



## JOB DESCRIPTION

POSITION TITLE	Resident
DEPARTMENT	Residency
SUPERVISOR'S TITLE	Residency Program Director
<b>HR USE ONLY</b>	
FLSA STATUS	
UNION STATUS	n/a
ACCRUAL PROFILE	
CREDENTIALING LEVEL	<input type="checkbox"/> LIP (Licensed Independent Practitioner "Level I") <input type="checkbox"/> OLCP (Other Licensed Certified Practitioner "Level II") <input checked="" type="checkbox"/> DPC (Direct Patient Contact- license/certificate not required "Level III") <input type="checkbox"/> OSS (Operations/Support Staff "Level IV")

### POSITION SUMMARY

The Institute for Family Health provides training, in association and cooperation with its affiliated participating institutions, in graduate medical education programs that meet the standards established by the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees. Completion of the training qualifies the participant for certification by a specialty board recognized by the American Board of Medical Specialties (ABMS).

### ESSENTIAL JOB DUTIES

The Resident will:

- Participate in the clinical evaluation and care of patients in a variety of patient care settings with sufficient frequency to achieve the competencies required by their discipline under the supervision of the attending staff. Residents may write orders and progress notes in patient charts, although attending physicians retain responsibility for the care of patients seen by residents and must document their review of the care of their patients that is provided by the residents.
- Perform procedures, which are specified by each program director, under the direct supervision of a supervising attending physician. Resident may only perform those procedures for which the attending physician has privileges. Once the resident has performed the appropriate number of procedures in a competent fashion, the program director will provide notification that the resident is eligible to be certified to perform the procedure without direct supervision.
- Assume progressive responsibility for patient care activities according to resident's level of education, ability and experience. The program director and the attending

residency faculty will evaluate the resident as per ACGME competencies and milestones, determine the resident's level of responsibility and autonomy and eligibility for promotion.

- Communicate effectively with their supervising attending regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests, and intended interventions on a continuous basis.
- Participate fully in the educational and scholarly activities of the program and, as required, assume responsibility for teaching and supervising other residents and students.
- Participate in appropriate institutional committees and councils whose actions affect their education and/or patient care.
- Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- Abide by all Institute policies and procedures, including those specified by the GME department and the residency training programs and the regulations of any affiliated institution to which the resident may be assigned.

### KEY KNOWLEDGE, SKILLS, ABILITIES:

All participants in graduate medical education programs at The Institute for Family Health must meet the eligibility requirements as outlined in the ACGME Institutional Requirements.

EDUCATION	Required	Preferred
<ul style="list-style-type: none"> <li>• Educational preparation as required by the ACGME, including graduation from an accredited medical school.</li> </ul>	x	
<ul style="list-style-type: none"> <li>•</li> </ul>		

WORK EXPERIENCE	Required	Preferred
<ul style="list-style-type: none"> <li>• None</li> </ul>		
<ul style="list-style-type: none"> <li>•</li> </ul>		

LICENSURE/CERTIFICATION	Required	Preferred
<ul style="list-style-type: none"> <li>• None</li> </ul>		
<ul style="list-style-type: none"> <li>•</li> </ul>		
<ul style="list-style-type: none"> <li>•</li> </ul>		

COMPUTER PROFICIENCY	Required	Preferred
<ul style="list-style-type: none"> <li>• Basic computer and internet navigational skills</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Computer literacy with Windows-based operating systems and MS Office applications (Word, Excel, Outlook, PowerPoint)</li> </ul>	X	

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LINGUISTIC SKILLS	Required	Preferred
• Fluent English	X	

PHYSICAL/ENVIRONMENTAL CONDITIONS
Physical/Hazardous/Work Environment – The work environment and physical demands described here are representative of those required by an employee to perform essential functions of the job with or without reasonable accommodations.
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to stand; walk; sit; and use hands to finger, handle, or feel. The employee is frequently required to climb or balance and talk or hear. The employee is occasionally required to stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

As a member of the IFH community, we expect employees to: adhere to the organization’s policies regarding time, attendance, and dress code; demonstrate reliability and trustworthiness; manage time and resources to meet established goals/projects within the agreed upon time frames; demonstrate accountability; maintain patient/employee confidentiality; meet applicable regulatory and annual health assessment requirements; self- identify learning strengths and needs; demonstrate a professional, courteous, and respectful attitude in dealing with patients, families, significant others, members of the staff and extended community.

