



Graduate Medical Education (GME) Programs Institutional Policies and Procedures

As a sponsor institution for ACGME-accredited residencies and fellowships, Denver Health and its GME Committee maintain, review, and approve institutional GME policies and procedures. All residents and fellows participating in ACGME-accredited programs sponsored by Denver Health should review the following institutional policies and procedures upon orientation to their respective programs.

If you have questions, contact your training program leadership or the Office of Education:

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Graduate Medical Education Institutional Policies & Procedures

Policy: Agreement of Appointment/Contract

ACGME Institutional Requirements Section Reference: IV.B. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing written agreement of appointment/contract outlining the terms and conditions of Resident/Fellow appointment to a program sponsored by Denver Health.

Policy

A written agreement of appointment/contract of Residents/Fellows generated by the Residency/Fellowship program must directly contain or provide a reference to the following items:

1. Resident/Fellow responsibilities;
2. duration of appointment;
3. financial support for Residents/Fellows;
4. conditions for reappointment and promotion to a subsequent PGY level;
5. grievance and due process;
6. professional liability insurance, including a summary of pertinent information regarding coverage;
7. hospital and health insurance benefits for Residents/Fellows and their eligible dependents;
8. disability insurance for Residents/Fellows;
9. vacation, parental, sick, and other leave(s) for Residents/Fellows, compliant with applicable laws;
10. timely notice of the effect of leave(s) on the ability of Residents/Fellows to satisfy requirements for program completion;
11. information related to eligibility for specialty board examinations; and,
12. institutional policies and procedures regarding Resident/Fellow clinical and educational work hours and moonlighting.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Annual Institutional Review and Special Review Protocol

ACGME Institutional Requirements Section Reference: III.B.5. and III.B.6. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing requirements for the Annual Institutional Review and protocols for Special Review.

Policy

Annual Institutional Review:

The GME Committee (GMEC) oversees Denver Health's accreditation through an Annual Institutional Review (AIR). The AIR must include performance indicators:

1. The most recent ACGME institutional letter of notification.
2. Results of ACGME surveys of Residents/Fellows and core Faculty members.
3. Each of Denver Health's ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

The AIR must be presented and submitted annually to the Denver Health Board of Directors by the Designated Institutional Official (DIO) as an executive summary written in a document or presentation format. The written executive summary must include:

1. A summary of institutional performance on indicators for the AIR as described above.
2. Action plans and performance monitoring procedures resulting from the AIR.

Special Review:

The Denver Health GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process will be activated if a Denver Health ACGME-accredited program receives any citation from the ACGME or Review Committee request for clarifying information from the program before an accreditation decision can be made. Other circumstances may prompt a Special Review as determined by the DIO.

Any Special Review must result in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Clinical Competency Committee and Program Evaluation Committee

ACGME Institutional Program Requirements Section Reference: I.B.4.a).(4) (effective July 1, 2018)

ACGME Common Program Requirements Section Reference: V.A.1. and V.C.1. (effective July 1, 2016)

ACGME Common Program Requirements (Post-Doctoral Education Program) Section Reference: V.A.3. and V.C.1 (Effective June 10, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy stating the responsibilities of the Clinical Competency Committee and the Program Evaluation Committee.

Policy

Clinical Competency Committee:

The Program Director for each Denver Health ACGME-accredited program must appoint a Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the program Faculty. For Fellowship programs, at least one must be a core Faculty member.

The Program Director may appoint additional members of the CCC. Additional members must be physician Faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's Residents/Fellows in patient care and other health care settings. Chief Residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the CCC.

Denver Health ACGME-accredited programs must maintain a written description of the responsibilities of the CCC. The CCC should:

1. Review all Resident/Fellow evaluations semi-annually.
2. Determine each Resident's/Fellow's progress on achievement of the specialty-specific Milestones and prepare and ensure the reporting of Milestones evaluations of each Resident/Fellow semi-annually to ACGME.
3. Meet prior to the Residents'/Fellows' semi-annual evaluations and advise the Program Director regarding Resident/Fellow progress, including promotion, remediation, and dismissal.

Program Evaluation Committee:

In compliance with ACGME Institutional Requirements, the Program Director or designee for each ACGME-accredited program must annually provide a summary of the Annual Program Evaluation to the GME Committee (GMEC) Chair for GMEC review/oversight.

