregiver, family leave, may require extension of his/her training in a program or making up certain aspects of the program as required by ACGME accreditation, specialty board certification requirements, or other applicable requirements. The Program Director, based on program requirements, board requirements and state licensing policies for the specialty, shall provide the resident with a timely, accurate written notice regarding the effect of a proposed extended leave of absence, both for completing the program and with respect to the resident's eligibility to participate in specialty board examinations. As necessary, this notification should detail the required length of additional training and the time period over which it should occur. Residents should review and discuss this written notification prior to starting any leave of absence and finalize it in writing, within thirty (30) days of returning to work.

Additional information on resident extensions of training may be found in GME-04, Policy for Extension of Training.

E. Institutional Oversight

In fulfilling institutional oversight responsibilities, the GMEC will monitor program compliance with this Policy and with program policies and procedures regarding vacations and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually.

Resident questions about this policy may be directed to BIDMC Human Resources, the resident's Program Director, or the Administrative Director of Graduate Medical Education. This policy does not constitute a contract between BIDMC and its residents.

Adopted and approved by:

Graduate Medical Education Committee:

Original Date: 10/28/2024

Next Review Date: October, 2025

Medical Executive Committee on behalf of BIDMC: 11/20/2024

Previously

Institutional Vacation Policy, Original Date: 12/18/2023; and

Paid Family and Medical Leave Policy for Graduate Trainees in ACGME Programs: Original Date: 1/26/2004

Revised: 05/17/2004, 03/09/2006, 05/24/2006, 03/16/2009, 05/19/2014, 01/04/2017, 04/24/2021

<i>Beth Israel Deaconess Medical Center</i>
<i>GME 10 - Remediation and Due Process Policy</i>

I. PURPOSE

To describe the policies and procedures, including due process procedures, afforded to residents/fellows who are enrolled in programs sponsored by Beth Israel Deaconess Medical Center (“BIDMC”), in instances of deficiencies in academic or professional performance. This policy applies to residents in each graduate medical education program sponsored by BIDMC, regardless of whether accredited by the ACGME or not accredited by the ACGME.

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy that provides residents with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension; non-renewal; non-promotion; or dismissal.

III. DEFINITIONS

“Clinical Competency Committee (the “CCC”)” means a required body comprising of three (3) or more members of the active teaching faculty, including at least one core faculty member, that is advisory to the Program Director and reviews the progress of all residents in a program.

“Grievance” means a complaint related to a resident’s professional work environment, including those related to the program and/or faculty.

“Probation” means placement of a resident under close monitoring for performance concerns or other deficiencies, which, if not successfully resolved, may result in a Resident Adverse Action, including Dismissal.

“Resident Adverse Action” means an action taken against a resident which alters the intended career development of the resident, and which is to be accorded due process consistent with ACGME Requirements. Resident Adverse Actions include the following:

“Dismissal” means the act of terminating a resident participating in a program prior to successful completion of the course of training, including by early termination of the resident’s agreement of appointment.

“Non-Renewal/Non-Reappointment” means the act of not reappointing a resident to subsequent years of training prior to fulfillment of a complete course of training.

“Non-Promotion” means the act of not advancing a resident to the next level of training according to the usual progression through the program.

“Suspension” means the withdrawal of a resident’s privileges for participating in clinical, didactic or research activities associated with appointment to the program.

IV. **POLICY**

A. **Remediation Actions; General**

Program Directors are encouraged to resolve minor or infrequent instances of poor academic or professional performance promptly and directly with a resident. In any case in which a pattern of deficient performance has emerged, the Program Director should notify the resident in writing of the nature of the pattern of deficient performance and the remediation steps, if applicable, to be taken by the resident to improve his/her performance. Additional information on resident evaluations, and promotions may be found in GME-03, Evaluation and Promotion Policy.

If initial remediation measures are unsuccessful or if performance deficiencies or misconduct is of a serious nature, the Program Director may determine to take other actions listed in this Policy as the first step to address the deficiency(ies) or conduct.

B. **Academic or Professional Performance Concerns; Notice of Concern**

If a Program Director, or the Program Director in consultation with the CCC on academic matters, determines that a resident’s performance fails to meet applicable academic or clinical standards or professionalism requirements (including, but not limited to, attendance, misconduct, professional incompetence, ethics, scientific misconduct, or compliance with BIDMC, department or program policies or applicable laws and regulations), and that routine or structured feedback has not led to improvement, the Program Director shall notify the resident in writing and include a description of the deficiency(ies) (a “Notice of Concern”), except that, in instances of more significant deficiencies, including misconduct, a resident may be placed on Probation, may be Suspended or Dismissed in accordance with applicable sections of this Policy.

The Notice of Concern shall be signed by the Program Director, shall include a resident performance improvement plan based on the specific deficiencies of the resident and the nature of deficiencies (academic or professional) (a “Performance Improvement Plan”), and indicate possible outcomes of a failure to fully resolve performance issues or concerns, including possible Dismissal, if applicable. The Program Director will review the Notice of Concern with the resident. A Notice of Concern is not a Resident Adverse Action, and it may not be submitted for review in accordance with the Resident Adverse Actions Due Process Procedures, below.

A resident who satisfies the requirements of his/her Performance Improvement Plan will continue in the program without further escalation, absent a reoccurrence of new or related deficiencies.

If a Program Director determines that a resident in the program on a Performance Improvement Plan has failed to satisfactorily address the deficiency(ies) and/or

improve his/her performance to an expected and acceptable level in accordance with the Plan, the Program Director has the authority to issue an additional Notice of Concern, or place the resident on Probation, discussed below. Depending on the severity of the issues, the Program Director may also provide written notice of intent to issue a Resident Adverse Action (i.e., Dismissal, Non-Renewal, Non-Promotion, or Suspension) to the resident. A resident receiving a written notice of a Resident Adverse Action may pursue Resident Adverse Actions Due Process Procedures.

C. Probation

A resident may be placed on Probation for such reasons as determined by his/her Program Director, including if the academic performance of the resident, including professional performance, is seriously deficient and requires more significant oversight or intervention and/or if a resident is otherwise at risk of not successfully completing the requirements of his/her program, for violations of the policies or procedures of BIDMC, for misconduct or for conduct that is detrimental to the reputation of the medical center. A resident may also be placed on Probation if he/she fails to address the requirements of a Performance Improvement Plan in connection with a Notice of Concern.

Probation is intended to be a temporary modification of the resident's responsibilities within the training program. Placing a resident on Probation is not a Resident Adverse Action and the due process procedures under the Resident Adverse Actions Due Process Procedures section of this Policy do not attach.

When a Program Director determines that a resident will be placed on Probation, the resident in question will be given written notice by the Program Director of the action (the "Notice of Probation"). The Notice of Probation will include: the reasons for the Probation action i.e., the resident's specific actions or deficiency(cies) which led to the Probation; the conditions of Probation (e.g., alterations in the resident's schedule, reduction or limitation of the resident's clinical responsibilities, enhanced supervision of the resident); goals of the Probation; actions the department and/or resident will take to help the resident achieve the goals (e.g., weekly meetings between the resident and Program Director to discuss progress); the methods and timetable for correction and next date of evaluation. A copy of the Notice of Probation will be provided to the resident.

The Notice of Probation should also detail the resident's opportunity to request a review of the Probation action by appearing before the CCC or department chair to present additional information regarding his/her performance and why Probation is not appropriate.

If Probation proceeds and the resident successfully satisfies the conditions of the Probation and related improvement plan requirements, the resident will be removed from Probation. Failure to correct the deficiency(ies) within the specified timeline in the Notice of Probation may result in an extension of the Probation, or the

resident may be subject to Non-Renewal, Non-Promotion, Dismissal or other action. If the resident is subject to Non-Renewal, Non-Promotion or Dismissal or if the resident's Probation extension has the effect or may have the effect of Non-Promotion or Non-Renewal, the resident will be provided a written notice of intent of Non-Renewal, Non-Promotion or Dismissal, as applicable. If the resident receives such written notice of intent, the resident may exercise the Resident Adverse Action Due Process Procedures, below.

D. Non-Promotion, Non-Renewal, Suspension, Denial of Certificate of Participation, Dismissal

Non-Promotion and Non-Renewal

A resident's Program Director shall provide the resident with written notice of intent when the resident's agreement will not be renewed, or when the resident will not be promoted.

In instances where a resident's agreement is not going to be renewed or a resident is not going to be promoted, the Program Director will make a reasonable effort to make this decision within the four (4) months prior to the end of the resident's contract. If the primary reason(s) for the Non-Renewal or Non-Promotion occurs within the four (4) months prior to the end of the contract, the Program Director shall provide the resident with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the contract.