The Institute for Family Health is an Equal Employment Opportunity Employer. This job summary is intended to be brief and may not list all the duties and functions required, however, does highlight the essential requirements. Nothing outlined in this job summary is to be construed as an express or implied contract of employment.



**INSTITUTE FOR FAMILY HEALTH  
POLICY/PROCEDURE STATEMENT  
FOR GRADUATE MEDICAL EDUCATION**

**Policy/Procedure Title: LEAVE OR OTHER ABSENCE FROM RESIDENCY**  
**ACGME Institutional Requirement: IV.G**  
**GMEC Review Date: 7/5/16**  
**Policy Effective Date: 7/5/16**

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**SCOPE:** This policy applies to all ACGME-accredited residency programs at the Institute for Family Health. This policy is superseded by relevant provisions of collective bargaining agreements (See CIR contract).

**PURPOSE:** This policy establishes the guidelines that govern resident vacations and other leaves of absence, as required by the Accreditation Council for Graduate Medical Education (ACGME).

**POLICY:**

**ABFM Provisions**

The Institute adheres to the policies of the American Board of Family Medicine (ABFM) regarding Absence from the Residency (<https://www.theabfm.org/cert/absence.aspx>). Consistent with these policies, the Institute allows residents a maximum of 30 days leave per residency year without requiring an extension of training prior to advancement. Residents should refer to these policies to determine the impact of any proposed leave of absence on residency training requirements and advancement.

**Vacation, Illness, and other Short-term Absences**

Absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year. Please see the ABFM policy for additional restrictions on short-term leaves. Each Institute residency program may set its own leave policies as long as they are consistent with ABFM guidelines.

**Personal Leave**

Personal leave for documented, legitimate reasons and for a specified duration may be granted at the discretion of the Program Director. Approval is not guaranteed and may be withdrawn at any time, contingent upon circumstances.

Personal leave will be uncompensated and any continuation of insurance benefits during that period will have to be borne by the resident. Requests for personal leave must be submitted to the Program Administrator and Program Director in writing at least one month in advance. Leaves of absence in excess of three months are considered a violation of the ABFM continuity of care requirement and require approval from the ABFM. Should a leave exceed that time limit, the resident may not return to the program at a level beyond that which was attained at the time of departure and may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification, subject to approval from the ABFM. Any absence from the residency taken beyond the 30 days allowed by the ABFM must be made up before advancement to the next training level and/or may result in extension of the residency program.

## **FMLA**

Pursuant to the Family and Medical Leave Act (FMLA), residents who have been employed with the Institute for at least one year and worked at least 1,250 hours are entitled to a total of 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons:

- a. for the birth and care of newborn child of the employee;
- b. for placement with the employee of a son or daughter for adoption or foster care;
- c. to care for an immediate family member (spouse, child, parent, domestic partner) with a serious health condition; or
- d. to take medical leave when the employee is unable to work because of a serious health condition.

Please see the Institute's FMLA policy for details and the ABFM policy on Long-Term Absence for training requirements and impact advancement and graduation. The Institute's personnel policies are documented in the Employee Handbook (available at the following link: [N:\Institute Policies\Corporate Administration\Human Resources\Employee Handbook\\_07-01-15.pdf](N:\Institute Policies\Corporate Administration\Human Resources\Employee Handbook_07-01-15.pdf)). Residents should consult the Institute's Human Resources Department for further requirements for taking leave under the FMLA, including application forms and documentation requirements. Any FMLA leave taken beyond the annual 30 days absence from the program allowed by the ABFM must be made up before advancement to the next training level and/or may result in extension of the residency program.