Residencies:

The Program Director for each Denver Health ACGME-accredited Residency program must appoint a Program Evaluation Committee (PEC). The PEC must be composed of at least two program Faculty members and should include at least one Resident selected by his/her peers and must have a written description of its responsibilities. The PEC should participate actively in:

1. Planning, developing, implementing, and evaluating educational activities of the program
2. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
3. Addressing areas of non-compliance with ACGME standards
4. Reviewing the program annually using evaluations of Faculty, Residents, and others, as specified below in the Annual Program Evaluation section

Annual Program Evaluation

Each ACGME-accredited program, through their PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. The program must monitor and track each of the following areas:

1. Resident performance
2. Faculty development
3. Graduate performance, including performance of program graduates on the certification examination
4. Program quality
5. Progress on the previous year's action plan(s)

Residents and Faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of Residents' and Faculty members' assessments of the program together with other program evaluation results to improve the program.

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above (1 through 5) as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching Faculty and documented in meeting minutes.

Fellowships:

The Program Director for each Denver Health ACGME-accredited Fellowship program must appoint a Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC must be composed of at least two program Faculty members, at least one of whom is a core Faculty member, and at least one Fellow selected by his/her peers. The PEC responsibilities must include:

1. Acting as an advisor to the Program Director, through program oversight
2. Review of the program's self-determined goals and progress toward meeting them
3. Guiding ongoing program improvement, including development of new goals, based upon outcomes
4. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims

Annual Program Evaluation

The PEC should consider the following elements in its assessment of the program:

1. Curriculum
2. Outcomes from prior Annual Program Evaluation(s)
3. ACGME letters of notification, including citations, Areas for Improvement, and comments
4. Quality and safety of patient care
5. Aggregate Fellow and Faculty:
 - a. Well-being
 - b. Recruitment and retention
 - c. Workforce diversity
 - d. Engagement in quality improvement and patient safety
 - e. Scholarly activity
 - f. ACGME Fellow and Faculty surveys
 - g. Written evaluations of the program
6. Aggregate Fellow:
 - a. Achievement of the Milestones
 - b. In-training examinations (where applicable)
 - c. Board pass and certification rates
 - d. Graduate performance
7. Aggregate Faculty:
 - a. Evaluation
 - b. Professional development

The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must be distributed to and discussed with the members of the teaching Faculty and the Fellows, and be submitted to the DIO.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Closures and Reductions

ACGME Institutional Requirements Section Reference: IV.N. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing GMEC oversight of reductions in size or closure of each of Denver Health's ACGME-accredited programs, or closure of Denver Health.

Policy

Training Programs Closure or Reduction in Size:

The Designated Institutional Official (DIO) is committed to supporting Residents/Fellows in the completion of their training. However, circumstances occasionally arise which may require program closure. If reduction in size of the program or program closure is being considered, Program Directors shall inform the CEO, DIO, GMEC, and Department Director of Service of the affected program. Residents/Fellows will be notified as early as possible of plans involving closure or reduction of size of a training program. If a training program is to close either voluntarily or involuntarily, whenever possible, Residents/Fellows in the program will complete their training but no new Residents/Fellows will be admitted. If the program will not continue long enough for currently enrolled Residents/Fellows to complete training, the DIO will assist displaced Residents/Fellows with finding a position in a different ACGME-accredited training program. While the DIO will make every effort to assist displaced Residents/Fellows, it is not guaranteed that the Residents/Fellows will find a position in a different training program.

Hospital Closure:

In the event an affiliated hospital terminates or suspends operations for whatever reason, efforts to find alternate locations which will provide the necessary clinical and educational resources for Residents/Fellows to complete their training shall be made by the program(s) involved. Should it not be possible to relocate the affected Residents/Fellows, the DIO will assist displaced Residents/Fellows to find a position in a different ACGME-accredited training program. While the DIO will make every effort to assist displaced Residents/Fellows, it is not guaranteed that the Residents/Fellows will find a position in a different training program.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Disasters

ACGME Institutional Requirements Section Reference: IV.M. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing administrative support for each of Denver Health's ACGME-accredited programs and Residents/Fellows in the event of a disaster or interruption in patient care.