Additional information on Non-Promotion and Non-Renewal can be found in GME-03, Evaluation and Promotion Policy.

Suspension

A resident may be Suspended without prior written notice, from all or part of the resident's usual and regular program activities, by the resident's Program Director, in consultation with the DIO, if he/she believes Suspension is in the best interests of patients, staff and/or of the resident, including due to serious misconduct or alleged serious misconduct by the resident or if the resident is posing a risk of harm to him/herself, to patients, staff or others. Suspension may be coupled with or followed by other actions.

A resident will be Suspended automatically, without prior notice, upon the occurrence of any of the following:

- 1) Failure to comply with state licensing requirements of the Massachusetts Board of Registration in Medicine resulting in the loss, failure to obtain or restrictions on the resident's license (as of the date of the loss of licensure, denial of license or restriction on the resident's license);

- 2) Failure to obtain or maintain proper visa status, as of the date the resident's application for a visa is denied or his/her visa is revoked, cancelled or otherwise restricted preventing full participation in program activities.
- 3) the resident's unexcused absence from the GME training program for more than 48 hours, other than due to a health or other emergency.

A resident who is Suspended shall receive written notice of the Suspension as soon as reasonably possible following any verbal notice provided to the resident providing the facts upon which the Suspension is based and the length of the Suspension (not to exceed ten (10) days for an automatic Suspension). A resident placed on Suspension may appeal the decision and request review in accordance with the Resident Adverse Actions Due Process Procedures, below. A resident placed on Suspension is expected to immediately correct the grounds for the Suspension, as applicable.

The resident's Program Director, in consultation with the DIO, the CCC or Human Resources depending on the circumstances shall determine a course of action pertaining to a resident on Suspension, which course of action may include, without limitation: lifting, modifying, or extending the Suspension; Probation, Non-Renewal; or Dismissal.

Denial of Certificate of Participation

As is the case of Non-Promotion, if the Program Director determines that a resident does not meet the program requirements to graduate, the resident will be given written notice. The resident will be given an opportunity to appeal the decision in accordance with the Resident Adverse Actions Due Process Procedures addressed in this Policy.

Dismissal

Dismissal of a resident by a Program Director, in consultation with the DIO, may be triggered by, but is not limited to, the following events or circumstances:

- i. Failure to achieve or satisfy BIDMC or program requirements or standards or maintain compliance with the same;
- ii. Serious or repeated acts or omissions compromising acceptable standards of patient care;
- iii. Serious or repeated unprofessional, unethical or other behavior;
- iv. Material omission or falsification on a program application, medical record, or other document, including billing records; or
- v. Scientific misconduct.

In all cases, the Program Director will inform the resident of the resident's Dismissal in writing, explain the reasons for such action and inform the resident that he/she may exercise due process in accordance with the Resident Adverse Actions Due Process Procedures, below.

E. Resident Adverse Actions Due Process Procedures

Timing for Appeal

A resident who has received a notice of a Resident Adverse Action may appeal the decision and request review within fourteen (14) days of the date on the notice. The written appeal request must be submitted to the resident's Program Director, should describe the reason for the review request, and shall be dated as of the date of submission of the request. A resident who fails to submit a written appeal request within fourteen (14) days of the date of the written notification of a Resident Adverse Action shall be deemed to have waived his/her right to an appeal and all Resident Adverse Actions set out in the notice immediately become final.

Departmental Review

If a resident timely submits a request for an appeal of the Resident Adverse Action, the resident's Program Director will convene members from the department to review the resident's written appeal request within ten (10) days of receipt (the "Departmental Review Committee"). The Department Review Committee will include the resident's Program Director, department chair, and at least one other representative from the resident's program or the program's department.

The Program Director is also responsible for scheduling a date for the committee meeting that is acceptable to the Departmental Review Committee members and to the resident. Failure by the resident to appear in person or, if agreed by the Committee, by video technology, shall result in the resident waiving his/her right to an appeal and all Resident Adverse Actions set out in the notice will become final. Neither the Departmental Review Committee nor the resident may have counsel present at the meeting, however, the resident may be accompanied by another person of his/her choosing.

Following meeting with the resident, the Departmental Review Committee shall make a decision whether to uphold the Resident Adverse Action and provide written notice to the resident within ten (10) days of the meeting with the resident. The Departmental Review Committee's decision shall be documented in the resident's file.

Resident Hearing

A resident who is not satisfied with the decision of the Departmental Review Committee may request appeal of the decision and a hearing within ten (10) days

of receiving the decision by submitting a written request to the DIO. Absent receipt of a timely appeal request, the decision of the Departmental Review Committee is final and the resident shall have been deemed to waive his/her right to a hearing. An appeal will be reviewed outside the resident's department.

Following receipt of a request for a hearing, the DIO will promptly begin to form a committee of at least three (3) members from the GMEC Executive Council (the "Hearing Committee"). The Hearing Committee should include at least one (1) resident and the other members should be from a program other than the resident's program or who are not otherwise a conflict of interest. BIDMC legal counsel may serve in an advisory capacity to the Hearing Committee. Absent the written agreement of members of the Hearing Committee and the resident, the hearing shall take place within twenty (20) days from the date of the resident's written request for review.

The resident shall receive written notice of the date, time and place of the hearing and shall also be advised of his/her right to appear with counsel and to introduce witnesses or evidence. The resident should submit information for the Hearing Committee's consideration to the GME Office at least five (5) days in advance of the hearing. The Program Director may also provide information for consideration at the hearing and may be asked to respond to requests for information from the Hearing Committee.

At the hearing, the resident, or an individual of the resident's choice, including legal counsel, may make a statement and/or present evidence of relevance relating to rescinding the Resident Adverse Action under review, present witnesses, including character witnesses, and will respond to questions posed by the Hearing Committee. The Program Director may also provide information for consideration at the hearing and may be asked to respond to requests for information from the Hearing Committee.

The hearing shall not be subject to formal rules of evidence or procedure, and the Hearing Committee may permit the presentation of evidence and witnesses to such restrictions and limitations as the Hearing Committee may elect. The Hearing Committee shall make or arrange to have made an audio, video, transcriptional, or other recording of the hearing. A copy of the audio, video, or other recording or transcript, as applicable, will be provided to the resident following the hearing.

The Hearing Committee may request statements from or interview other residents, faculty, staff, administrators or members of the academic team in order to gather additional information related to its review. A vote of at least sixty percent (60%) of the Hearing Committee members shall be a decision of the Hearing Committee. The Hearing Committee should issue its written findings within ten (10) days of the conclusion of the hearing. A copy of the decision should be sent to the resident, the DIO, the resident's Program Director and department chair and should be documented in the resident's file. Notice may be provided by email.

The decision of the Hearing Committee will be final and may not be further appealed.

Remedy

If the Resident Adverse Action is rescinded following the appeal, the remedy available to the resident shall not exceed restoration of the resident's rights relative to participation in the program which may have been lost or suspended as a result of the action.

F. Reporting Obligations

Program Directors are responsible for making reports to the Massachusetts Board of Registration in Medicine, National Practitioner Data Bank and other agencies or organizations as may be required by applicable law, regulation or guidance.

G. Grievances

Residents may submit Grievances in accordance with GME-05, Policy and Procedure for Trainee Grievances. Grievances are not properly appealable under the procedures set forth in this Policy.

H. Institutional Oversight

In fulfilling institutional oversight responsibilities, the GMEC will monitor program compliance with this process and procedures for due process.

Adopted and approved by:

Graduate Medical Education Committee

Original Date: 11/02/2003

Revised: 01/26/2004, 03/09/2006, 04/26/2010, 05/19/2010, 10/19/2015, 2/24/2025

Medical Executive Committee on behalf of BIDMC: 3/19/2025

***Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual***

Title: Policy and Procedure for BIDMC Closure or Program Closure/Reduction

Policy: GME -11

I. PURPOSE

To describe the procedures in the event of a closure or reduction in size of a program, or closure of the Sponsoring Institution.

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy that addresses reductions in size or closure of any of its programs, or closure of the Sponsoring Institution that includes the following: (i) notification of the GMEC, DIO, and residents/fellows as soon as possible when there is a decision to reduce the size of or close one or more programs, or when it is decided to close the Sponsoring Institution; (ii) allowance of residents already in an affected program to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education; and (iii) GMEC oversight of the process.

III. POLICY AND PROCEDURE

Beth Israel Deaconess Medical Center (“BIDMC”) is committed to supporting the education of physicians through its accredited training programs. In the event of a closure of BIDMC, or if BIDMC intends to reduce the size of or close a program, BIDMC will notify the GMEC, DIO, Program Directors and residents as soon as possible. The GMEC, in collaboration with the DIO, must oversee all processes related to the reductions in size or closures of programs and BIDMC.