## **Conference Days**

Time away from the residency for educational and scholarly purposes such as conferences and workshops are granted at the discretion of Program Director based upon objectives, department needs, and performance evaluation. Per ABFM policy, these absences should be limited to five days annually.

## **Holidays**

Holidays are designated by Institute for Family Health policy and are subject to ABFM requirements. Resident physicians in their capacity of professional health providers may be required to work on holidays to cover essential services. The Chief Residents will work with the Program Coordinators to ensure that these responsibilities are covered in an equitable manner.

## **Parental Leave**

Parental leave is defined as maternity leave, paternity leave, and adoption leave. Residents are eligible for parental leave as specified in the Institute's Parental Leave policy. Please see the Institute's Parental Leave policy for details. Any parental leave taken beyond the annual 30 day absence from the program allowed by the ABFM must be made up before advancement to the next training level and/or may result in extension of the residency program.

## **Condolence/Bereavement Leave**

In the unfortunate event of the death of an immediate family member (spouse, parent, grandparent, guardian, child, sibling or corresponding in-law or step relationship), employees may take up to five (5) consecutive days off with pay within a reasonable date of the death for the purpose of attending the funeral or making arrangements. Please see the Institute's Bereavement Leave policy for additional details. Any bereavement leave taken beyond the 30 days allowed by the ABFM must be made up before advancement to the next training level and/or may result in extension of the residency program.

**Jury Duty**

Jury Service is required of all US Citizens. Residents must consult with the Residency Administrator and Program Director immediately upon notification to report for jury duty. All attempts will be made to accommodate the specific dates listed on the jury summons. However, in some instances, requests for delay of jury duty may be required by Program needs. In such cases, Program Administration will assist residents in postponing their jury duty. Any jury duty leave taken beyond the 30 days allowed by the ABFM must be made up before advancement to the next training level and/or may result in extension of the residency program.

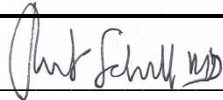
**Military Leave**

An employee who is a member of the United States Army, Navy, Air Force, Marines, Coast Guard, National Guard, Reserves or Public Health Service will be granted an unpaid leave of absence for military service, training or related obligations in accordance with applicable law. Please see the Institute's Military Leave policy for additional details. Any military duty leave taken beyond the 30 days allowed by the ABFM must be made up before advancement to the next training level and/or may result in extension of the residency program.

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Approved By: \_\_\_\_\_

Designated Institutional Official



Date: 7/5/16



**INSTITUTE FOR FAMILY HEALTH  
POLICY/PROCEDURE STATEMENT  
FOR GRADUATE MEDICAL EDUCATION**

**Policy/Procedure Title: CRITERIA FOR ADVANCEMENT/PROMOTION OF RESIDENTS**

**ACGME Policy: IRQ Part 3 IV.C.1**

**Effective Date: 7/1/12**

**Reviewed/Revised: 10/11/16**

**Scope:** This policy applies to all ACGME-accredited residency programs sponsored by The Institute for Family Health. This policy is superseded by any relevant collective bargaining agreements.

**Purpose:** To establish criteria for the advancement and promotion of residents in graduate medical education programs sponsored by the Institute for Family Health.

**Policy:** The decision to promote a resident from PGY-1 to PGY-2, PGY-2 to PGY-3 and from PGY-3 to graduation will be determined by the Program Director in conjunction with the Clinical Competency Committee.