Policy

Residents/Fellows are considered essential personnel and should report to their rotation site as scheduled. If a disaster occurs while at the rotation site, the Resident/Fellow should remain at the site until further instructions are provided by the Program Director.

Program Directors must inform their Residents/Fellows of the program-specific disaster plan. All attempts should be made to provide supervision during a disaster. Program Directors are responsible for providing instructions to the Residents/Fellows regarding service obligations and patient safety during a disaster.

Procedure:

If an event, or set of events, causes significant alteration to the residency experience in one or more residency programs, the Denver Health Designated Institutional Official (DIO) and/or GME Committee (GMEC) will follow this procedure as soon as possible:

1. The DIO will gather data and information from the affected Program Directors to determine the short-term (days/weeks) and long-term (weeks/months) impact on program functions and/or clinical operations at training sites affected by the disaster and provide information to the GMEC.
2. If ACGME programs are affected, the DIO will promptly contact the ACGME after the initial GMEC meeting to provide an update on the disaster and initial steps taken by the institution and the GMEC.
 - a. The ACGME may invoke the Extraordinary Circumstances Policy if it is determined that Denver Health's ability to support resident education has been significantly altered.
 - b. Within 30 days of the invocation of the Extraordinary Circumstances Policy, the DIO will revise Denver Health's educational program to comply with common, specialty-specific, institutional, and program requirements.

3. Within 10 days of the invocation of the Extraordinary Circumstances Policy, the DIO will contact the ACGME to receive deadlines for Denver Health to:
 - a. Submit program reconfiguration to ACGME; and,
 - b. Inform each program's Residents/Fellows of the decision to reconstitute the program and/or transfer the Residents/Fellows either temporarily or permanently.
 - i. The DIO will continue to communicate with the ACGME regularly, as needed, to provide updates on any additional program or institutional issues.

The GMEC will meet regularly, as necessary, to continue its assessment of the situation and to make decisions regarding Denver Health training programs.

1. Issues to be reviewed, assessed, or acted upon by the GMEC include:
 - a. Patient safety
 - b. Safety of Residents/Fellows, Faculty, and Staff
 - c. Supply of available Faculty and Residents/Fellows for clinical and educational duties
 - d. Extent/impact of damage to the physical facilities
 - e. Extent/impact of damage to clinical technology and clinical information systems
 - f. Extent/impact of damage to communication technology (e.g., phones, pagers, intra/internet)
 - g. Changes in the volume of patient activity in the short-term and long-term

If the GMEC determines that a program or the institution cannot provide an adequate educational experience for a Resident/Fellow because of the disaster, both individual programs and the institution will work toward the following options:

1. Temporarily relocate a Resident/Fellow to a site of training within the current local affiliate training sites.
2. Arrange a temporary transfer for a Resident/Fellow to another ACGME program until the institution can provide an adequate educational experience for the Resident/Fellow. As best possible at the time of the transfer, the program will inform the Resident/Fellow being transferred regarding the minimum duration of the transfer and the anticipated total duration of the transfer.
3. Assist the Resident/Fellow in a permanent transfer to another program/institution.
 - a. The preferences of the Resident/Fellow will be considered by the transferring institution or program whenever possible.

Continuation of financial support in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall. In addition, it will be dependent on current policies related to reimbursement.

1. For Residents/Fellows temporarily relocated to an affiliated training site, Denver Health will continue to pay Resident/Fellow salary and benefits as long as funds are available.
2. For Residents/Fellows temporarily assigned to a program at another institution:
 - a. Denver Health will continue to pay Resident/Fellow salary (according to the Denver Health/CU School of Medicine stipend schedule) and benefits as long as funds are available. Denver Health will work with the institution to which the Resident/Fellow is temporarily assigned to negotiate financial support from that site for Residents/Fellows temporarily assigned there.
3. For Residents/Fellows permanently transferring to another institution, Denver Health will not cover salary and benefits.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Non-Competition

ACGME Institutional Requirements Section Reference: IV.L. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing non-competition guarantees and restrictive covenants related to Residents/Fellows.

Policy

Per ACGME institutional requirements, Denver Health nor any of its ACGME-accredited programs can require a Resident/Fellow to sign a non-competition guarantee or restrictive covenant.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Professional Liability, Health and Disability Insurance

ACGME Institutional Requirements Section Reference: IV.E.; IV.F (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing Resident/Fellow provision of professional liability insurance, health insurance benefits, and disability insurance benefits.