In the event of a proposed program closure or reduction in the size of a program, BIDMC will allow residents already enrolled in the affected training program to complete their education when reasonably possible. If it is not reasonably possible for residents to complete their education at BIDMC, due to an unplanned closure or a situation in which BIDMC must reduce the size of or close the program prior to resident completion of training, BIDMC will assist the resident(s) in enrolling in another ACGME-accredited program to continue their education.

Requested and Approved By: Graduate Medical Education Committee: 10/28/2024

Medical Executive Committee: 11/20/2024

**Daniel Talmor, MD
MEC Chair**

Original Date: 12/18/1998

Revised: 3/9/2006, 3/28/2011, 5/19/2014, 9/2/2014, 1/4/2017, 10/28/2024

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Restrictive Covenants

Policy: GME-13

Purpose: To delineate policy on restrictive covenants

Policy Statement:

The Beth Israel Deaconess Medical Center strongly supports the policy of the Accreditation Committee on Graduate Medical Education which prohibits the inclusion of any restrictive covenants or non-compete clauses for residents.

It is the policy of the Beth Israel Deaconess Medical Center, in accordance with the laws of the Commonwealth of Massachusetts {MGL Ch. 112, Sec. 12X}, that no residency program will ask for a signature by a resident on a non-compete or restrictive covenant clause as a contingency of Graduate Medical Education training.

Residents are advised to note that it is also improper to sign a non-compete/restrictive covenant clause in conjunction with any Beth Israel Deaconess Medical Center documents.

Procedure(s) for Implementation:

1. Procedure and Responsibilities

Responsible Party - Program Directors

Action

Ensures that program documentation required for signature by residents does not contain a non-compete or restrictive covenant clause. Trainees advise the Office of GME of any documents that contain language which could be construed as non-compete or restrictive covenant language.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Approved By:

☒ Graduate Medical Education Committee	7/1/2022
Carrie Tibbles, MD, DIO/Director, GME	
☒ Medical Executive Committee	7/20/2022
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 2/25/2004

Revisions: 3/9/2006, 9/22/2008, 2/23/2009, 5/19/2014, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Policy and Procedure for Trainee Supervision for Interns, Residents and Fellows

Policy: GME-15

Purpose: To establish guidelines for individual departmental supervision policies

Policy Statement:

This Policy establishes hospital-wide supervision guidelines for all interns, residents and fellows (Trainees) appointed to graduate medical Education (GME) programs sponsored by the Beth Israel Deaconess Medical Center (BIDMC). It also establishes institutional supervision guidelines for medical students enrolled in courses sponsored by BIDMC.

This Policy is intended to comply with applicable standards set by the Massachusetts Board of Registration in Medicine (BoRM), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), requirements of the Accreditation Council of Graduate Medical Education (ACGME), and provisions of the BIDMC Medical Staff Bylaws.

General Principles:

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

The below is the section from the ACGME Common Program Requirements:

VI.D.3. Levels of Supervision

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

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:

VI.D.3.b).(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

VI.D.3.b).(2) with direct supervision available – the supervising physician is not physically

present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision by Members of the Medical Staff:

All Trainees must be supervised by a member of the medical and/or teaching staff taking care of patients at all training sites, including both inpatient and outpatient experiences and daytime routine and on-call activities. The medical staff member must have a current Full License issued by the Massachusetts BoRM, and be properly credentialed, with appropriate clinical privileges at the institution or facility where the supervision is occurring. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care.

The supervision of Trainees must allow for 'graduated responsibility'. Trainees should be allowed the opportunity to assume increasing patient care responsibilities according to their level of education, ability, and experience. The level of responsibilities assumed by each Trainee must be determined by the teaching medical staff, and should be based on written descriptions of the roles and responsibilities of trainees. Trainees should receive regular evaluations that include an assessment of their ability to assume increasing levels of clinical responsibilities. The program director must evaluate each trainee's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty and Trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects

Program Responsibilities:

1. Each GME program is required to supplement this Policy with written, program specific policies regarding supervision of Trainees. The program policy should describe the supervisory responsibilities of the faculty and the Trainee. In any situation in which a program-specific policy conflicts with the GME Policy, the terms of the GME Policy # 15 shall prevail.
2. Each program must define the general responsibilities for each PGY level, including supervisory responsibilities, medical/surgical procedures or orders that require direct supervision or countersignature, in emergency and non-emergency situations.
3. Each program director must define the levels of responsibility for each Trainee by preparing a description of the types of clinical activities each Trainee may perform with and without direct supervision and those for which the Trainee may act in a teaching/supervisory capacity. The program will communicate the defined levels of responsibility to each Trainee.

4. Trainees should receive regular evaluations that assess their competency. The assessment of a Trainee's competence shall serve as the basis for determining the minimum level of supervision required for different activities.
5. On-call schedules for attending physicians shall provide for supervision that is readily available to a Trainee on duty 24 hours per day, 7 days per week. The program director must ensure and document adequate supervision of Trainees at all times. Trainees must be provided with rapid, reliable systems for communicating with supervising faculty.
6. Programs should define standard indications and principles to guide Trainees in determining the need for communication with the attending physician in all circumstances.
7. Under certain circumstances determined by the program, urgent judgments by highly experienced physicians are required, and for these specialties attending physicians must be immediately available on site at all times. Under other circumstances, attending physicians can provide adequate supervision off site as long as their physical presence within a reasonable time can be assured in case of need.
8. The Program Director must assure that a schedule with the name and contact number of the responsible attending physician is available at all times to program Trainees. Faculty schedules must be structured to provide Trainees with continuous supervision and consultation.
9. All patients seen by Trainees on an outpatient basis must be seen by, discussed with, or reviewed by the responsible attending physician.
10. Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, Trainee feedback, attending physician feedback, risk management reports and quality improvement reports.

Attending Physician Responsibilities:

1. An attending physician is responsible for and actively involved in the care provided to each patient, both inpatient and outpatient.
2. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents.
3. An attending physician directs the care of each patient and provides the appropriate level of supervision for a Trainee, based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the resident being supervised.
4. The attending physician, in consultation with the program director, accords a Trainee progressive responsibility for the care of the patient based on the Trainee's clinical

experience, judgment, knowledge, technical skill, and capacity to function.

5. The attending physician advises the program director if he/she believes a change in the level of the Trainee's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.
6. The attending physician fosters an environment that encourages questions and requests for support or supervision from the Trainee, and encourages the House officer to call or inform the attending physician of significant or serious patient conditions or significant changes in patient condition.

Trainee Responsibilities:

1. A Trainee's responsibilities shall include patient care activities within the scope of his/her clinical privileges, attendance at clinical rounds and seminars, timely completion of medical records, and other responsibilities as assigned or are required of all members of the Medical Staff.
2. Each Trainee will take action as necessary to remain knowledgeable of the clinical status of all patients assigned to him/her, and discuss any significant changes in clinical status with the attending as soon as possible.
3. In life-threatening emergencies (e.g., code situations), Trainee's may initiate or modify major diagnostic and therapeutic actions consistent with their level of ability and training.
4. In case of an emergency, the Trainee may ask another health care provider to immediately contact the attending physician while the Trainee initiates emergency interventions but must inform the attending as soon as possible and receive additional instruction as indicated.
5. Prior to performing an invasive procedure on a patient, Trainees must have approval of the attending physician, and follow the attending physician's directions regarding supervision, consistent with residency policy.

Supervision of Medical Students:

1. Trainee's Responsibilities in Medical Student Instruction:
 - a) All Trainees in BIDMC Sponsored Residency Programs are expected to provide guidance, instruction and evaluation for medical students and any other medical personnel or its students who may be in training on the service.
 - b) Trainees may be delegated responsibility for medical student supervision by an attending physician.
 - c) Trainees may be delegated the responsibility by an attending to review, correct and

countersign the medical records presented to them by medical students.

2. Faculty Responsibilities in Medical Student Instruction

- a) Harvard Medical School, through its faculty governance process, will outline responsibilities for teaching and supervision of medical students.
- b) The attending physician is ultimately responsible for the supervision of a medical student, however, a Trainee may be delegated such responsibility by a faculty member.
- c) Attending physicians should endeavor to remain aware of the activities and performance of any medical student(s) assigned to them for supervision.