Criteria for Promotion: The **criteria for promotion/advancement** consist of, but are not limited to, the following:

<b>PGY-1→PGY-2</b>	<b>PGY-2→PGY-3</b>	<b>GRADUATION</b>
<b><i>Expected Progression in Milestones</i></b>	<b><i>Expected Progression in Milestones</i></b>	<b><i>Expected Progression in Milestones</i></b>
<b><i>Attending/Advisor Evaluations</i></b>	<b><i>Attending /Specialist Evaluations</i></b>	<b><i>Attending /Specialist Evaluations</i></b>
<b><i>Procedures</i></b>	<b><i>Procedures</i></b>	<b><i>Procedures (Required )</i></b>
<b><i>OB Deliveries</i></b>	<b><i>OB Deliveries</i></b>	<b><i>OB Deliveries (Incl continuity)</i></b>
<b><i>Research Proposal</i></b>	<b><i>Research Continuation</i></b>	<b><i>Research Presentation</i></b>
<b><i>BLS/ACLS/NRP Courses</i></b>	<b><i>Home Visits</i></b>	<b><i>Home Visits</i></b>
	<b><i>Nursing Home Visits</i></b>	<b><i>Nursing Home Visits</i></b>
	<b><i>ALSO Course</i></b>	<b><i>A Minimum of 1,650 Patient Visits (residents are strongly encouraged to be 10% above this goal)</i></b>
	<b><i>Passing score for USMLE Step- 3/COMLEX*</i></b>	<b><i>Criteria for graduation and promotion is ultimately at the discretion of the Program Director.</i></b>

\* Residents are strongly encouraged to take USMLE/COMLEX Step 3 by April 30th of their PGY-2 year; a onetime reimbursement of the Step 3 fee will be paid upon notification of passing and will not be reimbursed thereafter. Failure to pass Step 3 could result in a resident being placed on mandated academic remediation. Non-participation or lack of success in the required remediation process may result in further actions (including probation/ leave or non-renewal of contract for the PGY-3 year).

The above criteria shall be based upon the following parameters, all of which will be judged as appropriate for each level of advancement:

1. *Clinical Competence* – areas include demonstration of adequate fund of knowledge, clinical performance, clinical judgment, knowledge of limitations, and doctor-patient relationship.
2. *Medical knowledge* - Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to demonstrate an investigatory and analytic thinking approach to clinical situations, and to know and apply the basic and clinically supportive sciences which are appropriate to their discipline.
3. *Professional Behavior* – areas include maintenance of satisfactory working relationship with others, acceptance of responsibility, punctuality, reliability, thoroughness, and completeness and timeliness of medical record.
4. *Communication and interpersonal relationships* - 360 evaluations are included in summative assessments.
5. *Practice Based Learning* - Ability to improve one's practice through quality improvement projects and incorporating evidence based medicine.
6. *System Based Learning* - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:
  - understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice;
  - know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources;
  - practice cost-effective health care and resource allocation that does not compromise quality of care;
  - advocate for quality patient care and assist patients in dealing with system complexities; and
  - know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

It is further expected that all residents satisfactorily attend to their administrative responsibilities including timely completion of all documentation requirements, such as medical records, time sheets, credentialing information, and evaluation forms.

Review of residents regarding promotion will take place during the third quarter of the academic year during semi-annual review. In order to advance to PGY-2 or PGY-3, the resident must be judged competent to supervise others and to act with limited independence. In order to graduate, the resident must be deemed competent to practice medicine independently.

**Adverse Action for Poor Resident Performance:** Any resident who has received multiple deficient evaluations in any of the six competences may be subject to adverse actions detailed below, as recommended by the Program Director after consultation with the involved faculty and/or Chief Resident(s). These disciplinary actions may only be authorized by the Program Director subject to final review by the DIO.