Policy

Professional Liability:

Residents/Fellows must be provided professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of Denver Health's ACGME-accredited programs, or after completion of the program if the alleged acts or omissions of a Resident/Fellow are within the scope of the program.

Official documentation of the details of liability coverage will be provided upon request of the Resident/Fellow. Residents/Fellows should direct requests to their Program Coordinator.

Health and Disability:

1. Residents/Fellows and their eligible dependents must be provided health insurance benefits beginning on the first day of insurance eligibility. When the first day of health insurance eligibility is not the first day that Residents/Fellows are required to report, they will be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.
2. Residents/Fellows must be provided disability insurance benefits beginning on the first day of disability insurance eligibility. When the first day of disability insurance eligibility is not the first day that Residents/Fellows are required to report, they will be given advanced access to information regarding interim coverage so that they can purchase coverage if desired.
3. Residents/Fellows should direct health insurance or disability insurance interim coverage requests to their Program Coordinator.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Promotion, Appointment Renewal, Dismissal and Grievances

ACGME Institutional Requirements Section Reference: IV.C.; IV.D (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy which requires each ACGME-accredited program at Denver Health to determine the criteria for promotion and/or renewal of a Resident's/Fellow's appointment, and to outline the procedures for submitting and processing Resident/Fellow grievances while minimizing conflicts of interest.

Policy

Each Residency/Fellowship program must provide Residents/Fellows with a written notice of intent when that Resident's/Fellow's agreement will not be renewed, when that Resident/Fellow will not be promoted to the next level of training, or when that Resident/Fellow will be dismissed.

Residents/Fellows must be provided 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. Residency and Fellowship leadership shall refer to the Professionalism decision tree to ensure appropriate processes are followed and documented and documentation is maintained.

If a Resident/Fellow believes s/he has been wrongfully suspended from the program, dismissed, not renewed or renewed without promotion, the grievance procedure described below can be invoked. The process is intended to protect the rights of the Resident/Fellow and the training program and to ensure fair treatment for both parties. Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal or wrongful renewal without promotion of the annual Resident/Fellow training agreement. Being placed on probation and immediate suspension from clinical responsibilities are not grievable.

The decision to suspend a Resident/Fellow from the program, dismiss, not renew or renew without promotion is an academic responsibility and is the decision of the Denver Health Graduate Medical Education programs.

In all cases of suspension from the program, dismissal, nonrenewal or renewal without promotion of a contract, it is expected that appropriate probationary and remedial periods will have occurred.

Procedures:

If members of the academic faculty, the Resident/Fellow staff, or the ancillary staff become aware of a Resident/Fellow who has not met his or her obligations and responsibilities under the Resident/Fellow training agreement and/or their PGY specific job description, they should contact the Residency/Fellowship Program Director as soon as possible. This should be followed by a written report of the alleged infraction. This report must be signed; anonymous accusations will not be accepted. However, Residency/Fellowship programs shall act upon any allegation of sexual or racial harassment (written or not) in accordance with the Denver Health Prohibition of Harassment, Discrimination & Retaliation policy: <https://denverhealth.policystat.com/policy/2846400/latest/>

Upon review of the report of an alleged infraction, the Residency/Fellowship Program Director will consider the seriousness of the allegation. The Residency/Fellowship Program Director or designee may investigate the allegation by speaking with the Resident/Fellow involved as well as any other concerned parties and by gathering and reviewing evidence. The Resident/Fellow may be relieved of clinical duties (Investigative Leave with pay) pending the outcome of the Program Director's investigation. If evidence of wrongdoing exists, the Program Director will take action, as outlined below.

If the Residency/Fellowship Program Director learns of possible criminal activity on the part of the Resident/Fellow during the Program Director's investigation, the Program Director shall immediately notify police and cooperate with any criminal official investigation.

In accordance with the Colorado Medical Practice Act, the Board of Medical Examiners will be notified of any Resident/Fellow who violates the provisions of the Colorado Medical Practice Act or who has not progressed satisfactorily in the program or who has been dismissed from the program for inadequate performance or ethical reasons.