3. Medical student responsibilities

- a) To participate in clinical learning experiences, medical students must be enrolled in the specific course related to the clinical activity.
- b) Medical students are expected to be appropriately dressed, and have an appropriate name identification card.
- c) Medical students are expected to properly identify themselves to patients, by name and level of training
- d) Medical students must communicate with the attending physician, or supervising Trainee, prior to initiating any procedure or implementing any changes in the treatment plans.
- e) Medical students may enter information into the medical record, i.e., history and physical, discharge summary, and progress notes. *However, any such entries must be countersigned by a physician.* Each participating hospital sets its own policies about what a student may enter into the medical record.

Monitoring and Reporting on Trainee Supervision

Any alleged infractions of the supervision policy should be reported to the Trainee's Program Director or his/her designee.

The Program Director or his/her designee is responsible to investigate and if possible resolve the issue.

If not resolved, the problem should be brought to the attention of the Chair of the department and other relevant house staff committees.

Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, Trainee feedback, attending physician feedback, risk management reports and quality improvement reports.

Supervision policies and the adequacy of supervision will be addressed during each Internal Review conducted by the GME office in compliance with ACGME regulations as well as through regular ACGME surveys.

Vice President Sponsor: Richard M. Schwartzstein, MD Vice President for Education

Approved By:

☒ **Graduate Medical Education Committee** 7/1/2022
Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** 7/20/2022
Daniel Talmor, MD, Chair, MEC

Original Date Approved: 1/8/2004

Revisions: 3/9/06, 11/24/2008, 9/2/2014, 1/4/2017

Next Review Date: 7/25

Eliminated:

Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual

Title: Policy for Trainee Moonlighting

Policy : GME-16

Purpose: To describe the guidelines for moonlighting

Policy Statement:

The Accreditation Council for Graduate Medical Education (ACGME) stipulates that: “Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care.” For this reason moonlighting activities must be monitored by individual programs.

All Trainees at the Beth Israel Deaconess Medical Center (BIDMC) must comply with the ACGME Common Program and Institutional requirements in addition to the requirements specified below. For the purpose of this policy ‘Trainee’ refers to residents and fellows enrolled in educational programs at BIDMC.

1. Moonlighting must not interfere with ability of a Trainee to achieve the goals and objectives of the training program.
2. Trainees must not be required to engage in moonlighting.
3. Trainees require a prospective, written statement of permission from the program director. This letter must be part of the Trainee’s permanent file.
4. All hours engaged in moonlighting activities that occur within the training program and/or the sponsoring institutions or non-hospital sponsor’s primary clinical site(s) must be counted with the Trainee’s duty hours. The total hours - including both the regular and the moonlighting hours can not exceed the weekly maximum of allowable hours. This is 80 hours per week, unless a duty hour exception has been granted by the ACGME. If an exception has been approved, the total hours cannot exceed that number approved by the RRC for the individual program. In addition the Trainee must be insured at least one full day per seven days free of any clinical responsibilities.
5. The Program Director is responsible to monitor all Trainees that engage in moonlighting. Noncompliance with the duty hour regulations may lead to withdrawal of permission to moonlight by the Program Director.
6. The Program Director is responsible to monitor the Trainees’ performance for the effect of moonlighting. Adverse effects may lead to withdrawal of permission at the discretion of the Program Director or designee.

7. Trainees are responsible to ensure malpractice coverage for all moonlighting activities. This may require the completion of both an institutional waiver form and the CRICO Confirmation of Extended Professional Liability Checklist signed by the Program Director or chief. Copies of these documents must be kept as part of the trainee's permanent file.
8. In addition to the above policy, Trainees must follow the individual departmental moonlighting policy.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President for Education

Approved By:

☒ Graduate Medical Education Committee	7/1/2022
Carrie Tibbles, MD, DIO/Director, GME	
☒ Medical Executive Committee	7/20/2022
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Committee

Original Date Approved: 3/22/2002

Revised: 4/25/2005, 3/9/2006, 3/23/2009, 5/10/2014, 9/2/2014, 1/4/2017, 6/19/2019

Next Review Date: 7/25

Eliminated:

References:

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Resident Eligibility & Selection

Policy : GME-17

Purpose: To ensure that all enrolled trainees are eligible and that the selection process for trainees is fair and without prejudice.

Policy Statement:

The Beth Israel Deaconess Medical Center (the Medical Center) Graduate Medical Education Committee (GMEC) monitors the compliance of each program with these policies and procedures:

I. Trainee Eligibility

- A. Applicants with one of the following qualifications are eligible for appointment to accredited residency or fellowship programs sponsored by the Medical Center:
 - 1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - 2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - 3. Graduates of medical schools outside the United States and Canada
 - a) who hold a valid certificate from the Educational Commission for Foreign Medical Graduates and/or
 - b) Have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in the applicant's current ACGME specialty-/subspecialty program.
- B. All applicants must meet Massachusetts Board of Registration in Medicine licensure requirements including successful completion of the following exams:
 - 1. USMLE Steps 1 and 2; or
 - 2. COMLEX Levels 1 and 2; or
 - 3. All parts of MCCQE (LMCC).
- C. Additionally, all programs must comply with ACGME Residency and Fellowship Common Program Requirements and Specialty Specific Requirements currently in effect at the time of appointment.

II. Resident Selection

- a) Medical Center programs must select from among eligible applicants on the basis of the applicant's preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
- b) All sponsored programs participate in an organized matching program, where available, such as the national Resident Matching Program (NRMP).

III. Enrollment of Noneligibles

The enrollment of noneligible residents may be a cause for withdrawal of accreditation of the involved program. The GMEC annually reviews each sponsored program's intern and resident selection procedures to insure compliance with the above policies and procedures.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President of Education

Requestor: Carrie Tibbles, MD

Designated Institutional Official (DIO)/Director, GME

Approved By:

☒ **Graduate Medical Education Executive Council** 12/18/23

Carrie Tibbles, MD, DIO/Director, GME

☒ **Medical Executive Committee** 11/20/24

Daniel Talmor, MD, Chair, MEC

Original Date Approved: 12/10/1998

Revised: 3/9/2006, 5/21/2007, 5/19/2010, 11/28/2011, 10/19/2015, 12/18/23

Next Review Date: 12/25

Eliminated:

Beth Israel Deaconess Medical Center
<i>GME 23 - Substantial Disruption/Extraordinary Circumstances Policy</i>

I. PURPOSE

To establish a commitment to reconstitute and restructure the resident/fellow educational experience in programs sponsored by Beth Israel Deaconess Medical Center (“BIDMC”) in the event of a substantial disruption to patient care or education or an extraordinary circumstance.

II. REFERENCE

ACGME Institutional Requirements require Sponsoring Institutions to have a policy that, consistent with the ACGME Policies and Procedures, addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. The policy must include information about assistance for continuation of salary, benefits, professional liability coverage and resident/fellow’s assignments.

III. POLICY**A. Substantial Disruptions in Patient Care or Education**

A substantial disruption in patient care or education is an event or set of events that alters the ability of BIDMC, any of its programs or participating sites to provide patient care or support resident education. A substantial disruption does not necessarily rise to the level necessitating invocation of the ACGME *Policy and Procedures to Address Extraordinary Circumstances*, currently set forth in ACGME Policy 25.00, *et seq.* (“Extraordinary Circumstances Policy”).

A substantial disruption may occur in a number of different situations, including, without limitation, in connection with public health events (such as a surge in cases connected to a pandemic or epidemic), natural disasters or other weather events, hospital-declared disasters or emergencies or a significant financial event.

Substantial Disruptions – Responsibilities of BIDMC – DIO

In the event of a substantial disruption significantly interrupting patient care or resident education, the DIO or designee, in consultation with the BIDMC Senior Leadership Team, has the authority to activate this Policy and related procedures. This Policy may also be activated in conjunction with or as a result of activation of BIDMC’s institutional disaster policies and protocols. The DIO will serve as the primary point of contact related to a substantial disruption as it pertains to graduate medical education (GME) operations and resident education and will be in charge of response planning and implementation for

GME as related to the substantial disruption.

There will regular and direct communication and engagement between the DIO and other BIDMC leadership about a response to a substantial disruption in patient care or education. If the closure of a participating site is necessary, the DIO will be alerted within 30 days of this decision. Information about the closure of a participating site or other support for BIDMC GME programs and residents in the event of a substantial disruption in patient care or education will be shared with residents as soon as reasonably feasible.

If the hospital declares a disaster or emergency, the BIDMC Office of Graduate Medical Education (the “Office of GME”) follows BIDMC’s plans and protocols related to disasters and emergency management operations, provided that BIDMC shall adhere to the procedures set forth in the Policy as it relates to GME and to the authority and inclusion of the DIO in the response to a disaster or emergency constituting or a resulting in substantial disruption in patient care or education.