Adverse actions will be based on documented, recurrent deficiencies or on a single serious deficiency involving an adverse effect on patient care or serious harm to the program, individual staff, faculty members, or fellow residents. Except in the latter case, the resident will have at least one verbal or written warning indication if the deficiencies cited are repeated and adverse action could result. The adverse action will depend upon the nature and degree of the deficiency and could include, but not be limited to, any of the following:

1. Written reprimand in the resident's personnel file.

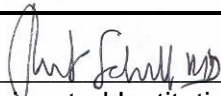


2. A period of probation which may include extra/remedial assignments that must be completed satisfactorily in order to remain/progress in the program. Assignments may consist of additional call, repeating rotations, extra educational activities, or others as deemed appropriate by the Program Director. The duration of assignments and probation is at the discretion of the Program Director. Determination of satisfactory completion of assignments/return to good standing will be made by the Program Director in consultation with designated faculty.
3. Suspension from duties: Time lost due to suspension must be made up prior to advancement to the next training level and/or graduation, per ACGME requirements. Vacation and/or conference time may be used, if available.
4. Non-renewal of contract: When it is anticipated that the contract will not be renewed, or when a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four (4) months prior the end other this contract. If the primary reason(s) for the non-renewal or non-promotion occurs within the four (4) months prior to the expiration of the contract, the program will provide as much written notice of the intention as circumstances will reasonably allow and the resident may have to extend his or her training.
5. Dismissal from Program: The resident may be dismissed from the program after repeated attempts to correct deficiencies have failed. The Program Director can recommend dismissal from the residency after consultation with the faculty and review by the DIO, who has final authority or that decision.

Residents subject to delayed promotion or dismissal, or who wish to contest any terms of their promotion, can grieve these decisions as set forth in the Institute's GME Grievance Policy.

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Approved By: \_\_\_\_\_

  
Designated Institutional Official

Date: 10/11/2016



**INSTITUTE FOR FAMILY HEALTH  
POLICY PROCEDURE STATEMENT  
FOR GRADUATE MEDICAL EDUCATION**

**Policy/Procedure Title: Grievance and Dispute Resolution Process**

**ACGME Policy: IRQ Part 3 IV.D**

**Effective Date: 7/1/12**

**Review/Revision Date: 8/18**

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**PURPOSE:** The Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirement VI.D states: "The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest." The purpose of this policy is to provide residents and fellows participating in post-graduate training programs a process for grieving matters other than those listed in General Grievances below, as well as due process to follow while appealing the imposition of Corrective Actions.

**SCOPE:** This policy applies to all Graduate Medical Education (GME) training programs at the Institute for Family Health. For the purpose of this policy, ACGME Common Program Requirements will apply to residents receiving training in Institute programs. This policy is superseded by relevant provisions of collective bargaining agreements (see CIR contract).

**GENERAL GRIEVANCES:** If a resident has a complaint or grievance related to matters other than job performance, corrective action plans, discrimination or sexual harassment, the resident should first attempt to resolve it by consulting with the chief resident or the Program Director. If the resident is unable to resolve it at that level, the resident should present the complaint or grievance to the Designated Institutional Official (DIO). If the resident is unsatisfied with the DIO's decision, recommendation or other handling of the complaint or grievance, the resident may present the complaint or grievance in written form to the Graduate Medical Education Committee (GMEC), which shall provide a written response to the resident within ten (10) business days of receipt of the written complaint. The decision of the GMEC shall be final and binding.

**SEXUAL HARASSMENT AND DISCRIMINATION:** If a resident has a complaint or grievance related to discrimination or sexual discrimination, the resident shall have the right to address said complaint in accordance with the policies and procedures set forth in the Sexual Harassment and Protected Class Policy.

**DUE PROCESS PROCEDURE:** A resident may seek relief from a corrective action plan by using the following process:

**Initial Request by a Resident to Review a Corrective Action Plan:** The resident may request to have any corrective action reviewed. A request for review should be submitted to the Graduate Medical Education office within five (5) business days of the resident learning of the corrective action. Upon receipt of a request for review, GME administration will appoint an attending faculty physician who is not a member of the faculty of the resident's program to review the complaint and determine whether the matter is reviewable under this policy. The physician reviewer will:

- Review the complaint
- Meet with the resident
- Review the resident's or fellow's file
- Meet with the program director
- Consider any extenuating circumstances
- Consult with others, as appropriate, to assist in the decision making process; and
- Determine whether this policy was followed, i.e. the resident received notice of deficiency and an opportunity to cure, and the decision to take the corrective action was reasonably made.