If the Residency/Fellowship Program Director has determined wrongdoing on the part of the Resident/Fellow, the Program Director has the discretion of imposing multiple layers of discipline. The disciplinary action chosen by the Program Director can include:

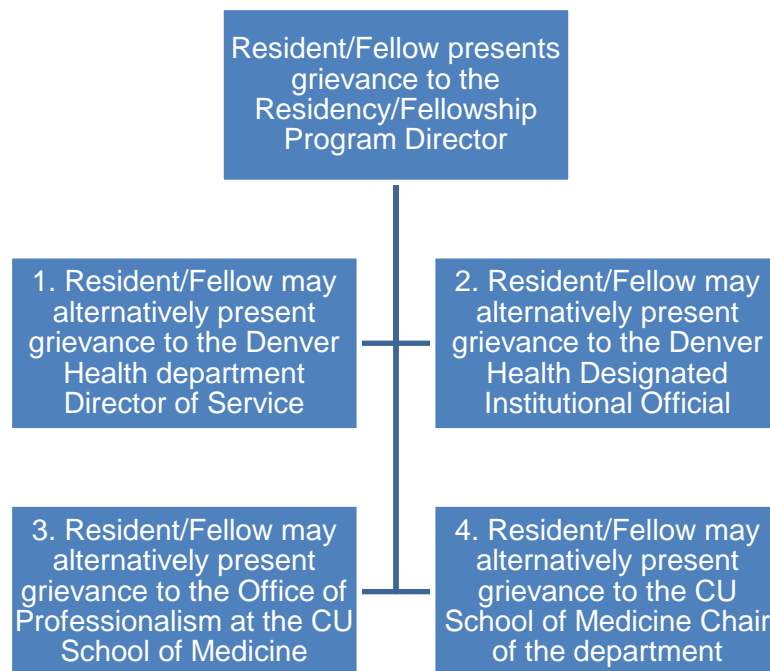
1. Verbal Reprimand
2. Written Reprimand
3. Written Reprimand with Academic Probation
4. Residency/Fellowship Honor Council
5. Dismissal

The Residency/Fellowship Program Director may invoke any combination of these procedures. These disciplinary procedures need not be used sequentially; infractions of a more serious nature will incur a greater degree of discipline. Each program reserves the right to dismiss a Resident/Fellow for any violation of the Resident/Fellow training agreement. It is expected, however, that in most cases, a progressive approach through these procedures would be used.

The Residency/Fellowship Program Director, at his or her discretion, may, at any time, relieve a Resident/Fellow of his or her clinical duties if his or her behavior is considered potentially dangerous to patients, other employees, or the public.

Resident/Fellow Grievance Process:

In a situation where a Resident/Fellow wishes to communicate a grievance, the Resident/Fellow is encouraged to discuss the grievance directly with the other party or the Program Director. However, the Resident/Fellow has multiple other options for reporting a grievance in situations when reporting to the Program Director or within the Residency/Fellowship program is not reasonable or desired:



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Graduate Medical Education Institutional Policies & Procedures

Policy: Resident/Fellow Recruitment

ACGME Institutional Requirements Section Reference: IV.A. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing eligibility and selection criteria for applicants to GMEC approved training programs (both ACGME and non-accredited).

Policy

Applicants eligible for appointment must meet the following qualifications. Applicants applying to ACGME accredited programs must maintain compliance with the Institutional Requirements published by the ACGME.

1. Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME); or
2. Graduation from any college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA); or
3. Graduation from medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
 - a. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or
 - b. Holds a full and unrestricted license to practice medicine in Colorado; or
 - c. Has graduated from a medical school outside the United States and has completed a Fifth Pathway Program provided by an LCME-accredited medical school.
4. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment.
 - a. Information that is provided must include: financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.
5. Applicants must be eligible for either a physician training license or a full medical license as granted by the Colorado Medical Board.

6. Any prerequisite post-graduate clinical education required for initial entry or transfer into an ACGME-accredited Residency or Fellowship program must be completed in ACGME-accredited programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited programs located in Canada.
 - a. Residency and Fellowship programs must receive verification of each resident's level of competency in the required clinical field using ACGME or CanMEDS milestones from the prior training program.

7. Programs may establish additional selection criteria. Specific criteria must be published for applicants to review.

8. Programs are encouraged to participate, when available, in an organized matching program such as the National Resident Matching Program (NRMP).