B. Extraordinary Circumstances

A disaster or extraordinary circumstance is an event or set of events causing significant alteration to the ability of BIDMC and its programs to support the residency experience as defined by the ACGME Extraordinary Circumstances Policy (“Extraordinary Circumstance”). Examples of Extraordinary Circumstances include abrupt hospital closures, natural disasters or a catastrophic loss of funding.

The ACGME may invoke the Extraordinary Circumstances Policy at the request of the DIO, in response to verified public information and/or based on other information received by the ACGME. The ACGME President and Chief Executive Officer, in consultation with the ACGME Board Chair, determines whether to invoke the Extraordinary Circumstances Policy. If the Extraordinary Circumstances Policy is invoked, it formalizes the ACGME’s oversight of BIDMC and its ACGME-accredited GME programs during an Extraordinary Circumstance to ensure continuation of the residency experience at BIDMC in accordance with the ACGME Requirements.

A notice will be posted on the ACGME website along with information relating to the ACGME’s response to the Extraordinary Circumstance(s) in the event that the ACGME invokes the Extraordinary Circumstances Policy. The notice will provide relevant ACGME contact information.

Procedures in an Extraordinary Circumstance

Once the Extraordinary Circumstances Policy is invoked, the DIO, or designee(s), on behalf of BIDMC, shall take the following steps, to the extent required by the ACGME in accordance with the Extraordinary Circumstances Policy, as it may be updated from time to time:

1. Contact the ACGME President and Chief Executive Officer, or designee, within 10 days of invocation of the Policy, to provide preliminary information regarding

any major changes to BIDMC and its programs resulting from the Extraordinary Circumstance;

2. Consistent with applicable ACGME Requirements, provide a plan to the ACGME President and Chief Executive Officer, within 30 days of invocation of the Policy, describing the continuation of residents' educational experiences and any major changes to BIDMC and its programs;
3. Arrange timely reassignment of residents including arranging temporary or permanent transfers to other ACGME-accredited programs as needed to ensure they can continue their education;
4. Ensure that residents are prospectively informed of the estimated duration of any temporary transfer to another ACGME-accredited program; and
5. Ensure that residents continually receive timely information regarding reassignments, transfer assignments, and/or major changes to BIDMC or its programs.

C. Resident Transfers and Program Reconfiguration

BIDMC and its programs will minimize disruption to resident education due to a substantial disruption in patient care or education or Extraordinary Circumstance and will assist residents in arranging temporary or permanent transfers to other ACGME-accredited and ACGME-recognized programs as necessary. If more than one ACGME-accredited and recognized program/institution is available for temporary or permanent transfer of a particular resident, the preferences of the resident will be considered by BIDMC and its programs.

Programs are required to only appoint transferring residents to approved positions. Temporary and permanent increases in resident complement requests may be made through each program's respective ACGME Review and Recognition Committees on the Accreditation Data System ("ADS").

BIDMC and its programs will continue to provide administrative support to affected residents. Residents will continue to receive salary, benefits, and professional liability coverage from BIDMC during temporary relocations due to a substantial disruption in patient care or education or Extraordinary Circumstance, subject to the terms of and any restrictions in existing benefit plans, law or regulations.

D. Resident Well-Being Support during Substantial Disruptions or Extraordinary Circumstances

In the event of a substantial disruption in patient care or education or an Extraordinary Circumstance, residents of BIDMC may access the following well-being support and mental health resources: Clinician Health Resources and KGA services including in the moment counseling, financial/legal consultations, and career coaching.

E. Points of Contact

Resident first points of contact during a substantial disruption of patient care or education or Extraordinary Circumstance will be his/her Program Director, subject to communication through BIDMC's emergency alert or communication systems.

Adopted and approved by:

Graduate Medical Education Committee

Original Date: 9/22/2008

Revised: 11/28/2011, 10/19/2015, 2/24/25

Medical Executive Committee on behalf of BIDMC: 03/19/2025

**Beth Israel Deaconess Medical Center
Graduate Medical Education (GME) Manual**

Title: Accommodations for Trainees with Disabilities

Policy: GME-26

Purpose: To provide a procedure to identify the need for and provide reasonable accommodations for Trainees with disabilities in compliance with the American with Disabilities Act.

Policy Statement:

Beth Israel Deaconess Medical Center (BIDMC), as the institutional sponsor for graduate medical education (GME) programs, acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the American with Disabilities Act (ADA) and is committed to considering requests for reasonable accommodations made by Trainees with known disabilities who can meet the clinical and academic requirements of their residency program. BIDMC maintains certain minimum technical standards that applicants to GME programs and trainees appointed to GME programs must possess.

It is the responsibility of BIDMC's residency and fellowship program directors to select individuals who are best qualified to meet certain residency program requirements and who are the most likely to become competent, independent physicians. Trainees must gain the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Scope and Responsibility:

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME) accredited GME programs sponsored by BIDMC.

It is the responsibility of all program directors and BIDMC's GME Committee to comply with this policy.

Eligibility Criteria and Program Requirements:

GME programs require applicants accepted into the program (trainees) to develop competence in six areas: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice, Interpersonal Skills and Communication, and Professionalism.

Toward this end, GME programs, in accordance with the ACGME Institutional and Program Requirements, define the specific knowledge, skills, and personal attributes to be achieved by trainees, and provide educational experiences necessary for their trainees to demonstrate competency in each area.

In order to achieve competency in these six areas, trainees, at a minimum, must have aptitude and abilities in the following areas: (1) observation; (2) communication; (3) sensory and motor coordination and function; (4) conceptual, integrative abilities; and (5) behavioral and social attributes.

1. Observation requirements

- a. observe demonstrations and participate in clinical care and in basic and clinical sciences as determined by the respective faculty; and
- b. observe a patient accurately at a distance and at close hand, noting non-verbal as well as verbal signals.

2. Communication requirements

- a. speak intelligibly, hear adequately, and observe patients closely in order to elicit and transmit information, describe changes in mood, activity and posture, and perceive non-verbal communications;
- b. communicate effectively and sensitively with patients;
- c. communicate effectively and efficiently in oral and written English with all members of the health care team;
- d. possess reading skills at a level sufficient to accomplish curricular requirements and provide clinical care for patients; and
- e. complete appropriate medical records and documents and plans according to protocol and in a complete and timely manner.

3. Sensory and Motor Coordination and Function Requirements

- a. possess sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers;
- b. be able to execute motor movements reasonably required to provide general care and emergency treatment to patients;
- c. have somatic sensation and the functional use of the senses of vision and hearing;
- d. have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out required activities;
- e. be able to consistently, quickly, and accurately integrate all information received by whatever senses are employed; and
- f. possess sufficient sensory and motor coordination and functional capacity to meet the specific requirements of any specialty training program in which the Trainee participates.

4. Intellectual, Conceptual, Integrative and Quantitative Abilities

- a. be able to identify significant findings from history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, prescribe appropriate medications and therapy and retain and recall information in an efficient and timely manner;
- b. possess the ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans; and
- c. possess good judgment in patient assessment and in diagnostic and therapeutic planning.

5. Behavioral and Social Attribute Requirements

- a. possess the emotional health required for full use of intellectual abilities, the exercise of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients;
- b. exhibit the development of mature, sensitive and effective relationships with patients, colleagues, clinical and administrative staff, and all others with whom the accepted applicant interacts in the professional or academic setting, regardless of their race, ethnicity, gender, religion, age or other attributes or affiliations that may differ from that of the trainee;
- c. tolerate physically taxing workloads and function effectively when stressed;
- d. be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients; and

Applicants with Disabilities:

Under Federal and State law, BIDMC must provide reasonable accommodations to otherwise qualified applicants and trainees with disabilities unless to do so would cause an undue hardship. A qualified applicant or trainee with a disability is someone who has the requisite skill, experience, education to meet the Program Requirements and to perform the essential functions of the trainee's position, with or without reasonable accommodation.

An applicant is not disqualified from consideration due to a disability and is not required to disclose the nature of his/her disability during the application and/or interview process.

Trainees with disabilities are responsible for requesting reasonable accommodations. When the disability, the need for and/or the type of accommodation is not obvious, the trainee is responsible for providing medical documentation to Human Resources and Occupational Health appropriate to verify the existence of the disability and or the appropriateness of the requested accommodation. The Program Director will work with the trainee to help to identify and assess potential reasonable accommodations. A request for accommodation may be made at any time during residency training. In order for a trainee to receive maximum benefit from his/her residency training time, requests for accommodation should be made as early in the training process as possible. All requests for reasonable accommodation should be directed to the Program Director at BIDMC and/or the sponsoring institution. The Program Director(s), working with representatives from Human Resources, Occupational Health, and the requesting

trainee, will determine whether the requested accommodation is reasonable or would impose an undue hardship, or whether an alternative accommodation would be as effective as the requested accommodation.