GME Administration will:

- Appoint the physician reviewer
- Assist the physician reviewer in identifying other potential participants, if warranted
- Provide procedural guidance to the physician reviewer, if warranted
- Coordinate communications between the physician reviewer and the resident
- Monitor timely completion of the review process
- Assist the physician reviewer with the written report to the resident and Program Director (should be provided within 30 business days of the resident's or fellow's request for review).

**2. Second Request by a Resident to Reconsider Initial Review or Hearing:** The resident shall present the grievance in writing to the GME Administration within five (5) business days after receiving the written report of the physician review. The grievance shall state the facts upon which this additional grievance is based and state clearly why an additional review or hearing is warranted.

**Grievance Hearing Committee Review:** GME Administration shall organize a hearing of a Grievance Hearing Committee within ten (10) business days of receiving the resident's request for a hearing. No member of the Hearing Committee should have any direct involvement with the circumstances in question. The Hearing Committee shall consist of the following three individuals, none of whom may be from the program of the resident in question:

1. One program director or attending faculty of equivalent experience and standing at the Institute who shall act as chairperson of the ad hoc review panel;
2. Two additional faculty members; and
3. One GME administrator (non-voting member of the panel)

The Hearing Committee will set a date for the hearing within thirty (30) days from the receipt of the grievance and allow at least 10 days advance notice to the resident. The Chair of the Hearing Committee may choose to discuss the complaint with the resident and the Program Director independently. The resident shall have the following rights during this review:

1. The right to know the reason for the action resulting in the corrective action plan.

2. The right to know the time and place of the Hearing as well as the names of the Hearing Committee members in writing at least 10 business days in advance.
3. The right to provide a written rebuttal of the accusations and be heard in person.
4. The right to be accompanied by an advisor. The advisor can be an attorney or staff from the CIR union. While the advisor may consult with and advise the resident during the review, the advisor shall not in any way participate in the proceedings. The Institute shall have the right to have a legal representative in attendance.
5. The right to a written statement prepared by the hearing body setting forth its recommendations and/or conclusions, its reasons for reaching such recommendations or conclusions, and the facts relied upon in reaching such recommendations or conclusions.

**Hearing Committee Procedure:** The format of the hearing will include a presentation by the program director (max 20 minutes); an opportunity for a presentation of equal length by the resident; an opportunity for response by the program director (max 10 minutes), followed by a response of equal length by the resident. This will be followed by a period of questioning by the hearing panel.

Documents to be considered by the review panel must be completed and distributed to the other party and the ad hoc review panel not less than five (5) business days before the review. Such submission shall include pertinent subject matter (in writing) from relevant participants (other faculty, residents, or staff) and the relevance of that participants' evidence to the matter being heard.

The Hearing Committee at its sole discretion may decide to expand participants at the hearing to include the individuals who provided witness statements for the Program Director or the resident, and choose to interrogate them at their own discretion.

The Hearing Committee may choose to schedule additional sessions if additional time is needed to interview principle participants or if additional participants need to be interviewed.

The Hearing Committee shall deliberate privately.

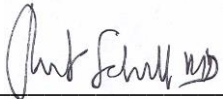
A final decision will be made by a majority vote of the Hearing Committee and the Committee's finding and recommendation will be communicated in writing within ten (10) business days following completion of the Hearing.

**Appeal to the DIO:** If the resident does not agree with the recommendations and/or findings of the Hearing Committee, the resident may appeal in writing within ten (10) business days of receipt of the Hearing Committee decision to the DIO. The DIO shall consider the matter and within ten (10) days will provide a written determination to the resident or fellow. The determination of the DIO shall be final and binding and no further review or appeal process will be available.

### **Related Matters**

1. The burden of persuasion is upon the resident to demonstrate by clear and convincing evidence that the action taken was arbitrary and capricious, i.e., not based on legitimate academic or professional reasons.