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Graduate Medical Education Institutional Policies & Procedures

Policy: Resident Services and Physician Impairment

ACGME Institutional Requirements Section Reference: IV.H. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing Resident/Fellow services including behavioral health, physician impairment, harassment, and accommodation for disabilities.

Policy

1. Residents/Fellows must be provided with access to confidential counseling and behavioral health services.
2. Residents/Fellows must be notified of the Physician Impairment Policy, as outlined below.
3. As employees of Denver Health and Hospital Authority, Residents/Fellows are subject to the Denver Health Prohibition of Harassment, Discrimination & Retaliation policy: <https://denverhealth.policystat.com/policy/2846400/latest/>
4. As employees of Denver Health and Hospital Authority, Residents/Fellows are subject to the Denver Health Reasonable Accommodation and Interactive Process for Disabilities and Pregnancy policy: <https://denverhealth.policystat.com/policy/5323718/latest/>

Physician Impairment:

The following information supports an environment that assists Residents/Fellows in maintaining wellness and in proactively addressing any health condition that could potentially affect their health, well-being, and performance:

1. Colorado Physician Health Program
Residents are encouraged to voluntarily self-refer to the Colorado Physician Health Program (CPHP) for any health condition or concern about a potential health condition. Residents may self-refer at any time, without or prior to any workplace intervention. This service is confidential. Residents and Fellows who self-report and utilize CPHP services do not have to disclose their health conditions when applying for a Colorado license or renewing a license, with the exception of legal charges. For more information about CPHP, visit www.CPHP.org or call at 303-860-0122. Request for paid leave or unpaid time off in order to participate in CPHP confidential evaluations and monitoring will be considered under Family Medical Leave (FML) if applicable or on a case by case basis.

2. Denver Health Alcohol and Drug Policy

As employees of Denver Health and Hospital Authority, Residents/Fellows must abide by the Denver Health Drug and Alcohol-Free

Policy: <https://denverhealth.policystat.com/policy/3573175/latest/>

Residents violating this policy will be subject to appropriate Denver Health disciplinary procedures, which may include probation and/or termination of the training agreement. Residents violating the Denver Health Drug and Alcohol-Free Policy may also be asked or required to participate in CPHP, including any monitoring and/or treatment recommendations.

3. Program Director Responsibilities

Program Directors are required under ACGME guidelines to “monitor stress, including mental or emotional conditions inhibiting performance or learning, and drug-or alcohol-related dysfunction.” When health conditions that affect the Resident’s ability to practice medicine safely are known or suspected, the Program Director should make appropriate and timely referrals to CPHP to assist with necessary assessment, treatment referral and monitoring.

4. Colorado Medical Board Reporting Requirements

Licensed physicians are obligated under CRS 12-36-118(3)(a) to report unprofessional conduct of other licensed physicians to the Colorado Medical Board (<http://www.dora.state.co.us/medical/Statute.pdf>). As defined by the statute, “unprofessional conduct” includes “habitual or excessive use or abuse of alcohol, a habit-forming drug, or a controlled substance” and “a physical or mental illness or condition that impacts the licensee's ability to perform a medical service with reasonable skill and with safety to patients.”

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Graduate Medical Education Institutional Policies & Procedures

Policy: Supervision and Circumstances Requiring Faculty Involvement
ACGME Institutional Requirements Section Reference: IV.I. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing supervision of Residents/Fellows.

Policy

Each Denver Health ACGME-accredited program must establish a written program-specific supervision policy consistent with the institutional policy below and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

Supervision:

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. This information must be available to residents, Faculty members, other members of the health care team, and patients. Residents/Fellows and Faculty members must inform patients of their respective roles in that patient's care when providing direct patient care.

All Residents/Fellows working in clinical settings must be supervised by a licensed physician. The program must demonstrate that the appropriate level of supervision in place for all Residents/Fellows is based on each Resident's/Fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The Program Director will ensure all program policies relating to supervision are distributed to Residents/Fellows and Faculty who supervise Residents/Fellows. Supervision policies specific to each program must be provided to each Resident/Fellow upon matriculation into the program. To ensure oversight of Resident/Fellow supervision and graded authority and responsibility, the program must use the ACGME classification of supervision:

1. Direct Supervision:
The supervising physician is physically present with the Resident/Fellow and patient.
2. Indirect Supervision:
With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

3. Oversight:

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and Faculty members. The Program Director must evaluate each Resident's/Fellow's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each Resident/Fellow. Senior Residents/Fellows should serve in a supervisory role to junior Residents/Fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident/Fellow.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Resident/Fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

Programs must set written guidelines for circumstances and events in which Residents/Fellows must communicate with appropriate supervising Faculty members.