Some of the aptitudes, abilities, and skills described in the ACGME Requirements can be attained by some trainees with technological compensation or other reasonable accommodation. However, trainees using technological supports or other accommodations must be able to perform in a reasonably independent manner. The use of trained intermediaries to carry out essential functions described in the ACGME Requirements will not be permitted by the BIDMC. Intermediaries, no matter how well trained, are applying their own powers of selection and observation, which could affect the judgment and performance of those to whom they are providing their intermediary services. Therefore, BIDMC will not permit third parties to be used to assist a trainee in the clinical training area in accomplishing curriculum requirements. Other accommodations will be given due consideration, and reasonable accommodations will be made where consistent with curriculum objectives and legal requirements applicable to BIDMC and its sponsored programs.

Vice President Sponsor: Richard M. Schwartzstein, MD, Vice President for Education

Approved By:

☒ Graduate Medical Education Executive Council	7/1/22
Carrie Tibbles, MD, DIO/Director, GME	
☒ Medical Executive Committee	7/20/22
Daniel Talmor, MD, Chair, MEC	

Requested By: Graduate Medical Education Executive Council

Original Date Approved: 9/2/2014

Revised:

Next Review Date: 7/25

Eliminated:

References:

Beth Israel Deaconess Medical Center
BIDMC Manual

Title: Clinician Health and Impairment

Policy: MS 32

Purpose: The purpose of this policy is to provide guidance to identify, respond to, and support members of the Medical Staff (herein, “Clinicians”) who have a behavioral health, physical health, or substance use disorders that results in an impairment while caring for patients at Beth Israel Medical Center that interferes with the provision of quality patient care.. This policy identifies the resources and processes for ensuring that matters related to the impairment of Clinicians receive timely and appropriate attention, including, where appropriate, support, rehabilitation, and medical treatment. A goal of this policy is to offer Clinician’s a supportive approach to identify and address functional impairment concerns to ensure safe patient care.

Policy Statement: Beth Israel Deaconess Medical Center (“BIDMC” or “Medical Center”) is committed to supporting and assisting its Clinicians who may be impaired because of a condition related to a behavioral health, physical health, or substance use disorder. BIDMC is responsible for providing a safe healthcare environment for patients, staff, and visitors, and an environment in which any Clinician with a functional impairment can receive treatment, support and rehabilitation.

The Medical Center and the Medical Staff are committed to assisting members of the BIDMC community with health issues so they may practice safely and competently. The Medical Staff, in collaboration with the Office of Professional Staff Affairs and Human Resources, provides education to members of the Medical Staff and employees that address the prevention of physical, psychiatric, emotional, or substance abuse related illnesses. BIDMC also is committed to a process, described in this policy, which facilitates the confidential diagnosis, treatment, and rehabilitation of members of the medical staff who suffer from a potentially impairing condition. Medical Staff will be informed about this policy through various means which include medical staff or department newsletters, resources for clinicians available on the BIDMC Portal, and annual medical staff core training curriculum.

Scope

This policy applies to members of the Medical Staff, as defined by the Medical Staff Bylaws (herein, “Clinicians”).

Definitions

“Health Issue” means any behavioral health, physical health, or substance use disorder that could adversely affect an individual’s ability to practice safely. Examples of Health Issues that could give rise to impairment may include, but are not limited to, the following:

(a) substance use disorder;

(b) use of any medication, whether prescription or over-the-counter, that can affect alertness,

judgment, or cognitive function;

- (c) temporary or ongoing behavioral health condition;
- (d) medical condition (e.g., stroke or Parkinson's disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;
- (e) infectious/contagious disease that could compromise patient safety or jeopardize other health care workers; and
- (f) dementia or other cognitive impairment.

“Impairment” or “Impaired” means the functional inability, of a Clinician to function in a manner that conforms to the standards of acceptable and prevailing safe practices for that health profession in the work environment due to:

- (a) Behavioral health disorder;
- (b) physical illness or condition, including but not limited to those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
- (c) substance use disorder including abuse and dependency of drugs and alcohol.
- (d) The presence of or treatment of a potentially impairing illness or other condition does not necessarily imply Impairment.

“Acute Impairment” means evidence of behavioral health, physical health, or substance use disorder that places patients and staff at *immediate* risk of harm.

“Physician Health Services (PHS)” is a confidential resource for physicians and medical students who may benefit from help addressing stress, burnout, work-life balance issues, and a variety of physical and behavioral health concerns that sometimes arise in today's hectic health care environment. These include substance use difficulties, cognitive issues, psychiatric problems, the stress of medicolegal situations, and interpersonal challenges at work or at home.

“Evaluation” is an assessment of the potentially Impaired practitioner performed by a professional and/or a treatment facility or center outside of the Medical Center.

“Monitoring” is the regular observation of the Clinician's behavior and job competency as it relates to the monitoring agreement.

“Monitoring Agreement” is an agreement between the Clinician and the Medical Center concerning the terms of the Clinician's return to patient care due to an Impairment, or Acute Impairment. This agreement is considered a binding agreement between, the Medical Center or Medical Staff, and the Clinician.

“Senior Leader” means an individual at the Medical Center who has supervisory and/or administrative responsibilities, including, but not limited to, department chief, division chief, director or manager.

“Supervisor” means the person responsible for supervising an individual pursuant to an employment relationship or under the Medical Staff Bylaws. , A Supervisor may be a department chief, division chief, director, or manager.

“Employee Health” is BIDMC Employee Health Management which is responsible for the managing and evaluating the return to patient care and return to work for employees of BIDMC and HMFP, as well as, members of the Medical Staff.

Procedure

I. Self-Reporting Health Issues that Likely will Give Rise to Impairment

Clinicians are required to inform Employee Health if they have a Health Issue that will likely give rise to Impairment. Employee Health will work with the Clinician to determine if the Clinician should receive an Evaluation from the Clinician’s medical providers, and based on that Evaluation, whether the Clinician should take a leave of absence from the medical staff. In the event that it is determined that a leave of absence from the Medical Staff is necessary and appropriate, Employee Health will inform the Department Chief, who should inform the Chief Medical Officer and the Office of Professional Staff Affairs. Before returning to patient care, Employee Health must approve and clear the Clinician to safely return to patient care. The decision to return the Clinician to patient care will be facilitated by Employee Health and informed by the Clinician’s medical team and/or PHS. Unless required by applicable law or regulation, the Medical Center will not report to the Board of Registration of Medicine self- reporting of Health Issues, participation in the Employee Health process, and following recommendations to take a medical leave of absence.

II. Reporting and Responding to Concerns of Clinician Impairment

A. Anyone with knowledge of or reason to believe that a Clinician is Impaired must contact their own Supervisor (department chief, division chief, manager or director) for assistance. In the event an individual feels uncomfortable or unable to report a concern of Impairment to their own Supervisor, the individual should report the concern to a Senior Leader (department chief, division chief, manager or director). The Supervisor or Senior Leader should gather information from the reporter to understand the concern of Impairment. The reporter’s Supervisor, or the Senior Leader, should then contact the Supervisor of the Clinician who may have a potential Impairment. Evidence of Impairment may include, but is not limited to the following:

1. Patterns of excessive fatigue, deterioration in personal hygiene and appearance, multiple physical complaints;
2. Mood changes or mood lability, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, manic behavior, flat affect, paranoid beliefs, and nihilistic or fatalistic comments;