2. The Hearing Committee record is confidential and shall not be open to the public, except (a) to the extent both parties agree in writing or (b) as may otherwise be appropriate in response to a governmental or legal process.
  3. Failure of the resident to meet the time limits for formal grievance shall constitute a withdrawal of the appeal.
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Approved By:  Date: 8/14/18

Designated Institutional Official



**INSTITUTE FOR FAMILY HEALTH  
POLICY/PROCEDURE STATEMENT  
FOR GRADUATE MEDICAL EDUCATION**

**Policy/Procedure Title: RESIDENT AND FELLOW WORK HOUR SCHEDULE AND SUPERVISION**

**Revision Date: 3/8/2022**

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**Purpose:** To ensure that the working hours and working conditions of residents and fellows hired by the Institute for Family Health promote the provision of high quality medical care, the well-being of residents and fellows, an optimal training experience, and compliance with the New York State Department of Health Regulation 405 and the ACGME work hours requirements, the Institute for Family Health maintains the following guidelines for scheduling and supervising the working hours of its residents and fellows.

**Policy:**

**Maximum Work Hours:**

1. Residents' and fellows' clinical and educational work hours shall not exceed eighty (80) hours per week averaged over a four-week period. This limit is inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

**Mandatory Time Free of Clinical Work and Education**

2. Residents and fellows shall have eight hours off between scheduled clinical work and education periods.
3. In circumstances when residents and 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 80-hour and the one-day-off-in-seven requirements.
4. Residents and fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
5. Residents and 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.

**Maximum Clinical Work and Education Period Length**

6. Clinical and educational work periods for residents and fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to three hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident and fellow education. Additional patient care responsibilities must not be assigned to a resident or fellow during this time.

### Clinical and Educational Work Hour Exceptions [Family Medicine Requirement VI.F.4.a]

7. In rare circumstances, after handing off all other responsibilities, a resident or fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- 1) to continue to provide care to a single severely ill or unstable patient;
- 2) humanistic attention to the needs of a family; or,
- 3) to attend unique educational events.

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

8. The GMEC and DIO will not consider requests for exceptions to the 80-hour limit to the residents' or fellows' work week, per the Family Medicine Review Committee policy.

### Moonlighting

9. Moonlighting must not interfere with the ability of the resident or fellows to achieve the goals and objectives of the educational program, and must not interfere with the resident or fellow's fitness for work nor compromise patient safety.

10. Time spent by residents and fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms)<sup>1</sup> must be counted toward the 80-hour maximum weekly limit.

11. PGY-1 residents are not permitted to moonlight.

### In-House Night Float

12. Night float must occur within the 80-hour and one-day-off-in-seven requirements. Night float experiences must not exceed 50 percent of a resident or fellow's inpatient experiences.

### Maximum In-House On-Call Frequency

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

### At-Home Call

14. Time spent on patient care activities by residents and fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

15. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident and fellow.

16. Residents and fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

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<sup>1</sup> [https://www.acgme.org/globalassets/pdfs/ab\\_acmgeglossary.pdf](https://www.acgme.org/globalassets/pdfs/ab_acmgeglossary.pdf)

### Maximum High Intensity Shift

17. While on duty in the emergency department, residents and fellows may not work longer than 12 consecutive hours. There must be at least an equal period of continuous time off between scheduled work periods. A resident or fellow must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 total hours per week.

### Supervision of Work Hours

18. Residents and fellows must appropriately complete duty hour logs for each block rotation and are expected to report work hours violations. Each program's administrative office will monitor work hours compliance and contact residents and fellows who are not in compliance.

19. The supervising attending in either the hospital or ambulatory setting is responsible for ensuring that the residents and fellows follow these prescribed limitations of work hours on their schedule.

20. Program Directors are responsible for reviewing all work hour violations reported each month. The Program Director will "sign off" on all violations where this option is available.

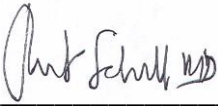
- "Sign off" indicates that the Program Director has reviewed the violation. It does not indicate that the Program Director "approves" the violation, nor that it is "acceptable".
- The Program Director should review all violations, and make adjustments to program schedules or processes when recurrent violations are noted.

21. Each program's administration will submit quarterly reports to the GME Committee for review. A standard threshold for administrative action in response to reporting noncompliance is as follows:

- Two months of non-compliance in any given academic year will generate a Letter of Concern from the Program Director or Chair of GME to be placed in the resident or fellows file citing a pattern of reporting non-compliance that reflects negatively on their professionalism
- Continued reporting non-compliance following receipt of a Letter of Concern will trigger a review by the GME Committee and may result in disciplinary action up to and including dismissal.

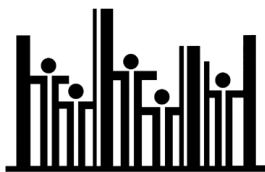
22. A confidential, anonymous Hotline is available for employees who wish to register a complaint under this policy anonymously. Use of this Hotline should be restricted to those employees who wish to remain anonymous. The Hotline telephone numbers are:  
ENGLISH: 1- 800- 398-1496      SPANISH: 1- 800-216-1288.

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Approved By:   
Designated Institutional Official

Date: 3/8/2022





THE INSTITUTE  
FOR  
FAMILY HEALTH

**INSTITUTE FOR FAMILY HEALTH  
POLICY/PROCEDURE STATEMENT  
FOR GRADUATE MEDICAL EDUCATION**

**Policy/Procedure Title: MOONLIGHTING**

**ACGME Policy: IRQ Part 3 IV.J.1**

**Revision Date: March 8, 2022**

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**POLICY**

Any resident or fellow who is working an average of 80 hours per week over a four-week period within a resident or fellowship training program is prohibited by the New York State Health Code, Part 405.4 from working at any other job as a physician providing patient care services (moonlighting).

For the purpose of this policy, “moonlighting” includes any non-residency or fellowship work or academic activities, including non-medical work or enrollment in an outside educational program, whether a degree is granted or not.

Moonlighting does not replace any part of the clinical experience that is required of residency or fellowship training and may not interfere with training. Residents and fellows are not required to engage in moonlighting as part of their educational experience or terms of contract.

**PROCEDURE**

1. Residents and fellows may not moonlight without the prior written approval of the Program Director.
2. A resident or fellow who wishes to moonlight outside the scope of his or her training program must submit a written request to the Program Director describing:
  - Location of the planned moonlighting site
  - Scope of the moonlighting practice
  - Expected work or academic hours
  - Expected responsibilities
  - Type of supervision
  - Verification of malpractice coverage (Institute malpractice coverage does not cover moonlighting)

Approval will be contingent upon academic good standing, as determined by the program director.

3. Any resident or fellow who is found to be moonlighting without having notified and gained the Program Director's prior written approval will be subject to disciplinary action.

4. For the duration of moonlighting, the resident or fellow must provide a planned work schedule for all moonlighting activities, taking into account rotation requirements and assuring compliance with the 405.4 regulations.
  5. Scheduling requests have to be signed off by the Chief Resident(s) as applicable and the program's administrator.
  6. If a resident or fellow is needed for program coverage (e.g. for back up, sick-call, other emergencies) during a moonlighting shift, the resident or fellow will be required to cover the staffing needs of the program over moonlighting activities.
  7. Residents and fellows must remain in good standing with the program at all times while moonlighting as certified by their advisor, administrator, and program director.
  8. The resident or fellow's performance will be monitored to assess the effect of the moonlighting activities on performance. Adverse effects will lead to withdrawal of permission to moonlight.
  9. Duties and procedures performed during moonlighting cannot be utilized to fulfill procedural and/or patient care requirements of the training program.
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Approved By:  Date: 3/8/2022  
Designated Institutional Official