Each Resident/Fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. The clinical responsibilities for each Resident/Fellow must be based on PGY-level, patient safety, Resident/Fellow education, severity and complexity of patient illness/condition and available support services.

PGY-1 Residents must be supervised either directly or indirectly with direct supervision immediately available. Each ACGME Review Committee may describe the conditions and the achieved competencies under which PGY1 Residents progress to be supervised indirectly with direct supervision available.

GMEC oversees the ACGME Annual Resident/Fellow Surveys, the mechanism by which Residents/Fellows can report inadequate supervision in a protected manner.

Circumstances Where Residents/Fellows Must Communicate With Attending Faculty:

Residents/Fellows are encouraged to communicate with supervising attending Faculty any time the Resident/Fellow feels the need to discuss any matter relating to patient care. The following

are urgent patient circumstances and events where Residents/Fellows must communicate immediately with supervising attending Faculty:

1. In case of patient death
2. Any time there is unexpected deterioration in patient's medical condition
3. Patient is in need of invasive operative procedures
4. Instances where patient's code status is in question and Faculty intervention is needed
5. A patient attempts to leave against medical advice
6. A patient suffers a serious adverse event
7. A patient is transferred to or from a more acute care setting (floor to ICU and vice versa)
8. A patient's condition changes requiring Code Team activation
9. Any other clinical concern whereby the intern or the Resident/Fellow feels uncertain of the appropriate clinical plan

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Graduate Medical Education Institutional Policies & Procedures

Policy: Transitions of Care

ACGME Institutional Requirements Section Reference: III.B.3. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing transitions of care.

Policy

Denver Health must:

1. Facilitate professional development for core Faculty members and Residents/Fellows regarding effective transitions of care; and,
2. In partnership with Denver Health's ACGME-accredited programs, ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety.

As employees of Denver Health and Hospital Authority, Residents/Fellows must adhere to the Denver Health Clinical Communication for Transfers in Care (Hand-Off) policy: <https://denverhealth.policystat.com/policy/1931602/latest/>

Procedure:

The most valuable member of the healthcare team with regard to communication about specific patient information is the patient. Patients and their families are the richest source of accurate information and are included in clinical communication processes whenever possible.

All hand-offs of care, whether written or verbal, must include complete and accurate information about a patient's clinical status, including current condition and recent and anticipated treatment.

A hand-off occurs each time that a patient:

1. Is transferred from one care setting to another within or between departments;
2. Is transported to or from a different area for care (i.e. diagnostic/procedural area);
3. Is assigned to a different health team member, temporarily (i.e. lunch break) or longer (i.e. shift change, change in rotation);
4. Is discharged to another institution or facility from Denver Health or is transferred to Denver Health from another institution or facility;
5. Has a significant change in condition and other care provider is contacted.

Hand-offs are intended to be interactive communications and must allow opportunity for questioning between the giver and receiver of patient information.

Interruptions during handoffs must be limited in order to minimize the possibility that complete information is not conveyed or is forgotten.

Hand-off procedures and guidelines are developed by each department/unit according to the specific needs of that area. Leadership in those areas is responsible for ensuring that the hand-off format whether written or verbal, designed for use in their area is consistent with the needs of patients and is implemented consistently and correctly.

Hand-off procedures and information transfer forms/guidelines for physicians are developed and implemented by each service according to the needs of that service. The hand-off process includes clinical information agreed upon by the leadership from that service and must be integral to providing safe and effective care for that patient population.

Communication specifically for patient transfers to another unit within the facility or to an outside facility should include the following:

1. Patient name, location, age/date of birth
2. Patient diagnosis/problems, impression
3. Important prior medical history
4. Family and psychosocial needs
5. Do Not Resuscitate (DNR) status and advance directives.
6. Allergies
7. Medications, fluids, diet
8. Important current labs, diagnostic tests and vitals
9. Past and planned significant procedures
10. Specific protocols/resources/treatments in place (DVT prophylaxis, insulin, anticoagulation, restraint use, etc.)
11. Plan for next 24+ hours, with contingencies
12. Pending tests and studies which need follow up
13. Important items planned between now and discharge

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Graduate Medical Education Institutional Policies & Procedures

Policy: Vacation and Leaves of Absence

ACGME Institutional Requirements Section Reference: IV.G. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing Resident/Fellow vacation and other leaves of absence, consistent with applicable laws.

Policy

All Residents/Fellows at Denver Health are provided vacation and leave of absence terms in their written agreement of appointment/contract. It is the Resident's/Fellow's responsibility to ensure they comply with any specialty board requirements regarding leaves of absence.

Each Denver Health ACGME-accredited program must provide its Residents/Fellows 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/Fellow's eligibility to participate in examinations by the relevant certifying boards.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Vendors

ACGME Institutional Requirements Section Reference: IV.K. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing interactions between vendor representatives/corporations and Residents/Fellows in Denver Health's ACGME-accredited programs.

Policy

As employees of Denver Health and Hospital Authority, Residents/Fellows must adhere to the Denver Health Gifts and Interactions With Vendors policy, in which the term "staff" includes Residents and Fellows: <https://denverhealth.policystat.com/policy/3091768/latest/>

The Denver Health Gifts and Interactions With Vendors policy states that at all times, Denver Health staff exercise independent professional judgment relating to business or financial relationships with vendors. Staff members or their immediate family members shall never accept from an outside entity or person any gift or gratuity that is intended to or does unduly influence business decisions that involve Denver Health. Gifts, or sponsorships that are offered, given, requested or accepted in exchange for or to induce referrals or other business that may be reimbursed by a Government Sponsored Health Care Program must never be accepted, and gifts or sponsorships with conditions attached must never be accepted.

Other gifts that should never be solicited or accepted include weapons of any kind, tobacco of any kind, drugs of any kind, and items that reasonably may be viewed as vulgar, pornographic, or offensive.

Cash and cash equivalents (e.g., gift certificates or pre-paid gift cards that may be exchanged for unspecified items or services, or that may be converted in whole or in part to cash) must never be accepted. Further, nothing in this policy should be understood as encouragement to solicit or accept gifts or sponsorships from outside entities. Gifts or sponsorships that benefit staff personally must never be solicited using the Resident/Fellow affiliation with Denver Health.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Well-Being

ACGME Institutional Requirements Section Reference: III.B.7. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing the well-being of Residents and Fellows.

Policy

Denver Health must make resources available to Residents/Fellows and Faculty in each ACGME-accredited program to address well-being consistent with the Common and specialty- or subspecialty-specific Program Requirements. Areas of non-compliance must be addressed in a timely manner.

Denver Health and each ACGME-accredited program must educate Residents/Fellows and Faculty to identify the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This includes educating Residents/Fellows and Faculty in how to recognize those symptoms in themselves and how to seek appropriate care.

Residents/Fellows and Faculty should alert their Program Director, Designated Institutional Official (DIO), or other designated personnel or programs when they are concerned that another Resident/Fellow and/or Faculty may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Residents/Fellows and Faculty must be provided access to appropriate tools for self-screening and provided access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

Denver Health must ensure a healthy and safe clinical and educational environment that provides for access to food during clinical and educational assignments and safety and security measures for Residents/Fellows.

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Graduate Medical Education Institutional Policies & Procedures

Policy: Clinical and Educational Work Hours and Moonlighting
ACGME Institutional Requirements Section Reference: IV.J. (effective July 1, 2018)

Purpose

To establish a formal Graduate Medical Education institutional policy addressing Resident/Fellow clinical and educational work hours as well as moonlighting.

Policy

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

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Residents/Fellows should have eight hours off between scheduled clinical work and education periods. Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

In circumstances where Residents/Fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education, this must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Moonlighting:

Residents/Fellows are not required to engage in moonlighting. Further, Residents/Fellows must have written permission from their Program Director to moonlight. If the Program Director determines Resident/Fellow engagement in moonlighting activities has a negative impact on performance in the Residency/Fellowship program, the Resident/Fellow will be required to cease moonlighting activity. The Denver Health DIO and/or the specific Residency/Fellowship program maintain the right to prohibit moonlighting by any Resident/Fellow at any time.

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