3. Unprofessional behavior including unexplained absences, increase/pattern of tardiness, unprofessional behavior, decreasing quality or interest in work, avoidance of interaction with other staff, and inadequate professional performance; and
 4. Writing controlled substance prescriptions for oneself or family members.
 5. Clear evidence of a physical limitation which interferes with patient care responsibilities.
- B. Upon receipt of a report of Impairment or observations of a pattern of potential Impairment while caring for patients at Beth Israel Medical Center, the Clinician's Supervisor should confirm that there is no immediate risk to patients or staff, attempt to verify the information reported, and contact the Clinician to discuss the concerns. The presence or treatment of a potentially impairing illness or other condition does not necessarily imply Impairment. If confirmed, the Supervisor should notify the Chief Medical Officer, and the Department Chief, and share the initial report, as well as the response from the Clinician. The Chief Medical Officer, Department Chief and Clinician's Supervisor may determine that the report is inaccurate or made in bad faith and that there is no concern of Impairment, in which case, nothing further needs to be done.
- C. The Chief Medical Officer, Department Chief, and the Clinician's Supervisor may determine that an Evaluation through Employee Health is appropriate. The Clinician's Supervisor should contact Employee Health concerning the Clinician's Evaluation. As a result of an initial discussion with the Supervisor or subsequent Evaluation through Employee Health, the Clinician
- D. relieved of patient care duties.
- E. After an initial Evaluation, Employee Health may refer the Clinician to their own medical providers and /or PHS for further Evaluation, diagnosis, or treatment. Employee Health will coordinate with the Clinician's medical providers and/or PHS, as well as the Clinician's Supervisor, to develop a plan for the Clinician to safely return to patient care responsibilities, which may include further Evaluation, Monitoring, Treatment, reduced responsibilities, and/or education. In the event that it is determined that a leave of absence from the Medical Staff is necessary and appropriate, and the Clinician agrees to the leave of absence, the Clinician and Employee Health will notify the dept chief who will notify Chief Medical Officer, Department Chief and Office of Professional Staff Affairs. Before returning to patient care, Employee Health must approve and clear the Clinician to safely return to patient care. The decision to return the Clinician to patient care will be made by the Clinician's medical team and/or PHS.
- F. If the Clinician refuses to participate in the above-described Evaluation process or refuses to accept the recommendations of the Supervisor and Employee Health, pursuant to Article VI of the Medical Staff Bylaws, the Supervisor, Department Chief, or Chief Medical Officer may request disciplinary action against the Clinician by the Medical Executive Committee. The Chief Medical Officer, Department Chief and Supervisor will determine whether the evidence of Impairment presents a patient safety risk, and if so, the Clinician may voluntarily suspend patient care duties or the Chief Medical Officer may request that the Chair of the Medical Executive Committee or President of the Medical Center summarily suspend the Clinician's

medical staff privileges pursuant to the Medical Staff Bylaws.

III. Reporting and Responding to Concerns of Acute Impairment

- A. Acute Impairment places patients and staff at immediate risk, and anyone with knowledge or reason to believe a Clinician suffers from Acute Impairment must immediately notify their own Supervisor. In the event an individual feels uncomfortable reporting or is unable to report a concern of Impairment to their own Supervisor, the individual should report the concern to a Senior Leader. Concern for Acute Impairment may include some or all of the following: physical, cognitive or psychiatric dysfunction; intoxication; grossly impaired judgement/unprofessional behavior; or any condition that places patients, employees or staff in immediate danger.
- B. The reporter's Supervisor, or Senior Leader, should immediately notify the Clinician's Supervisor, who will involve the Department Chief and Chief Medical Officer, and during off hours, the Administrator On Call, Department Chief and/or Chief Medical Officer, of concerns of Acute Impairment. The Chief Medical Officer, Department Chief, Administrator on Call, and/or Clinician's Supervisor will attempt to verify the report, and the Clinician should immediately be relieved of duty, removed from patient care areas, and the following interventions or alternatives that similarly protect patients, the Clinician and staff should be implemented:
 - 1. In the event there are indications for an urgent medical or psychiatric evaluation, the Clinician should be escorted to the Emergency Department for immediate Evaluation and Treatment.
 - 2. For non-urgent medical or psychiatric evaluation, the Clinician should be referred to Employee Health
 - 3. All Anesthesia providers must follow the mandatory drug testing procedure pursuant to the BIDMC Anesthesia Department Drug Guideline.
 - 4. Establish a plan for coverage of the Clinician's duties.
 - 5. If an immediate medical evaluation is not appropriate, the Clinician will be relieved of patient care duties..
- C. After any imminent risk to patients or staff has been addressed, the Clinician must receive an Evaluation by Employee Health. The Clinician's Supervisor should contact Employee Health concerning the Clinician's Evaluation. Employee Health will coordinate with the Clinician's medical providers and/or PHS, as well as the Clinician's Supervisor, to develop a plan for the Clinician to safely fulfill patient care responsibilities, which may include further Evaluation, Monitoring, Treatment, reduced responsibilities, and/or education. In the event that it is determined that a leave of absence from the Medical Staff is necessary and appropriate, and the Clinician agrees to the leave of absence, the Clinician and Employee Health will notify the Clinician's Supervisor, Department Chief, Chief Medical Officer and Office of Professional Staff Affairs. Before returning to patient care, Employee Health must approve and clear the Clinician to safely return to patient care. The decision to return the Clinician to patient care will be made by the Clinician's medical team and/or PHS.

- D. In the event that the Clinician refuses to participate in the above-described Evaluation process, or refuses to accept the recommendations of the Supervisor and Employee Health, pursuant to Article VI of the Medical Staff Bylaws, the Supervisor, Department Chief, or Chief Medical Officer may request disciplinary action against the Clinician by the Medical Executive Committee. The Chief Medical Officer, Department Chief and Supervisor will determine whether the evidence of Impairment presents a patient safety risk, and if so, the Clinician may voluntarily suspend patient care duties or the Chief Medical Officer may request that the Chair of the Medical Executive Committee or President of the Medical Center summarily suspend the Clinician's medical staff privileges pursuant to the Medical Staff Bylaws.

IV. Reporting Clinician Impairment Matters to the Medical Executive Committee

On an annual basis, Employee Health will provide an anonymized report to the Medical Executive Committee of the cases involving reports of Clinician Impairment. The report will include details of return to work plans. In its report, Employee Health will take every measure to protect the confidentiality and privacy of the Clinicians. The Medical Executive Committee will review the report to evaluate the processes and standards applied to support the involved Clinicians and protect patients.

V. Statutory Reporting Obligations

While it is the intention to keep matters as confidential as possible, in Massachusetts, the law requires certain forms of reporting to the Board of Registration in Medicine (“BORIM”). The Medical Center is required to report to the BORIM certain types of disciplinary actions taken against physicians that relate to the physician’s competency to practice medicine or a complaint or allegation that the physician violated a law or regulation. The Chair of the Medical Executive Committee, Chief Medical Officer, and Department Chief, with guidance from the BIDMC Office of the General Counsel, will be responsible for determining the Medical Center’s obligations to report to the BORIM.

Also, in Massachusetts, the law mandates health care providers to report to the BORIM when there is reasonable basis to believe that a physician is practicing medicine while impaired by drugs or alcohol, or when a physician is a habitual user of drugs or alcohol. The law does recognize an exception to the reporting requirement if all of the following conditions are met: (1) reasonable basis to believe that the physician has not violated any other BORIM statute or regulation; (2) no allegations of patient harm; and (3) direct confirmation of compliance with a drug or alcohol treatment program. M.G.L. c. 112, § 5F, 243 CMR 1.00 through 3.00. If you have questions concerning your reporting obligations, please contact the BIDMC Office of the General Counsel.

VI. Resources for Clinician Health include:

BIDMC Clinician Health Service

The mission of the Clinician Health Service (CHS) in the Department of Psychiatry is to promote clinician health within the Beth Israel Deaconess Medical Center. The services of CHS include confidential evaluation of self-referred clinicians; clinician health education within individual clinical departments; and consultation to Department Chiefs and Service Directors.

Clinicians may directly and confidentially contact the CHS, which will expeditiously provide the clinician with an opportunity to discuss health concerns, to seek assistance with problem solving, and to receive recommendations for ongoing treatment, if needed. These services will be available to the clinician for a maximum of three sessions. If further treatment is indicated, appropriate referrals will be made.

Clinicians may access the CHS through the internet portal by selecting “Clinician Health Service”, and then contacting one of the identified CHS providers. Appointments with the CHS provider are

scheduled directly by the clinician seeking assistance. There is no cost for this service. An EMR (electronic medical record) note will NOT be created in order to ensure privacy of information, and insurance claims will not be submitted. A record of the visit will be kept in the office of the Department of Psychiatry.

This service is NOT considered as part of a disciplinary process of any kind. Information will only be shared with others with the permission of the clinician, except when disclosure is necessary to protect the Clinician himself/herself or a third party from harm.

To contact this service call 617-667-0651 or email ppeck@bidmc.harvard.edu

Additional information about this service can be found at: www.bidmc.org/ClinicianHealthServices

Employee Assistance Program (EAP):

Employees of BIDMC are encouraged to seek help by contacting the BIDMC EAP program. The EAP provides free, professional counseling to assist employees with personal or work-related problems. All counseling services offered by EAP are confidential. The EAP has several office locations throughout the Boston area. For a confidential consultation or to make an appointment, please call (800) 451-1834.

Physician Health Services:

Physician Health Services, Inc. (PHS), affiliated with the Massachusetts Medical Society, is a confidential resource for physicians and residents that provides assistance with behavioral health, physical health, or substance use disorders. PHS provides a safe environment for physicians to talk to their peers about the stress and demands of medical practice. Anyone is welcome to contact PHS on their own behalf. PHS receives referrals from colleagues, family members, friends, hospitals, medical schools, and from the Board of Registration in Medicine. Services of the PHS include expert consultation and assessment designed to encourage physicians and medical students to obtain help for behavioral health, physician health or substance use disorders. Physician Health Services can be contacted by calling 781-434-7404; or toll free at 800-322-2303, ext. 7404

References:

Reporting, Investigation, and Resolution of Compliance Issues - Policy: ADM-30

Prohibition Against Retaliation - Policy: PM-22

Drug-Free Workplace - Policy: PM-26

Requestor Name: Bettina Siewert, MD; Sugantha Sundar, MD

Vice President Sponsor: Tony Weiss, MD

Approved By:

☒ **Medical Executive Committee: 11/20/24**

Daniel Talmor, MD
MEC Chair

Original Date Approved: Rewritten 9/15/21

Revised 11/23

Next Review: 11/27

**Beth Israel Deaconess Medical Center
Discrimination and Harassment Policy**

Human Resources policies by their nature are constantly under review as they are affected by changes in applicable laws, economic conditions and Beth Israel Deaconess Medical Center business (BIDMC). BIDMC reserves the right to revise or terminate policies at any time and diverge from existing policies when it deems appropriate. Nothing in this Policy is intended to constitute a contract between BIDMC and any employee, or create a promise by BIDMC of any kind, regardless of what this Policy states. Unless an employee has a written agreement for continued employment signed by the employee and an authorized representative of BIDMC, the employee is an at-will employee and either the employee or Beth Israel Deaconess Medical Center may terminate employment at any time, with or without cause and/or notice.

Title: Discrimination and Harassment

Policy: Beth Israel Deaconess Medical Center – PM 24

Purpose: To provide Beth Israel Deaconess Medical Center’s policy regarding preventing, reporting, and investigating complaints of harassment and discrimination in the workplace, including preventing retaliation in response to any complaints of harassment or discrimination in the workplace.

Applicability: All employees of Beth Israel Deaconess Medical Center.

Policy Owner: Human Resources

Effective Date:

Revised:

Introduction:

Beth Israel Deaconess Medical Center is strongly committed to providing a workplace free of harassment and discrimination and where all employees are treated with respect and dignity. Harassment and discrimination of employees occurring in the workplace or in other settings in connection with an employee’s work is unlawful and will not be tolerated by BIDMC. Further, any retaliation against an employee who has complained about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is unlawful and will not be tolerated. To achieve the Medical Center’s goal of providing a workplace free from harassment and discrimination, the conduct that is described in this policy will not be tolerated and BIDMC has provided procedures by which inappropriate conduct will be dealt with.

Beth Israel Deaconess Medical Center takes allegations of harassment and discrimination seriously and will respond promptly to such complaints. If BIDMC determines that inappropriate conduct has occurred, it will act promptly to eliminate the conduct and use corrective action as necessary.

While this policy sets forth the Medical Center's goals of promoting a workplace free of harassment and discrimination, this policy is not designated or intended to limit BIDMC's ability to use corrective action in response to workplace conduct deemed to be unacceptable or inappropriate, regardless of whether or not that conduct satisfies the definition of harassment and/or sexual harassment and/or unlawful discrimination.

The prohibition against harassment and discrimination in the workplace also applies to patients, visitors, contractors, and others on Beth Israel Deaconess Medical Center property. Harassment and discrimination outside of the workplace (i.e. not on Beth Israel Deaconess Medical Center property) and in work related settings (including work related meetings, work sponsored events and trips) is prohibited and will not be tolerated.

Definitions:

Beth Israel Deaconess Medical Center prohibits harassment and discrimination of its workforce based on any protected category, including race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, handicap (disability), marital status, pregnancy, pregnancy-related conditions, active military or veteran status, genetic information, participation in a discrimination complaint or related activities, or any other basis protected by applicable law ("protected characteristics"). The Medical Center also prohibits harassment and discrimination based on the perception that an individual has a protected characteristic or is associated with a person who has or is perceived to have a protected characteristic.

"Sexual harassment" is defined as sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- (a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or
- (b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a manager or supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female employees may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- (a) Unwelcome sexual advances - whether they involve physical touching or not;
- (b) Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- (c) Displaying sexually suggestive objects, pictures, cartoons;
- (d) Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- (e) Inquiries into one's sexual experiences; and
- (f) Discussion of one's sexual activities

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by the Medical Center.

Consensual Relationships and Relationships in the Workplace:

Please refer to PM-25 "Family Members and Relationships in the Workplace" which addresses family members working at Beth Israel Deaconess Medical Center and other relationships in the workplace.

Reporting Complaints of Harassment and Discrimination:

If an employee believes they have been subjected to harassment or discrimination, the employee has a right to file a complaint with Beth Israel Deaconess Medical Center either in writing or orally. Employees should immediately file a complaint with their manager, direct a complaint to any other leader's attention, or to Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel.

If an employee witnesses harassment or discrimination, or learns about harassment of another individual or discriminatory conduct towards another individual, the employee should immediately notify their manager, any other leader or Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel.

No Retaliation:

Retaliation against an individual who has complained in good faith about harassment or discrimination, and retaliation against individuals for cooperating in good faith with an investigation of a harassment or discrimination complaint, is unlawful and will not be tolerated by this organization. Specifically with regard to disability and veteran status, applicants, employees, and medical staff shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have filed a complaint, assisted in an investigation, or opposed any practice made unlawful by Section 503 of the Rehabilitation Act of 1973, as amended, or the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA), as amended.

Investigations and Disciplinary Action:

All complaints of harassment or discrimination or other violations of this Policy will be investigated thoroughly and promptly. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. If it is determined that inappropriate conduct has occurred, appropriate action will be taken, including eliminating the offending conduct and where it is appropriate, impose disciplinary action. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action deemed appropriate under the circumstances.

State and Federal Remedies:

In addition to the above, if an employee believes that they have been subjected to harassment or discrimination, the employee may file a formal complaint with either or both of the government agencies set forth below. Using Beth Israel Deaconess Medical Center's internal complaint process does not prohibit an employee from filing a complaint with these agencies as well. Each of the agencies has a short time period for filing a claim (EEOC – 300 days; MCAD – 300 days).

1. The United States Equal Employment Opportunity Commission ("EEOC"), John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203, Tel. (800) 669-4000, Facsimile (617) 565-3196, TTY (800) 669-6820.
2. The Massachusetts Commission Against Discrimination ("MCAD"), One Ashburton Place, Sixth Floor, Room 601, Boston, MA 02108, Tel. (617) 994-6000, TTY (617) 994-6196.

Manager's Responsibilities:

All managers and leaders have an obligation to immediately bring any complaint or concern regarding harassment or discrimination (or any other violation of this Policy) to Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel. This obligation exists even if the conduct was not

reported to the manager or leader. If the employee who raised the complaint or concern requests that the situation not be reported or investigated, the manager must explain to the employee that the manager has an obligation to bring the complaint to the attention of Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel so that the complaint can be investigated. Managers must:

Take all complaints or concerns of alleged or possible harassment or discrimination seriously no matter how minor the complaint or who is involved (and whether or not there has been a written or formal complaint); · Ensure that harassment or inappropriate sexually oriented conduct or discrimination is immediately reported to Joanne T. Ayoub, BIDMC HR VP Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel so that a prompt investigation can occur; and · Take appropriate action to prevent retaliation in response to any complaint or investigation of alleged harassment or discrimination. Managers who knowingly allow or tolerate harassment, discrimination, or retaliation, including the failure to immediately report such misconduct to Joanne T. Ayoub, BIDMC VP HR Business Partner and/or Deborah DosSantos, Deputy General Counsel, Office of General Counsel, are in violation of this policy and subject to disciplinary action.

Employee Responsibilities:

It is the responsibility of all employees to ensure that the workplace is free from any form of harassment and discrimination. If an individual feels they have been harassed or suffered discrimination, has witnessed harassment or discrimination, or heard of harassment or discrimination in the workplace, Beth Israel Deaconess Medical Center expects the employee to immediately report this to their manager or Human Resources.

Vice President Sponsor: Joanne T. Ayoub, Vice President, Human Resources

Approved By:

☒ Senior Management Team 12/12/22

Peter Healy, President

Requestor Name: Andrew Zaglin, Director Employee Relations

Original Date Approved: 10/01 BI/LH 12/12/22

Next Review Date: 12/25

Revised:

References: