



YALE NEW HAVEN HOSPITAL

**Podiatric Foot and Ankle Surgery Residency
PMSR/RRA
Resident's Policy Manual
July 2024 edition**

Introduction

Welcome to Yale –New Haven Hospital (AKA Yale New Haven Medical Center) Podiatric Foot and Ankle Surgery Residency Program. In this manual you will find the rules, regulations and requirements of the residency program. If specific rules/policies are not present, the residency program director (aka PD) has final authority. In addition, you were provided a Yale-New Haven Medical Center general house-staff manual upon the start of your YNHH employment. Hospital rules and regulations, as well as important forms and handouts can be found online here: <https://www.ynhh.org/medical-professionals/gme/resources/handbook.aspx> and will not be replicated in this manual, except for grievance policy, prescriptive authority and educational expense reimbursement, which are in the back of this manual.

In accepting this position, you agree to the rules and regulations of the hospital and found in this manual, as well as to abide by state and federal laws governing the practice of medicine and podiatry, including HIPAA and HITECH. Deviation from state and federal law is done at your own risk.

Resident’s Policy Manual

The Yale –New Haven Hospital (YNH) Podiatric Foot and Ankle Surgery Residency Program (a PMSR/RRA program, also referred to in this manual as PMSR) has been developed to comply with criteria established by:

1. The Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association.
2. Yale-NH, GME Department

This manual is split into four parts, all are available online at www.yalefootsurg.com/residents.

Part 1: Podiatry Specific Manual, with excerpts from GME manuals/policies

Part 2: Rotations Competencies and Copies of Evaluation forms

Part 3:CPME Policies

- a. CPME Proper Surgical Logging
- b. CPME Biomechanicals
- c. CPME Document 320/330 (also found online at <https://www.cpme.org/wp-content/uploads/2023/12/320-Council-Approved-October-2022-April-2023-edits.pdf>

and

[cpme.org/wp-content/uploads/2023/12/2023-2a-CPME-330-Procedures-for-Approval-of-Podiatric-Medicine-and-Surgery-Residencies-7-2023.pdf](https://www.cpme.org/wp-content/uploads/2023/12/2023-2a-CPME-330-Procedures-for-Approval-of-Podiatric-Medicine-and-Surgery-Residencies-7-2023.pdf))

Part 4: Rotation and didactic schedule

I. MISSION

The goal of the YNH PMSR/RRA is to prepare residents to become highly competent board certified Podiatric Foot and Ankle Physicians and Surgeons.

Furthermore, the program strives to prepare residents to:

- A. Assess and manage a patient's general medical and surgical status
- B. Practice with professionalism, compassion, and concern in a legal, ethical and moral fashion.
- C. Communicate effectively and function in a multi-disciplinary setting.
- D. Manage individuals and populations in a variety of socioeconomic and health-care settings.
- E. Understand podiatric practice management
- F. Be professionally inquisitive, life-long learners and teachers.

II. PROGRAM ADMINISTRATION

The residency program is sponsored by Yale-New Haven Medical Center (YNH), which is a collaboration of Yale Medical School and Yale New Haven Hospital. VA Connecticut Healthcare System (VACT) is the major affiliated training site in the program. The Hospital of Central Connecticut (THOCC) is another major affiliated site.

Administration of the program falls under the guidance of the Program Director (PD), Assistant/Associate Program Directors (APD), the Residency Academic Council (RAC) and Residency Coordinator (ResCo).

- A. The Program Director (PD) is responsible for ensuring the residency is run in a fair and ethical manner, and oversees the day to day administration and operations of the residency program, including but not limited to: oversee all academic and clinical training; coordinate resident rotations and schedules; maintain and update residency rules, regulations, and residency manual; assures residents abide by rules, regulations in the manual, as well as other GME or hospital policies, and CPME, state and federal rules and regulations; initiate disciplinary steps as needed; chair the Residency Academic Council, and ensure resident selection is accomplished fairly in accordance with applicable rules and regulations. Any difficulties or conflicts which develop are handled by the PD, with support of assistant/associate Directors, site directors and the Residency Academic Council.
- B. The Associate and Assistant Program Directors (APD) are appointed by the Program Director, and assist in day to day administration of residency program. The APDs actively participate in the clinical and didactic training, assures residents are appropriately supervised, assist the PD in residency management and administrative functions as directed by the PD, annually assess training in the program, and provide feedback to the POD and RAC about this assessment. They act with the full authority of the PD. The Associate Program Director is directly under the PD, and the Assistant is directly under the Associate PD.
- C. Each affiliated training facility has a Site Director (SD), who serves as an extension of the PD at that site, and reports directly to the PD, as well as to the administrative chain at the affiliated site. The SD actively participates in the clinical and didactic training, assures residents are appropriately

supervised, performs administrative functions required of the affiliated facility or the program, and annually assesses training at the site, and provides feedback to the POD and RAC about this assessment.

- D. The Externship Director (ExD) shall run the program's externship /clerkship programs under the guidance of the PD, and shall be responsible to coordinate extern rotations and schedules; maintain and updating extern rules, regulations, and externship manual; assures externs abide by rules and regulations in the manual, coordinate evaluations of the externs, and coordinate the assessment of applicants to the externship in a fair and equitable manner
- E. The Residency Academic Council (or Committee) (RAC) is chaired by the Program Director, and is also composed of the Associate/Assistant Residency Director(s), Externship Director, and Site Directors for the major affiliated facilities, as well as additional faculty most involved with the program. Appointments to this Council are made annually or as needed by the PD and a list of the current members shall be maintained by the Residency Program administration. The Council will meet no less than 3 times per year, but may meet more often as the need arises.

The Council will act as the Clinical Competency Committee and shall critically review the program's resources, curriculum and effectiveness annually, and shall make suggestions for changes to improve the program based on information resulting from this review. The Council shall provide guidance and overall direction of the residency program, develop the competencies of the program, and assess and validate the training and progress of individual residents, in a fair and equitable manner. The Council will review resident evaluations semi-annually, and advise the program director regarding resident progress, including promotion, remediation, and dismissal. The Council may also mediate and arbitrate conflicts arising within the teaching program, whether they are generated by the podiatry/medical staff, nursing staff or administration, at the discretion of the PD. This Council will have the power to approve or recommend disciplinary action or the dismissal of residents should the situation arise.

The Council will act as a residency selection committee, and shall be involved in the review of applicants to the program for residency positions.

- F. The Residency Coordinator provides administrative support to the PD, APD, ExD and RAC, and provides support to residents, as directed by the PD.

III. FACILITIES

Training takes place in 3 core hospitals -YNH, VACT, and THOCC. There are also other affiliated facilities in which experiences are obtained. A list of facilities follows. The PD has ultimate authority for all aspects of the program, but cannot set hospital policy at any of the hospitals. Each of the affiliated facilities has a site director/coordinator (SD). See list below:

Facility List and Directors, Site Directors and Coordinators

Core Affiliated Facilities

Site	Director/ Coordinator
The Hospital of Central CT	Joseph Treadwell, DPM
VACT	Jorge Rivera, DPM

Other Affiliated Facilities- hospitals and surgery centers

Site	Director/ Coordinator
Bridgeport Hospital (includes Milford Campus)	Michael Gazes, DPM
Connecticut Orthopedic Surgery Center (Milford, CT)	David Novicki, DPM
Lawrence and Memorial Hospital (New London, CT)	Michael Gazes, DPM
Litchfield Hills Surgery Center (Torrington, CT)	Nicholas Faiver, DPM
Midstate Medical Center/ CT Ortho Institute (Middletown)	David Caminear, DPM
Naugatuck Surgical Center and St Mary's Hospital	Stephen Lazaroff DPM
Norwalk Hospital (Norwalk, CT)	Shane Reynolds, DPM
North East Alliance Surgery Center (Hamden, CT)	Sanjay Patel, DPM
Southwest Connecticut Surgery Center (Wilton, CT)	Paulina Piekarska, DPM

Other Affiliated Facilities- offices

Site	Director/ Coordinator
CT Orthopedic Specialists- Offices	David Caminear, DPM
Affiliated Foot Surgeons/Offices of Peter Blume, DPM	Peter Blume, DPM
Offices of Joseph Treadwell, DPM	Joseph Treadwell, DPM
Milford Podiatry/NH Foot Surgeons	Jesse Parks, DPM
Family Footcare/ Offices of Sanjay Patel, DPM	Sanjay Patel, DPM

Resident coverage of facilities

The three core hospitals (YNH, VA and THOCC) receive US Government funding in exchange for resident training and service to the hospital. Therefore, adequate resident coverage at these facilities is paramount.

Residents assigned to Podiatric Med/Surg service at each hospital

	PGY3	PGY2	PGY1
Yale-SRC	2	1	1
Yale-YSC	1	1	1
VA	1	1	1
THOCC	1	0	0

Affiliated facilities do not receive US Government funding and therefore coverage of the core hospitals, including inpatient and outpatient responsibilities, supersedes case coverage at affiliated

institutions. If in doubt, check with the SD of your core facility prior to covering cases at affiliated facilities, when a conflict exists.

Affiliated Facility	Primary Resident covering	Secondary Resident covering
Bridgeport Hospital (includes Milford Campus)	YSC	SRC
Connecticut Orthopedic Surgery Center	YSC	SRC
Lawrence and Memorial Hospital	YSC	SRC
Midstate Medical Center	THOCC	VA
Naugatuck Valley Surgical Ct	THOCC	YSC then SRC
Norwalk Hospital	VA	SRC
North East Alliance Surgery Center	YSC	SRC
Waterbury Surgical Center	THOCC	SRC

II. RESIDENCY ETHOS

Your residency experience will be what you make of it. I encourage you to seek out as many learning experiences and as much knowledge as you can. Your residency only last 3 years, but the experiences you gain will last a lifetime.

The resident is expected to have established the highest concepts of honor and personal integrity, and to maintain these concepts during their career. The resident is expected to obey the law, show respect for properly constituted authority and to observe correct standards of conduct. The activities of the resident should, and do, indicate the personal integrity and the professional character of the individual; both of which will be constantly judged by peers, supervisors, nursing, patients and staff and opinions formed will directly influence your career here and beyond.

The residency experience is both an educational experience and a job. It is important that you consider both aspects of this statement, and act accordingly. Your senior residents and attendings (on all services) should be considered to be your supervisors, and deserve this respect. Patients receiving care by you are patients first and foremost. Treat them as you would like your parent or child to be treated.

Residents are expected to self-direct their learning. They are expected to read medical journals, books and continue to seek out learning environments and experiences. It is expected that JFAS and JAPMA journals are read cover to cover throughout the 3 years of residency. If you do not have subscriptions, they can be read in the libraries.

Residents are also expected to prepare for surgical cases *as if they are doing the case on their own*. Read about approaches and how to do the procedure the night before, refresh your memory of the anatomy, refresh your memory on appropriate fixation techniques and also consider complications that may occur intra-op and how you would correct for them if they do occur intra-op. Be inquisitive of your senior residents and attendings, but of course, remain respectful. Questions directed to attendings should not be in the form of “pimping” the attending. Often, the best learning experiences are created when residents ask questions. Residents are expected to research pathology, treatment and medications that they may not be up- to-date on, coinciding with patient care for these same pathologies, or with the treatments/ medications.

III. LICENSING

1. No CT podiatry license or permit to practice is required in your residency. You act under the license of the attending with whom you work. You may not act independently.
2. No personal DEA # is required (and one cannot be obtained without a license)
3. A personal CT Controlled Dangerous Substance certificate is required. Each resident must apply and maintain the CDS during entire residency program.
4. An NPI (National Provider Identification) number is required. Each resident must apply prior to start of residency.

IV. HIERARCHY, DUTIES, CALL, AND MOONLIGHTING

A. Hierarchy

Although we pride ourselves on being an easygoing residency, the residency structure is one of hierarchy and varying levels of supervision and responsibilities. Residents are expected to be respectful of and follow direction of those senior to them, within the confines of residency rules and regulations, common ethics and the law. Also, problems or complaints should be brought to the attention of the resident's supervisors in hierarchical order, without skipping levels, except for cases involving sexual harassment (which is dealt with in a separate section of this manual).

Hierarchy levels are as follows, from low to high:

PGY1 → PGY2 → PGY3 → attending involved (if any) → site director or site coordinator → podiatry section chief at affiliated hospital → residency director (or assoc. director if PD unavailable).

When there is a complaint or disagreement between the resident and the attending physician or supervisor, the premise is that the issue will be dealt with as close to the source as possible thereby limiting the number of people involved.

Examples of complaints or disagreements include (but are not limited to):

- (a) Perceived inappropriate professional behavior
- (b) Perceived inadequate or poor teaching
- (c) Perceived inadequate or poor patient care
- (d) Perceived inadequate supervision

Procedure for Resolution of Supervision Conflict:

1. The resident consults with the senior residents of the service for assistance or advice. The resident may also consult with an attending on the service, if complaint is about a fellow resident.
2. If not resolved, the resident then consults with the local hospital site director/coordinator, who will attempt to resolve the issue.
3. If the resident does not feel that the issue had been resolved, she/he may approach the assistant PD, associate PD or PD.

4. If the issue still remains unresolved, the resident may approach the Department Chairman or the Dean, Graduate Medical Education.

In cases where immediate resolution is required (#1 and #2 above), it is expected the resident will telephone those involved. Regardless of the outcome of the immediate intervention and/or resolution, there shall be no repercussions to the resident for lodging the complaint. The local hospital site director/coordinator will provide a follow-up written report of the incident to the program director (academic), and the service chief at the involved hospital. Prior to lodging any complaint with hospital department chairs, deans, chiefs of staff/chief medical officers or GME directors, it is required that residents speak to the residency program director or assistant director FIRST. If the complaint is *about* the residency program director, then the asst. PD or a site director for one of the major hospitals should be contacted FIRST, and that person will discuss with the residency academic council.

B. Resident Duties

All residents are responsible for daily rounds, covering surgeries, admitting patients, performing consultations, seeing outpatients and doing what needs to be done to keep the service running in an efficient and appropriate manner.

- Morning rounds should be completed prior to 11 am.
- Daily goals for each patient should be created, and shared with the team, nursing and the patient.
- Afternoon rounds should be completed to follow up on events occurring during the day, and to check on patient status prior to leaving for the day.
- Rounds should be cooperative with all residents participating, unless there are concurrent clinical duties elsewhere that need to be covered (ie. surgery, clinic, ED consults etc.).
- PGY1s should be treated as equal team members in that they should not be required to “pre-round” prior to other residents, especially in light of recent work hour rules protecting PGY1s
- It is NOT appropriate for senior residents to arrive late or leave early while requiring junior residents to perform rounds or other duties, nor is it appropriate for senior residents to sit idle or to not come in to the hospital while junior residents perform rounds or other duties.
- Residents are responsible for completing the appropriate patient paperwork normally required to be done by a treating physician, whether for inpatients or outpatients. Examples include but are not limited to:
 - work notes
 - Nursing Home Forms
 - PT prescriptions
 - Disability insurance forms
 - Wound VAC/dressing change paperwork.
- The resident team at each facility shall check with the clinic staff at least 3 times per week, mon/wed/fri, to see if there is paperwork, that needs to be completed. Paperwork should also be scanned into EPIC by front desk staff, please have this done prior to providing it to the patient, or keep a copy for later scanning.
- Residents are expected to follow up on outpatient examinations (labs/Us/x-rays etc), and notify patients of the results in a timely fashion, as well as document the notification in the chart.

- Residents are responsible for returning calls to patients/hospital operator/SRC answering service in a timely manner. SRC answering service is 973-852-8490. All calls to patients must be noted as a “telephone note” in EPIC or in CRPS. See “Answering Service Line Protocol” in the survival guide for more info.

In general:

PGY1s- responsible for inpatient patient management and weekday floor work at YNH-SRC and VACT. Must have supervision by senior residents, and should discuss all patient management issues with senior residents and attendings. PGY1s should obtain early surgical exposure, especially I+Ds, amputations and lesser toe procedures. Cannot do night or weekend call until Nov/December, but may shadow per call schedule below during that time. PGY1s shadowing will be shadowing and assisting *to learn*- not simply acting as scut monkeys.

PGY2s- responsible for inpatient patient management and weekday floor work at YNH-SRC, YSC and VACT. They should be increasing independence in care decisions (although still with attending supervision) broadening surgical experience, concentration on forefoot procedures and obtain experience in rearfoot procedures when available. Also act as primary back-up for PGY1s regarding inpatient management, and are responsible for teaching PGY1s and externs.

PGY3s- Responsible for the service at core rotation hospitals, keeping abreast of day-to-day management issues and making sure the rotation and service operate efficiently and effectively; are expected to concentrate on surgical management of reconstructive rearfoot and ankle. Also act as primary back-up for junior residents regarding inpatient management, and are responsible for teaching PGY1s and externs. Also responsible for teaching junior residents and externs, as well as making and distributing the rotation call schedule.

C. Clinic Coverage:

We understand that all residents want to cover surgical cases instead of clinic, and will be accommodating when possible, but remember that clinics are an essential part of your learning. All Clinics will have at least one resident covering, except for extraordinary circumstances that are approved by PD, SD or attending covering the clinic.

Clinics that require coverage include:

SRC-Pod Monday a.m. and Tuesday all day

SRC Foot and Ankle Monday p.m.or as scheduled

VACT: Monday, Tuesday, Wed (Newington and West Haven), Thurs

D. Surgical Case Coverage

The program strives to develop a fair and equitable level of surgical competence amongst its graduating residents. It is well understood within the medical education community that individual residents develop competence with varying amounts of experience. Some residents may require more surgical experience to develop competence, while other may require less, which means that case volume may not be equitable, so long as the end result is equitable competence. In general, surgical cases are assigned by the senior resident based upon PGY level, but individual competence and coverage of the core hospitals must also be taken into consideration, so coverage may not always follow the suggestions listed below:

PGY1- I+Ds, amputations and lesser toe procedures.

PGY2- forefoot procedures and simple rearfoot procedures

PGY3- trauma, reconstructive midfoot, rearfoot and ankle procedures

In order to achieve equitable competence (not equitable case load), resident case volume is not considered private information; rather it shall be used by senior residents (or SD/APD/PD) to equitably apportion case load throughout the year, with resident level of competence take into consideration. Residents shall freely and ethically share case volume numbers with each other, and senior residents shall develop case coverage schedules that are the most beneficial for all residents, with priority given to those closer to graduation. It is also expected that senior residents perform forefoot procedures occasionally throughout their senior year to maintain skills obtained in PGY2 year.

While it may occur, requests by attendings for specific residents, specific pgy level residents or more than one resident are not requests that need to be followed, unless specified by the PD/APD. From time to time the PD or APD may assign specific residents to cases per his/her discretion, in order to promote training to equitable competence levels (not necessarily equitable # of cases). Attendings may obviously use their own discretion in allowing specific residents to assist or not assist in surgical procedures, but patterns of discrimination of any kind shall be brought to the attention of program administration. Attendings abusing this may lose the privilege of working with residents, and may be referred to appropriate hospital committees.

E. Resident On-Call

Responsible for inpatients, floor consults, patient calls to hospital/clinic, ED consults. Residents are REQUIRED to go to ED to see all patients that ED requests that they come to see, except cases clearly out of scope or “punts” to our service. No arguing with ED attendings/staff about this. Even if it for a callus...you are the consultants, they are requesting your opinion for a reason. Contact the Pod attending for issues of “Punts”.

Specifics of call schedules: weekdays (Mon to Fri from 6am to 6pm), weeknight (mon to fri, from 6pm to 6am) and weekends per rotation as noted below

PGY3s are responsible for creating, distributing and updating rotation call schedules. The schedule should be made as fair as possible, with every effort to provide days off to those that request them, within reason and when possible. The schedule must be sent via e-mail to Drs. Vyce and Rivera for

review and to Lillian for uploading to OneCall/QGenda at least one week prior to the start of each rotation. The schedule must provide an accurate tally of # of days each resident listed is on call.

The entire team assigned to each individual hospital will generally complete each weekday’s tasks prior to leaving for the day, and will not rely on the on-call person to complete them, especially at SRC and VA. This includes OR cases that are *scheduled* cases (such as Fridays at SRC), but not add-on cases. Call includes being on call for inpatients, ED, clinic and hospital associated Clinic/ Department practice.

Day Call:

- YSC Weekday call – Yale PGY1 and 2s, alternating weeks.
- VACT Weekdays VA PGY1
- SRC-Weekdays –PGY1 and PGY2 alternating weeks (PGY2 Week 1 and 3, PGY 1 week 2,4,5)

	<u>SRC</u>	<u>VA and YSC</u>
<u>Through 11/24</u>	<p>Even split amongst SRC assigned PGY3,3, 2, THOCC PGY3 and PGY2 Rotator (7 days each)</p> <p>PGY1 tHOCC Medicine or PGY1 VM/ID and the PGY1 Floater shadow the SRC assigned PGY3s</p> <p>PGY1 SRC shadow the tHOCC PGY3</p>	<p>Even split amongst YSC assigned PGY3,2, and VA assigned PGY3,2 (8 days each)</p> <p>YSC/An or YSC/Psych shadows VA PGY3</p> <p>VA PGY1 shadows the YSC assigned PGY3</p>
<u>11/25 and later in the year</u>	<p>Add SRC PGY1 and VM/D or tHOCC med PGY1 into rotation</p> <p>Split evenly amongst all 7 residents (5 days each)</p>	<p>Add VA PGY1 and YSC/An orYSC/Psych PGY1 starting 11/25 rotation. PGY1 Floater</p> <p>Split evenly amongst all 7 residents (5 days each)</p>

Shadow Call:

PGY1s shadowing will be shadowing and assisting to *learn*- not simply acting as scut monkeys. They may not assist in cases, consults or answer pages in the absence of the PGY3. The PGY3 is on call...the shadow is not.

Supervisory Call:

One PGY3 or PGY2 will be available each night when a PGY1 is on call and the PGY1 should run ED consults by the supervisory call person. The Supervisory call resident may need to go in to see patients with PGY1s as needed. May be assigned on a per week basis, VA and YSC can combine the supervisory call.

Moonlighting Policy

Moonlighting is not permitted. You will not practice your profession or assist any physician outside assigned duties at affiliated institutions without written permission from the program director, except where allowed by Good Samaritan laws. You will not be protected by residency malpractice policies or the Federal Government in the event of malpractice, negligence or any other claim against you arising from the performance of duties not authorized by the Residency Program administration.

V. COMMUNICATION

All residents must have a working cell phone with them at all times; this phone may be the hospital supplied phone. Each resident is responsible for keeping the PD and Residency Coordinator informed of a current cell phone for him or herself, and is responsible for answering text/calls regarding work within 20 minutes.

Official communications from the residency program will generally occur via e-mail, not text. The same is expected of your administrative contacts with the program.

- Do not expect immediate answers to texts regarding non clinical issues.
- Regular, non-urgent work related questions should be directed to attendings and the PD during via e-mail, or via phone during regular work hours. Contact with attendings and PD regarding residency matters before and after regular working hours should be made on an urgent or emergency basis only.

A. Pagers

All residents are issued a Mobil Heart Beat Phone All residents must keep their MHB phone with them and in operation at all times, unless on leave (vacation/ sick/authorized) or unless otherwise excused by the program director. All residents are responsible for returning ALL pages/texts/calls within 20 minutes, even when not assigned on call, unless they are on authorized leave. This includes texts to the hospital.

It is the responsibility of each resident taking unexpected leave to make certain the hospital is notified of call schedule changes.

It is the responsibility of each on-call resident to make sure his/her pager is functioning, and that they are in an area that receives pages. If the pager malfunctions, is not working or the resident is in an area that the pager has no service, it is the responsibility of the resident to provide for a work around (eg. provide hospital operator, floor and ED with cell #) so as not to miss any potential pages.

B. E-Mail

Official communications from the residency program will generally occur via e-mail. Each resident is responsible for checking e-mail DAILY, unless on leave. Each resident is responsible for keeping the PD and Yale house staff office informed of a current e-mail address for him or herself.

C. Mail

Residents may use: Dept of Podiatric Surgery, Yale New Haven Hospital, 330 Orchard St, Suite 207, New Haven, CT 06516 as an address for professional correspondence.

It is the responsibility of each resident to check in with the Res Coordinator regularly regarding mail. In addition, mail may sometimes be received at VACT for individual residents and there is one combined mailbox in the Department of Surgery Copy room, 4th floor, building 1. It is the responsibilities of the PGY1 assigned to VACT to check this “Podiatry Residents” mailbox regularly, collect mail and bring to call room/clinic/academic conferences for distribution, or otherwise notify co residents of specific mail received.

VI. BENEFITS

For the most up to date info, see the GME supplied general housestaff orientation manual or go online. Additional salary and benefits information can be found:

<https://www.ynhh.org/medical-professionals/gme/resources/house-staff-benefits.aspx>

Resident Professional Liability Coverage

- A. YNH provides a comprehensive semi-annual policy for coverage at YNHH and outside facilities. Coverage is provided for professional activities performed within the scope of hospital-assigned duties. It covers residency training experiences only, and coverage is not extended for moonlighting, volunteerism or other duties not considered part of the residency training program. Copies of your individual policy are available semi-annually, per your written request.
- B. Insurance coverage is provided for the duration of graduate medical training, but may exclude periods during which the resident is assigned exclusively to non-clinical duties, like bench research. The insurance pays for the costs of legal defense, settlements and awards, and will protect the resident against awards from claims reported or filed after the completion of the residency as long as the case involves acts or omissions undertaken within the scope of the residency program.
- C. Professional liability coverage is provided separately by The Hospital of Central CT for residents performing resident duties there.
- D. VA is self-insured and provides liability coverage under the Federal Tort Claims Act (FTCA), Title 28 United States Code Sections 1346(b), and 2671 – 2680.

Tax Sheltered Annuity (TSA) 403(b) Plan

A retirement plan is available to you; you may set aside your own money on a "before tax" basis in the TSA for retirement. This has the advantage of a YNHH match of 1%-3% before taxes. You become 25% vested in YNHH match after 2 years of service. New employees automatically are enrolled for 2% contribution after 60 days of employment.

Family/Medical Leave of Absence

It is the policy of Yale New Haven Hospital to grant a leave of absence to employees who are absent from work due to physical or mental disability, parental needs for newborn or child adoption, or the serious illness of a family member. The hospital is interested in ensuring that parental and family leaves of absence are granted in order to allow an employee personal time to meet family and parental needs. Under this policy, a family/medical leave of absence (FMLA) may be granted for a period up to 16 weeks during a 24-month period for all eligible house staff. Under some circumstances, additional time may be available if more than 12 months have elapsed since the beginning of the last FMLA. The leave may be paid, unpaid, or a combination, and is reserved for purposes of either child adoption, care of a newborn infant, the serious illness of a child, spouse, or parent, parent-in-law, or medical leave of absence for an employee who is absent from work due to a physical or mental illness or disability. It is the intention of the hospital to comply with the Federal Family and Medical Leave Act of 1993, as well as applicable federal or state statutes.

Long-Term Disability

Full-time Physician Residents (scheduled to work at least 36 hours per week) are automatically covered by the Long-Term Disability (LTD) Plan. The LTD Plan provides a monthly benefit of 60% of base salary to a maximum of \$4,000/month.

Employee and Family Resources Program

Employee & Family Resources Program: This program combines traditional employee assistance program services, e.g., confidential counseling, with work/life services, for all Professional Residents and their dependents.

Yale University also offers its employees a range of [counseling and support services](#).

Financial Benefits Program

Physician Residents are offered a wide range of voluntary financial services programs such as:

- Healthcare Financial Federal Credit Union: Savings, IRAs, checking and other services.
- Bank of America: Free checking with direct deposit, automatic teller machines and preferred credit, in addition to all other banking needs.

- 529 College Savings Plan.
- Voluntary Benefits Program: Receive discounts for Auto/Home, Pet, Identity Theft Protection, Group Critical Illness Insurance, Group Legal and Hospital Indemnity Insurance through convenient payroll deductions.
- Philips “Lifeline” Program at a discounted price.

Parking

Benefits-eligible Physician Residents who wish to take advantage of the parking facilities may pay for their parking through payroll deductions.

Additional benefits

livingwell Fitness Center: Located at 48 York Street. Membership is \$12 per pay period, which includes the full use of the center, most exercise classes and towel service. Paid by payroll deduction. Hours of Operation are Monday - Friday, 5 am - 9 pm and Saturday, 5 am - 5 pm.

Deduct-A-Ride Program: Physician Residents who use mass transportation to commute to work can save money on taxes. Under this program, you can elect to have pre- tax payroll deductions purchase transit vouchers for your use. In addition to the tax savings, YNHH will provide a 60% subsidy (up to \$50 per month) towards the purchase of the monthly commuter ticket.

Child Care Center: Licensed, not-for-profit programs designed to provide quality day care, with priority given to children of YNHH Physician Residents. The program has facilities on both YNHH York Street and Saint Raphael campuses, caring for children between the ages of 3 months and 5 years.

VII. DIDACTICS

Didactic Sessions are designed to augment the clinical content of the program. Cell phone use, including texting, is unacceptable during academics except for patient care.

This is an educational program, so resident attendance at didactics is protected time and is mandatory. Attendance conflicts must be brought to the attention of the PD or Academic Director prior to the meeting:

- Acceptable work related reasons for missing include: limb or life threatening emergency with inpatients, “rare” surgical case type, urgent or emergency ED consults
- Unacceptable work-related reasons for missing include: rounds, routine types of surgical case, clinic.
- Unauthorized absences may lead to remediation of the academics, but also penalties which may include extra presentation assignments, increase call days, loss of surgical privileges, loss of vacation/annual leave days, probation, suspension, or dismissal.

A. Academic Conferences

These meetings are held weekly on Tuesday evenings. These conferences shall include:

- A resident review lecture, as assigned per schedule. Try to limit it to < than 15 minutes.
- A PGY3 case presentation regarding a recent interesting case (surgical or non-surgical) with relevant topical background info and EBM
- An attending lecture or attending case review (may be in person/zoom/pre-recorded)
- Journal Club article and discussion (see below)

B. Journal Club

At each Tuesday academic session, Journal Club will be conducted. The PGY2 at VA will be responsible for choosing and distributing 1 appropriate article. Articles shall be from:

Week 1- recent JFAS/JAPMA

Week 2-Recent JBJS/FAI

Week 3 Classic Article

Week 4 and 5 free for all

Any resident may be called upon to discuss or present any article during each session. Attendance and participation in the Journal Club is mandatory. Attendance conflicts must be brought to the attention of the Director prior to the journal club.

C. PRESENT Courseware

Our program may utilize the PRESENT Courseware on-line lecture series from time to time. Residents are assigned a log-in ID and password so that they can view lectures, and will receive this information via e-mail directly from PRESENT. Quizzes are part of this teaching program and can be used as a self-evaluation tool.

- Weekly use is a mandatory part of the didactic training. Lectures shall be logged in the Podiatric Resident Resource didactic log, listing title and lecturer by name.
- The Director is able to view a report of resident lecture viewings/completions to assure compliance with assignments.

D. Yale Podiatry Grand Rounds

The Grand Rounds lecture series will be held via zoom two Wednesdays per month, usually at 6pm.. Attendance is mandatory. Attendance conflicts must be brought to the attention of the PD or Asst. PD prior to the Grand Rounds.

E. Yale-New Haven Hospital Quality Improvement Conference (Formerly Morbidity and Mortality Conference)

Yale-New Haven Hospital **Quality Improvement Conference** will be presented Bi- monthly during one Tuesday academics sessions and also as needed.

All residents and attendings, but especially PGY3s on YNHH-SRC and YNHH-York St. will be responsible for advising Department administration (or having junior resident familiar with case) of all adverse events that occur (AE) specific case and presenting them to Chief, Podiatric Surgery Dept /Program Director, Asst PDs, or Dept. Residency Coordinator WEEKLY, generally due on Monday for the week prior. AEs to be reported include any significant adverse event that occurs with inpatients, and surgical patients (outpatient and inpatient) only at YNHH facilities. If NO significant AE occurred, the residents shall provide an email stating this, for that week.

The QI committee and Chief, Podiatric Surgery Dept. YNHH will review cases, and select cases to be presented at QI meetings. Whenever possible, the resident *most involved* with the AE shall present the case and shall be expected to defend the actions taken, regardless of their current rotation assignment. It will be expected that the attendings involved with the case shall be present for the presentation at the QI meeting.

F. Yale-New Haven Medical Center Academic Conferences

Over 50 academic CME events occur at YNHMC monthly, and a schedule of CME events can be found at <http://medicine.yale.edu/cme/calendar.aspx>. While you are not expected to attend all of these events, you are expected to peruse the calendar and attend relevant events when you have no pressing clinical duties. Specific events that require your attendance when you are free of specific clinical duties at that time are:

Orthopaedic Grand Rounds - held in the Yale Medical School's Brady auditorium, at 8:00 am each Friday. Attendance is expected unless there is conflicting clinical work.

Infectious Disease Seminar- held in the Yale Medical School's The Anlyan Center/TAC room N107 (auditorium), Wednesday mornings 8:30, but individual conference times may vary weekly.

VIII. LEAVE POLICY AND HOLIDAY POLICY

Leave Policy

There are 3 general types of leaves:

1. Vacation- 10 weekdays per year.
2. CME/Authorized - 8 weekdays per year
2. Sick-7 weekdays per year

All types require approval from the PD, or Asst. PD if the PD is unavailable. All leave days must be entered into MedHub . Unused leave is lost annually and will not be paid at the end of training. Leave taken for any reason that exceeds 28 days in any year must be made up (without compensation unless prior arrangements have been made) in order to complete the program.

Any resident failing to abide by these policies may be placed on probation with loss of all leave privileges (first offense), suspended for 30 days without pay with time made up at end of program (second offense) or terminated from the program (third offense).

Necessary steps to take for requesting Vacation and CME leave days

1. Resident requesting leave must complete paper leave request form (on our website or from Res Coord.) and have the PGY3 (that is on rotation during the requested dates away) sign for approval.
 - a. Approval by PGY3 should take into consideration schedule/work load and other residents known to be requesting the same time off to prevent a significant paucity of residents on any one rotation.
 - b. The PGY3 must not approve any leave that does not follow the rules set forth in this manual.
 - c. If there are 2 PGY3s on a rotation, and one is requesting leave, the other must approve it.
2. Resident requesting leave must then have the site director of the rotation during the requested dates away sign for approval.
3. The resident must then submit the paper request to the Res. Coordinator (Fax or pdf scan is acceptable) and **also** submit a request via MedHub. It is suggested the resident keep a copy of the signed paper form. Both the MedHub request and the paper request must be submitted at least 30 days prior to requested days off, or the leave may be statutorily denied. The request must be entered prior to leave occurring.
 - If the leave is for CME, the exact reason for the leave *must* be entered in MedHub. If it is simply a personal day or vacation day- no specific info is required.
 - Do not enter weekend or official holiday dates, only weekdays, or they will count towards your total days used.
 - Leave should be entered as follows:
 - i. Sick Leave- for medical office visits and days that you are sick
 - ii. Vacation Leave- for days on vacation, or other days off
 - iii. Conference (Away) Leave- for any days you attend conferences, interviews or other podiatry events that are not assigned by the program.
 - iv. Leave of Absence- for official leave of absence days/FMLA days.
 - The Leave must be approved in Med Hub prior to the leave occurring. It is the responsibility of the resident to check on this, and inquire with the Res Coord. Prior to the leave, if it is not approved.
 - The resident must also send an e-mail to the Residency Director, Site Director and Residency Coordinator as a reminder 3days in advance of the scheduled vacation. Subject line of the email should state your last name and the word “leave”

Specific leave policy rules (PD may overrule these on a case by cases basis):

- Leave may not be taken between June 10 and July 15, except for ABPS, ABPOPPM and ACFAS events, or as approved by PD for extenuating circumstances (such as a wedding)
- All leave (inclusive of Vacation, CME/AL, SL) will be limited to 25% of any assigned rotation unless arrangements for making the time up are made in advance.
- No more than 1 week may be taken off consecutively at any one time.
- Unused leave is lost at the end of each year.
- No more than 3 residents may take leave at the same time
- Only 1 resident may take leave at a time per rotation, unless specifically authorized by the Residency Director.
- Preference goes to CME leave requests over vacation leave requests, unless vacations have already been approved.
- Leave is granted at the discretion of the PD or Asst. PD (if PD is unavailable).
- Leave for all 15 residents cannot be over-utilized at any one hospital or rotation.

Vacation: Each resident is allotted 13 weekdays of vacation per year.

CME / Authorized leave (CME/AL): Each resident will be eligible for 8 weekdays or less. This leave is to be used to attend seminars, conferences or interviews, and the reason for taking the leave must be explained on the paper leave request and in the MedHub request. A conference brochure must accompany the initial paper request, and travel receipts, including airfare, hotel registration and conference attendance certificate must be submitted to Res Coordinator within 45 days of the return from the trip, or the trip will be converted to vacation leave. Letter from interviewing practice on their letterhead, confirming the interview date, is acceptable proof of interview/meeting.

- CME/AL days cannot be used as vacation days
- Only day will be granted on each end of the actual CME event to be used for travel, and travel dates must be dates adjacent to the event start and finish (or during the event). Do not request travel dates more than one date away from the event, as it will be denied.
- Travel on weekdays is inclusive in the 7 days allotted.
- These days must be logged in MedHub.
- The PD reserves the right to grant additional CME/AL on an individual basis.

Sick leave (SL): Each resident will be allowed 7 days sick leave per year. Sick leave is only to be used when the resident is actually sick, needs to go to a doctor’s appointment, or needs to care for a sick family member. These days cannot be used as vacation days. These days can be used as “partial days” for doctors’ visits, or if you have worked half a day and then go home sick.

- The resident must contact the site director to request a sick day, and state reason. Sick day can only be taken when this request is approved.
- The resident must also notify the resident team on the rotation involved at the beginning of the day of the absence.
- The resident must send an email (not a text) at the beginning of the day to the Program Director, the rotation Site Director and the Residency Coordinator. Subject line of the email should state your last name and the word “sick leave”.
- Any continuous sick leave extending beyond 2 days will require a note from a treating physician.
- Sick days must be logged in MedHub within 2 days of the sick day.

- Partial sick days should be used to attend Doctors’ visits (should be noted in MedHub notes, and in email)- entire days will not be given for local doctors’ visits (unless having a procedure done)
- Sick leave cannot be used contiguous with CME dates or Vacation dates. Additional days required would need to be taken as Vacation days. Overuse of vacation days will be considered an unexcused absence.
- Patterns of sick days are not allowed, such as always taking sick days on Mondays.

The Family Medical Leave Act: Leave taken for medical reasons falls under The Family Medical Leave Act of 1993, and up to 12 weeks of leave per year are allowed for eligible employees. To be eligible for FMLA leave, a resident must have been employed for at least 12 months and must be requesting leave for a serious medical condition (birth or adoption of a child; serious medical condition of a spouse, parent, or child; serious medical condition of the employee). Illness which result in a periods of absence longer than a week will be handled under the Family Medical Leave Act. Residents must inform the residency director and the GME Office immediately about any needed medical leave to allow time to arrange clinical coverage. The resident will be required to make up the time taken for FMLA to complete the program, either in lieu of vacation time, or added on at the end of an academic year. Compression of time to be made up *may* be allowed, pending PD and/or RAC findings. Compression may not be less than 1 for 2 days, though.

Unexcused absences: An unexcused absence is defined as anytime a resident is not in attendance at a scheduled rotation, conference or other residency function or is unavailable when on call without prior arrangements being made. If a resident is not at a rotation site during normal hours it is expected that they will be in the library, at another rotation site, visiting offices, or working on the didactic requirements for the program. The resident must leave word with the rotation regarding how they can be reached and be ready and available to return within a reasonable period of time (normally 30 minutes) if they are needed. Vacation days will be lost for each unexcused absence, including unexcused absence at lecture/conferences, and additional disciplinary action will also be taken for repeat offenses.

AWOL- absent without leave: If a resident takes unapproved vacation or leaves the area while they are supposed to be working or on-call, it is considered AWOL. This is a serious offense, it is considered insubordination and unethical conduct, and the resident is subject to immediate suspension or dismissal from the program without recourse.

Holiday Policy

Holiday schedules are produced annually by the US Gov’t for use at VHA hospitals, and by YNHH for use at YNHH facilities. The current schedule is listed below, but is subject to change per individual hospital policy.

Holiday	VACT	YNHH/THOCC
New Year’s Day	X	X
Martin Luther King, Jr.day	X	X
Washington’s Birthday	X	

Memorial Day	X	X
Juneteenth	X	
Independence Day	X	X
Labor Day	X	X
Columbus Day	X	
Veterans Day	X	
Thanksgiving Day	X	X
Christmas Day	X	X

- Each resident is required to follow the holiday schedule of the hospital to which he/she is assigned on rotation, regardless of his/her actual employer. (This is required due to the complex nature of our without compensation exchanges that allows PGY1s to rotate at YNHH/THOCC, and PGY2/3s to rotate at VACT).
- Residents assigned to a weekday holiday call may have an alternate day off, to be taken as an extra AL day for the year. This must be requested per standard procedure, and include info on which holiday it is replacing.
- Any other weekday taken as a “holiday” would need to go through appropriate vacation request process, outlined in the manual.
- Friday after Thanksgiving is NOT a holiday. If you take the day off, you need to request it in advance. It is one of the few days that more than 3 residents may be approved for the day off.

IX. RESIDENT WORK HOURS:

Working Hours

Residents are expected to report for surgeries/clinics and other duties in a timely fashion, allowing enough time to get pre-operative work completed *pre-operatively*. In general, default work hours are 7 am to 5 pm on weekdays. Obviously, rotation specific duties may add to these hours. Residents without clinical duties at their assigned hospital or rotation are expected to report to VACT or SRC clinic if running, to assist in podiatric duties. Otherwise, time free from clinical duties should be utilized to complete PRESENT, work on research projects, study, read medical journals, watch/assist surgical cases in which the residents are not assigned as primary etc...No resident should leave for the day prior to 5 pm, if there are team duties that they can assist in completing, including ALL clinics, surgeries, consults, H+Ps, rounds etc...the program administration will be spot checking residents from time to time to ascertain their location and current duties. Residents may be asked to provide a hospital number at which they can be called.

- VA, SRC and Yale PGY3 residents shall report expected duties of each resident on their rotation to PD/ Assistant PDs and Res Coord. *via e-mail* on a daily basis, generally the night before, or by 8am each day. This email should include scheduled times of all OR cases. This email should be cc’ed to all members of the resident team. This email should be cc’ed to Dr Rivera for VA PGY3, and Dr Gazes for all rotations. This should include approx. times of cases.
- THOCC PGY3 resident shall report their own planned duties, as well as any other residents covering THOCC/Naugatuck/Danbury cases to PD /Assistant PD and Res Coord *via e-mail* on a daily basis, generally the night before, or by 8am each day. This should include approx. times

of cases/clinic sessions. THOCC PGY3 resident shall report to SRC clinic on Monday and Tuesdays unless there are cases to be done.

- VA PGY2 should cover surgical cases on Wednesday at outside hospitals.
- Residents without clinical duties at their assigned hospital or rotation are expected to assist other rotations with duties (cross cover other hospitals, including clinics, inpatient care, admissions etc).
- Residents on off service (non- podiatry) rotations SHOULD NOT be called away from that outside rotation for podiatry service coverage. Breaking up off service rotations with podiatry coverage is detrimental to learning in the off service rotations. If residents are done with all duties for the off service rotation for the day, they may assist in podiatry coverage.
- Residents found to be shirking clinical duties or work rules will be docked appropriate leave days and may be placed on probation or suspension leading to dismissal (see also unexcused absence and AWOL).
- Residents are encouraged and expected to seek additional training from attending office hours with our own faculty (approved offices only- YNH Foot and Ankle, Affiliated Foot and Ankle, CT Ortho Specialists, and Offices of Drs. Treadwell & Dejesus), or SRC orthopedists and Yale plastics OR cases when there are no clinical podiatric duties to be done.
- If a resident is leaving a hospital prior to 4pm for the day, they must check in with Dr Rivera at VA and Res Coordinator or Dr Vyce at Yale and SRC. Otherwise, they are expected to be on site. Residents found to be leaving early, or not in attendance at a hospital may be docked vacation days, provided with extra assignments or call.

X. PROFESSIONALISM

Residents must remember that they represent the hospital, the program, the attendings and the profession as a whole when they are a facility, or any other residency function. Therefore, residents shall maintain a professional appearance and conduct themselves in a professional, ethical and moral manner when on work, at residency events, (including academic events) or when representing the residency, hospitals or attendings in any way, including CME trips, interviews trips etc. Professional attire shall be worn, the resident shall be appropriately groomed with good hygiene, and inappropriate behavior and/or language is prohibited. Departure from these standards is considered resident misconduct.

Yale-New Haven Hospital Professionalism Policy

Policy #: II.013

Effective Date: January 1, 2010 Page: 1 of 4

Distribution: Accredited and GMEC Approved Programs

The Graduate Medical Education Training Programs of the Yale-New Haven Medical Center are committed to the highest standards of professionalism and professional image to all persons, agencies and associations. This foremost includes our patients, their families and other visitors. We

believe that professionalism and the image we present inspires confidence in the care and services we provide as professionals and as an institution.

We expect that trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including:

- (1) compassion, integrity, and respect for others;
- (2) responsiveness to patient needs that supersedes self-interest;
- (3) respect for patient privacy and autonomy;
- (4) accountability to patients, society and the profession; and,
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
- (6) a safe, comfortable and healthy work environment;
- (7) presenting a professional and identifiable appearance to patients, their families and visitors, YNHH staff, and the medical and business communities;
- (8) supporting a culture of confidence and service excellence while at the same time, accommodating sincerely held religious and cultural beliefs when operationally feasible.

In order to promote the professional image, the following standards of appearance are put into place.

Scope:

This policy applies to all residents/fellows at Yale-New Haven Medical Center. Individual program directors have the discretion to define appropriate attire for the work environment and the nature of the work performed within the scope of this policy.

Policy:

1. General Appearance

In all circumstances, professionalism and appropriateness are the guiding standards. Extremes of fashion in clothing, hair styles and accessories must be avoided, as well as any clothing or adornment that detracts from the trainees' roles and responsibilities.

2. Identification

- a. All residents/fellows must wear their identification badges with the photo plainly visible above the waist when in patient care areas.
- b. A lab coat with name will not replace the use of a name badge
- c. Name badges should be clipped on and lanyards should not be used in areas and roles that necessitate patient contact
- d. Personal statements expressed by symbols, messages or insignia must be appropriate and consistent with our mission and patient satisfaction goals. This includes personal statements reflected on clothing, accessories, pins, buttons, stickers, fabric patterns and non-YNHH/ YSM logo wear.

3. Grooming and Hygiene

- a. All residents/fellows will maintain reasonable personal hygiene and grooming standards essential to a professional image.

- b. Scents of any kind (perfumes, lotions, hair products, etc) must be used sparingly and are not permitted where there is sensitivity to fragrances.
- c. Cosmetics should be used in moderation.
- d. Hair must be clean and neat and worn off the face when working with patients or as required for safety and sanitation.
- e. Facial hair and fingernails must be clean and trimmed according to applicable health standards and Hospital policies. For additional information, please refer to the Fingernails, Natural and Artificial C: F-1 in the Administrative Policies and Procedures Manual.

4. Jewelry and Accessories

- a. Jewelry must be discreet and appropriate, and not cause a safety or infection control hazard. Earrings must be small and unobtrusive, and not detract from the professional image or represent a safety risk.
- b. Visible body piercings (other than earrings) are prohibited.
- c. Tongue piercings can impact communications and are therefore prohibited.
- d. Tattoos and body art that are considered offensive, sexually explicit, racist or threatening must be covered.
- e. Authorized head coverings, i.e. surgical caps, may be worn correctly and as appropriate to the task and work environment.

5. Professional Dress

- a. When residents are not required to wear scrubs, their dress must be professional.
 - i. For men this includes: collared shirts (dress shirts, button downs), turtlenecks or sweaters (including cardigans), tailored trousers (dress slacks, khakis, corduroys) and loafers or lace-up shoes with socks. Blazers and sports jackets are optional.
 - ii. For women this includes: shirts (collared) or blouses with sleeves, turtlenecks, sweaters and sweater sets, skirts or tailored pants, and flats, pumps or boots.
 - iii. It is understood that when residents/fellows are asked to return to the hospital at night, in an emergency, the above requirements may be relaxed as arriving for patient care is the first priority.
- b. Inappropriate attire includes: denim, shorts, tee shirts (sleeveless shirts, tank tops, halter tops, crop tops), sandals (beach sandals, Birkenstocks, flip flops), athletic wear of any kind (sweatshirts, rugby shirts, sweatpants, leggings, stirrup pants, jogging suits, spandex, lycra, caps), torn clothing (clothing with holes or frayed ends), and provocative or revealing clothing.
- c. Clothing when on night call may include heavier upper garments, including fleece jackets/vest/sweatshirts, if clean, neat and in good repair without hoods.
- d. Clothing must be clean, neat and in a good state of repair.
- e. Clothing must cover the shoulders and midriff.
- f. Undergarments must be worn under clothes and must not be distinguishable through attire.
- g. Ties: Neck ties may be worn. In roles that require direct patient contact neck ties must be clipped or worn with a buttoned white lab coat or suit coat, so as to prevent transmission of infection.
- h. Lab Coats: A clean, neatly pressed, white lab coat should be worn.
- i. Footwear/Shoes: Shoes worn by direct patient care residents must be clean, well kept and should have an enclosed toe. Athletic or walking shoes (sneakers) may be worn, but must be plain and clean.

6. Scrubs:

- a. Direct patient care employees will wear scrubs as designated by their role and their department.
- b. Scrubs must be neat, wrinkle free and clean.
- c. Soiled scrubs need to be changed immediately.
- d. Scrubs should not be worn outside of the workplace, with the exception of transport to and from the hospital.
- e. Midriff must be covered.
- f. Clean, neat T shirts without logos or turtle necks can be worn under scrub tops but not in the place of scrub tops.

7. Accountability:

Every resident/fellow has the responsibility of being fit for duty within the core competency of professionalism. As such, it is expected that each resident/fellow will hold one another accountable. Residents/fellows who report for duty in unacceptable attire, improper grooming or uniform, may be sent home by a supervising resident/fellow, a Chief Resident or an attending. If sent home, they must return to duty in a timely manner. After counseling, continued violations of this policy will result in progressive discipline including written notice of failure to achieve competency in professionalism and possible probation, suspension or dismissal from the training program.

Reasonable accommodations based on religion and/or cultural observances or practices such as, but not limited to, style of dress, head coverings, grooming requirements will be considered on a case by case basis.

(END OF YNHH POLICY)

Program specific policies Appearance

- White clinic/lab coats should be worn for rounds and clinic sessions, no sweatshirts/jackets for patient care, including YSM jackets.
- Surgical scrubs will be worn for surgical procedures as provided by each hospital. Correct scrubs are required for each hospital, scrubs should fit appropriately and shirts should be tucked in. Scrubs should not be worn outside of the hospital, especially at YNHH.
- Generally, a minimum of business casual dress is required for academic conferences with absolutely no jeans, sweatshirts, shorts or sweatpants.

Miscellaneous Professionalism Rules

Residents are expected to abide by the following policies at all times. Failure to abide by the policies set forth by the residency program or hospitals is considered misconduct and can lead to probation, suspension or dismissal from the program. Failure to be removed from probation status prior to the scheduled completion of the program will result in the resident not being issued a residency program certificate. The podiatric resident will conduct himself or herself in a professional and courteous manner at all times. Patients will be treated with compassion and confidentiality. Patient abuse will not be tolerated. Medical staff and other employees will be treated with respect. Discussions regarding Podiatry attending staff or fellow residents are not to be held in front of or with patient, students or other staff members.

1. Sending and receiving non business related texts and phone calls while attending to patients is prohibited.
2. You will be provided with a schedule of your required residency rotations. Your attendance is required in order to complete these rotations. Only the PD or the Site Director/ Coordinator may excuse your absence.
3. Unless otherwise directed, discussions that are held between you and your attending(s) and/or supervisors are to be considered confidential and must not be repeated to other residents/attendings/staff without prior approval.
4. Residents have a responsibility to report suspected or identified information security incidents (security and privacy) to the attending directly involved with the patient involved.
5. Residents have a duty to report information about actual or possible criminal violations to the appropriate authority.
6. Intentional falsification of *any* residency related records, whether medical records or residency paperwork (including activity logs, surgical logs, vacation requests), will be grounds for immediate suspension from the residency program leading to dismissal.
7. Intentionally misleading or lying to attending staff, senior residents or hospital administrators may be grounds for immediate suspension from the residency program leading to dismissal.
8. Residents have a duty to report falsification of records and other unethical conduct or misconduct by fellow residents to the appropriate attending or residency program director.
9. The resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees of all affiliated institutions.
10. Residents are not to accept fees, gifts, or gratuities from patients, or relatives/friends patients.
11. Food and drink is prohibited in clinical areas, including clinic/office rooms, on rounds, in the OR etc. Chewing gum is prohibited when providing patient care
12. No alcoholic beverages are permitted in the hospitals. No person who has been drinking alcoholic beverages, or using any illicit drugs may provide patient care.
13. Drinking alcohol or smoking marijuana is not permitted prior to patient care or academic conferences.
14. Smoking and use of all other tobacco products in the hospitals, or at residency functions, is prohibited except in designated areas.
15. Provide complete privacy for each patient during examinations, dressing changes, and discussions.
16. Do not have unnecessary or imprudent conversations within the hearing of a patient in clinic rooms, patient rooms, in the OR and even those patients coming out from anesthesia. Sound travels well in hospital corridors and clinic hallways.
17. Never disparage any physician, fellow resident or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he has been the victim of malpractice.
18. Fraternization with patients is prohibited.

XI. DOCUMENTATION, PRIVACY AND TIMEOUTS

A. Documentation

Residents are to complete all required *non clinical* documentation in a timely manner, as prescribed by the assigner of the documentation (program director, Medical staff office, Hospital Department or Section, house staff office etc).

Residents are to complete all required *clinical* documentation per individual hospital standards.

- Documentation of Brief Op Notes *must* occur immediately upon exiting the operating room (and definitely within 30 minutes of the end of the case)
- Documentation of inpatient, ED or outpatient visits and operative reports *must* occur on the same calendar day, and documentation of other patient encounters *should* be completed on the same calendar day and *must* be completed within 24 hours of the encounter.
- Any testing performed on inpatients should be followed up (and documented/acted upon) on the day it is completed.
- Non-urgent testing on outpatients (routine pre-ops, non urgent x-rays/MRIs) must be documented on the next outpatient visit or within 14 days if the visit is further away than that.
- Urgent outpatient testing must be followed up within 24 hours of ordering it.
- You must document phone calls with patients in EPIC or CPRS, pending location.

Documentation instructions for VA can be found on VA computers under “Documents” at: M:\Surgery\Surgery Common Area\RESIDENT GUIDE BOOK & at: M:\Surgery\Surgery Common Area\Resident Orient. Packet See Resource Book below

B. Patient Verifications, Timeout and Consent

All patient encounters should be initiated by verifying the patient’s identification using two separate identifiers (patient name, MR#, SS#, DOB etc). This is especially important when the patient is not known to the resident, or is a new consultation.

An appropriate “timeout” must be performed and documented in the clinical record prior to performing any invasive procedure.

Informed consent must be obtained directly from patients (or the parents/ guardians of minors) prior to any invasive procedure, injection or aspiration, and prior to obtaining laboratory tests for which legal consent requirements exist.

To obtain an informed consent, you must explain the procedure to the patient, including discussing the nature of the procedure, risks and benefits, and reasonable alternative procedures or treatments and their relative risks and benefits (including that of no intervention at all). You do not have to discuss all possible complications and alternatives of a procedure to the patient, but you must discuss the common and most likely ones, and indicate to the patient that your list cannot be exhaustive.

Make sure that the patient is both capable of understanding and actually understands the information explained to him/her, and answer any questions the patient may have about the procedure.

C. Privacy and Pictures

Privacy and protection of personal information is of utmost importance in healthcare. Personal information is protected by many federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and The Privacy Act of 1974, 38 USC 5701, 5705, or 7332. Residents must adhere to all state and federal laws, as well as individual hospital policies and mandates in regard to patient privacy. See below for privacy as related to texts, email etc.

Pictures cannot be taken of patients without proper hospital permission forms filled out, unless going directly into EIC via Haiku. Even then verbal permission must be obtained.

D. Use of Medical Records

Medical records are for the care of our patients only. You MAY NOT use medical records at any facility (including Epic and Haiku) to look at charts of anyone but your patients.

You may not look up co-residents, attendings, neighbors, staff etc, for any reason, not even to check phone #s or addresses. THIS IS TRACKED digitally by the hospital, and you will be flagged for violations. Neglect of this policy will lead to sanctions by the hospital, and may lead to suspension or dismissal from the program

XII. INTERNET, TEXTING AND SOCIAL MEDIA

The internet is increasingly becoming less anonymous and information posted is becoming more permanent. In addition, the ability to trace or track the author of posts exists, whether publicly known or not. Whereas privacy is of utmost importance in the practice of medicine and laws/ policies exist protecting personal patient information, and whereas social media, emails, texts and other internet postings are discoverable in courts, administrative hearings and other legal proceedings, residents must use extreme caution in texts, social media, emails and general internet uses (blogs, posts etc).

Therefore, residents may not:

1. Post pictures of patients or diagnostic images, patient names or any other protected health information online.
2. Post verbal accounts, names, descriptions of, or any other information related to or about a patient, a procedure, an admission or any other healthcare encounter (except residency approved logging software).
3. Post denigrating or critical information about or disparage patients, physicians/ podiatrists, hospital staff, administrators or fellow residents.
4. E-mail or text protected health information, unless using encryption software per individual hospital policy.
5. When residents see content posted by fellow residents that appears to violate this policy, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it. If the individual does not take appropriate action to resolve the situation, the resident should report the matter to the residency director.

In addition to residency counseling and/or discipline, there may be civil and criminal legal ramifications for those who violate these policies.

Sending and receiving non business related texts and phone calls while attending to patients is prohibited.

XIII. LOGS

There are three types of required logs, see below. Failure to complete logs in appropriate times established by the PD and/or this manual may lead to disciplinary action.

1. Duty Hour logging: to be done **Daily** via the on-line program (currently MedHub)
This is a daily requirement. Days without work hours logged will be considered unexcused absences/ AWOL. Work hours must be logged truthfully and accurately. Work hours MUST be input with corresponding activity for each day the residents is actively working, including all weekdays, but only those weekends/ holidays the residents is actively working. On call work from home need not be logged. Vacation, sick and approved leave days DO NOT need to have work hours reported, but must have a leave day requested. Work hours must be logged no later than 3 days after each reportable day.
2. Podiatry Residency Resource On-Line Case Log System (PRR).

You will be assigned a log-in code, and will receive this via email directly from PRR.

- All didactic and lecture/workshop activities will be documented in this system, with a minimum of 1 didactic activity per week of your residency.
- Residents should become familiar with MAVs and logging requirements, in *CPME document 320* (starting on page 29 of that document). It is the resident's responsibility to stay abreast of numbers in anticipation of graduating on time.
- **Each resident is required to log at least one patient activity on each day that they work, especially on outside rotations. If you do not do this, you may not get credit for the rotation.**
- You are required to complete one month's entries by the 15th of the following month. Entries into the clinical log will only be allowed and verified with the Director's permission after the 15th of the following month.
- You must run and make corrections in the CLAD (Clinical Log Audit Detail) by the 15th of the month following entries.
Comprehensive H+Ps are for patients for whom you do a full medical work up and exam. It is not meant for simple H+Ps in clinic. 40 of the H+PS should be on non-podiatry services, such as Medicine, ED, GS etc. You are required to complete all 50 Comprehensive H+P logs by the end of PGY1 year.
- You are required to log ALL 75 required biomechanical exams by the end of PGY 2 year, and should continue to log them even after the minimum number has been met. See Appendix D Proper Logging and Biomechanicals regarding on documentation required for logging biomechanical exams. You should continue logging more Biomechanicals as you do them in excess of 75.
- **IF Biomechanicals or H+P requirements are not met when due, the requirement for that individual will be compounded by 2 % each month until completed.**

Surgical logging of cases in PRR

- Familiarize yourself with the CPME document labeled **Proper Logging of Surgical Procedures** . Log accordingly.

- You must describe what was done in a case in the “procedure notes” section of PRR, especially where the procedure category is vague (eg. midfoot, rearfoot, ankle fusions)
 - You must explain fully what locations were fused, cannot say “midfoot”
 - You must explain fully depth of any lesions excised, whether skin or deeper lesion
 - You must explain fully depth of wounds debrided (skin, to subQ, to muscle/tendon, or to bone), especially in prep for biologic grafts/stsg
- Each procedure note must be specific to the procedure coded on that line, you cannot copy and paste multiple procedures into all procedures in one single case, if you do this, these logs WILL NOT be verified.

3. Detailed daily activity logs, may be for specific cases or types of procedure, may be for specific note types. - only to be done if specifically requested by Program Director. Unless otherwise specified, the following format should be used, and should be on a MS Word page, in a table format, saved as (“date-activitylog-yourlastname”)

Day/Date	Time	Location/What was done	Attending you worked with
Monday 6/19	7-900 am	SRC Round	With Vyce
Monday 6/19	9-12	SRC Clinic	Vyce
Monday 6/19	1-5:30pm	SRC OR	Parks case x 1, Novicki Case X 2

A. Developing Competence.

Residency aims to develop the book smart student into the competent podiatric surgeon. Resident progression to each successive PGY level and eventual graduation is based on satisfactory completion of coursework, clinical work and didactic work, as well as progression of appropriate diagnostic, therapeutic and other professional skill sets. Residents may be held back if not meeting these benchmarks, or for other disciplinary reasons.

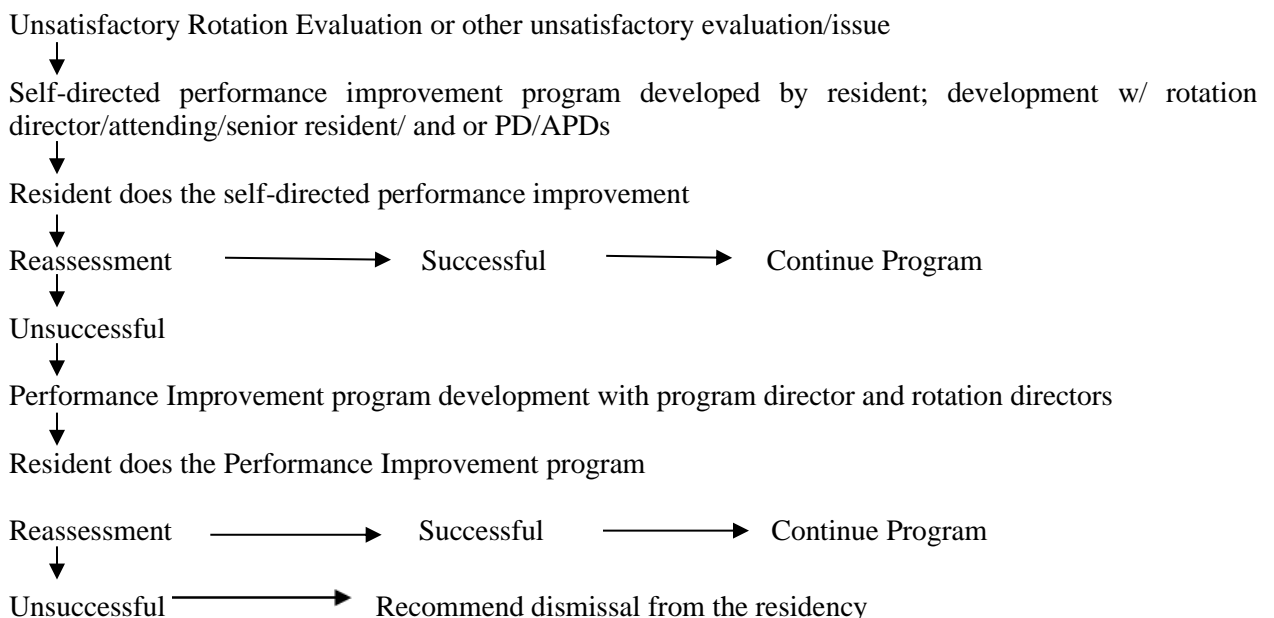
B. Rotation evaluations

Assigned faculty will evaluate residents based on the objectives established for each rotation, and will be completed in the online logging application (currently MedHub). These rotation evaluations will serve to evaluate the resident's knowledge and skills as well as their motivation and attitude. Rotation evaluations will be available for review by each resident and the PD. Residents must review and sign off on the evaluation in MedHub in a timely fashion, and may add comments. The PD will review the evaluation and comments, and take necessary action.

Residents are responsible for assuring that evaluations are completed for all NON PODIATRY rotations. *Residents should obtain the name of the attending or fellow they will be working with, and send it to the residency coordinator prior to completion of the rotation.* This should include a valid e-mail address and proper spelling of the attending or fellow's name. This responsibility rests on the resident to provide this information; otherwise an evaluation cannot be assigned. If the attending provided declines to complete the evaluation, it is incumbent on the resident to find an attending that will. Failure to have a rotation evaluation signed will be consider a sign the rotation was not satisfactorily completed, and result in the need for you to repeat the entire rotation, or you may not be allowed to advance PGY level or graduate.

Unsatisfactory performance will result in entering the remediation pathway set forth by program administration and loosely follow the plan listed below.

C. Performance Improvement (Formerly remediation)



Performance Improvement may include but is not limited to assignment of self assessment and self-directed improvement plan, attending wellness meetings, selected readings, viewing lectures/videos, CME courses/conferences, tutorial by attending/resident staff, written homework/papers, developing presentations for others and repetition of a portion or all of any rotation. Should additional time be required for remediation, it will be at no cost to the residency. The resident may need to have additional uncompensated time added to the end of his or her residency program to make up for time lost.

A maximum of 3 additional months is permitted per CPME guidelines, but is not a requirement if the resident has not improved significantly. If a resident is not successfully remediated by the end of the additional 3 months, the resident will be dismissed from the program. Per CPME, a resident MAY NOT repeat an entire year at the same residency program. Repetition of an entire year would need to be done at a different residency program.

D. Program and faculty evaluation

Program and faculty evaluations will be completed by all residents through the online evaluation system. Residents are asked to provide honest and thoughtful answers to the questions posed and also to provide ad lib feedback in areas marked for this. Resident evaluations are a useful tool in determining the value of each rotation. These forms will be completed at the end of each rotation by all residents. The completed forms will be evaluated by Residency Administration. A second paper evaluation may also be assigned

D. ABFAS In-Training Examination

Each year, residents are required to take the computer-based In-Training exam offered by the American Board of Foot and Ankle Surgery. Application for the exam will be made, and the fee for the exam will be paid for by the residency program. ABFAS will contact each resident, who will then be responsible for scheduling and taking the exam. Dates must be coordinated with the PGY3 of the rotation upon which the resident assigned on the expected test day and time.

Every effort should be made to ensure minimal loss of resident coverage on any given day.
You must inform Lillian and Dr. Vyce ASAP about which date you are taking the exams!

The scores are sent to the resident and also to the Program Director. The year-to-year difference in performance will be used as an improvement measurement tool for the program.

Residents MUST achieve a score deemed to be above the level required to "pass the boards" on 2 of the 3 in-trainings exams during their residency, in order to graduate successfully.

Residents must provide to PD/ Residency Coordinator, a copy of the score report for the ABFAS final ITE/Board Qualification exam taken during residency.

E. Exit interviews

In addition each resident will complete final written evaluations and have a verbal exit interview with the Residency Director in June just prior to graduating from the program. This interview will deal with the resident's overall evaluation of the program, the programs administration and provide them an opportunity to identify problem areas and suggest improvements.

XV. NEEDLESTICKS AND EXPOSURES

“Needle stick” refers to any minor injury sustained on the job in which the resident may have had body fluid contamination from another person, exposures refers to other potential contamination by another person's body fluids. This includes but is not limited to: Needle/sharps sticks, blood or body fluids splattered onto mucous membranes or non-intact skin.

Immediately- Wash area with soap and water. If area exposed is eye or mucous membrane rinse with water. Avoid use of betadine, hydrogen peroxide and other agents. There is no known benefit from using such agents and may damage healthy tissue. Scrub out of surgical cases, or excuses yourself from clinical situations to wash the area immediately. Report exposure to attending involved with patient's care.

Next (within one hour) : During regular business hours report to the Occupational/Employee Health Clinic at the hospital you are currently working in. During the evenings, nights, weekends and holidays, report to the Emergency Department at the hospital you are currently working in. The appropriateness of post exposure prophylaxis will be considered, and necessary paperwork, testing will be initiated.

Within 24 hours (business day): report incident to Residency Coordinator, who will notify Residency Program Director or Ass't Director

Within 3 business day: Post-exposure follow up will occur with the Employee Health at VA for PGY1 or Yale for PGY 2 and 3 residents . Resident must report to the proper employee health unit within 3 business days for incident reporting, bring all paperwork from non Yale/VA hospital including blood test results.

Yale Occupational Health	Phone (203) 688-2462 Location: 1 st floor east pavilion
VA Employee Health	Phone (203) 932-5711, ext 3147. Location: 2 nd floor, bldg 2, across main hall from Pod clinic.

XVI. RESEARCH

Residents are required to participate in research and other scholarly activities during their three years. Participation and development of research proposals and later development and completion of a research project fulfills a necessary competency in research methodology. Minimum requirements for research include:

- Residents must develop and submit a research proposal (including intro, in depth review of current literature with references, proposed study design/materials and method, and proposed data analysis) for a project to be completed during the residency.

Schedule:

- Topic, Basic outline and Faculty Advisor due by February 28 of PGY1 year
- Final Draft of Research Proposal due by April 30th of PGY1 year, must already be reviewed and signed off on by faculty advisor.

- Residents must develop and submit one suitable case report or small case series to a peer reviewed journal for publication. This must be submitted for publication prior to April 30 of the PGY2 year.

- Residents must prepare, complete and submit a scientific research project suitable for publication to a peer reviewed journal. This must be completed by APRIL 30, of the PGY3 year.

Please note that Institutional Review Board approval will be needed for any project involving hospital patients or records, and this may take a significant amount of time. It is recommended that this submission be done ASAP to prevent delay in research project work.

Failure to meet deadlines for projects will result in the resident being assigned additional research requirements prior to graduation (eg. whatever requirement deadline is missed, the actual requirement will then be doubled) also may lead to the resident not advancing to the next PGY level, or not graduating.

CITI Training

As part of **your research methodology training**, all residents must complete the CITI Human Subjects training. It *should* be done during PGY-1, but *must* be done by end of PGY2.

CITI training is available through our Yale University affiliation, or VA Research Dept. Go to the following website for the Yale access:

1. <https://bmsweb-h.yale.edu/ords/tms/tmspage>
2. Enter “CITI” in the search bar on the top right of the screen
3. Click on “CITI Human Subjects Training Course”
4. Complete Yale net ID log in, and then complete the course. Save the Completion Certificate and forward to Lillian for credit.

If you have already completed the course, please submit the certificate to residency coordinator. The course must have been completed during your time in residency.

XVII. SEXUAL HARRASSMENT

See Yale University policy online at: <http://www.yale.edu/hronline/forms/shbroch.pdf>

Sexual harassment consists of nonconsensual sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature on or off campus, when: (1) submission to such conduct is made either explicitly or implicitly a condition of an individual's employment or academic standing; or (2) submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating or hostile academic or work environment. Sexual harassment may be found in a single episode, as well as in persistent behavior. Conduct that occurs in the process of application for admission to a program or selection for employment is covered by this policy, as well as conduct directed toward students, faculty or staff members.

Students, faculty and staff should report incidents of sexual harassment. If you believe you may be the victim of sexual harassment, you should take immediate steps to end the behavior.

Persons found to have engaged in sexual harassment will be subject to disciplinary action, up to and including termination or expulsion. The program provides both an informal and formal procedure for addressing sexual harassment complaints.

A. Informal Procedure

An individual who feels she/he is being harassed may seek to resolve the matter informally (i.e. without a formal investigatory process or disciplinary action being taken against the accused individual). An example of an informal complaint is one where the complainant requests only that a supervisor counsel the accused individual to stop the alleged conduct and requests no other specific action(s) be taken against the accused. The main purpose of the informal procedure is to stop the inappropriate behavior. Informal complaints are not required to be made in writing.

B. Formal Procedure

If your concerns cannot be satisfactorily resolved by the informal procedure, you may file a formal complaint. Complaint should be brought to the attention of the residency director, who will then bring it to the attention of Yale GME or VA OAA. Staff members with specific complaints of sexual harassment or general concerns or questions should contact a supervisor or the University's Director of the Office for Equal Opportunity Programs.

Student (resident)-teacher relationships:

The integrity of the teacher-student (resident) relationship is the foundation of our educational mission. This relationship vests considerable trust in the teacher, who, in turn, bears authority and accountability as a mentor, educator, and evaluator. When-ever a teacher is responsible for directly supervising a student (resident), a sexual relationship between them is inappropriate.

Therefore, no teacher shall have a sexual relationship with a student (resident) over whom he or she has or will have a direct supervisory responsibilities regardless of whether the relationship is consensual. Furthermore, students (residents) should not pursue or have a sexual relationship with their teachers.

XVIII. EXTERNS/STUDENTS:

Students are with us primarily as learners, and are not to be treated as free labor. They are the future of the profession and the program as well. They should be treated at all times with respect, and common courtesy should be extended to them.

Residents are expected to provide adequate professional supervision of the students, including reviewing clinical exams and findings, proposed treatments and then performance of said treatments, as well as all medical record documentation.

An effort should be made to teach students/externs. "Down time" is perfect for this; files of cases/x-rays should be kept for this purpose. You will find that teaching students reinforces your own knowledge. Pimping is allowed and even expected, but "extreme" or malicious pimping is not acceptable. The same policy applies to attendings, and residents should remind attendings of this should they see any adverse behavior by attendings towards students/externs.

- Despite how friendly you might become with students, remember that they are prospective residents of the program.
- Never disparage any physician, the hospital or the residency program to visiting externs or students.
- Private matters concerning attendings, residents, residency policy issues, residency complaints and other such matters should not be discussed in front of students.

XIX. Yale-New Haven Medical Center Housestaff Association Tenets of Community Behavior

As a community of individuals with the common undertaking of caring for patients, we feel there are principles of behavior toward which we all should strive. These ideals form an honor code of professionalism.

- 1) **Excellence in Patient Care.** We must continually strive to provide compassionate, wise and skillful patient care through self-education, skill and technique development, comprehensive attention to patients, responsible history taking and examination, respect of patients' cultural and societal differences and preferences and provision of emotional support. This also includes respect of patient autonomy, adherence to hospital policy, and awareness of counter-transference.
- 2) **Individual Well Being.** In order to deliver excellent patient care, we have a responsibility to ensure our own physical, mental, emotional and spiritual health. This includes eating well, sufficient rest, and avoidance of intoxicants and dangerous substances, adequate stress relief, devotion to personal relationships and worship or other spiritual fulfillment.
- 3) **Role as Physicians in Training.** Since our attending physicians bear final responsibility for the care of our patients, we must learn from their experience, keep them informed, follow out their plans, and document their involvement in care.

- 4) **Interpersonal relations.** As members of a community, we must treat each other with courtesy, respect, and professionalism. This involves recognizing the authority of senior residents, and fair supervision and assignment of duties to junior residents. Consultations between specialties must be conducted with the same professionalism, which involves timely and truthful communication between teams, and respect of the primary specialty's role to plan care and communicate this to patients. As members of a community, we must safeguard against dangerous situations for other residents, or ourselves and to amend such a situation if we find one.
- 5) **Education.** As trainees we have a responsibility to strive for the best education and professional development possible in ourselves and in our community of educators and students, as well as to develop skills for a life-long learning.
- 6) **Assignment of duties.** Working hours, duties, patient responsibilities, free time, and vacations must be assigned in a manner that allows for safe working conditions, adequate rest, and an acceptable burden of patient care and activity for residents. The assignment of duties must also provide an experience that is sufficiently varied and challenging to maximize the educational experience of residency. In times of high demand, residents should exercise a spirit of cooperation to share duties in a manner that ensures patient safety. Schedules must be produced, documented, and distributed in a timely manner that allows for easy identification of responsibilities and a manner of adjusting for schedule changes.
- 7) **Scholarly Activities.** Scientific and clinical research is highly encouraged, and we should strive for an environment that provides dedicated support for resident research.
- 8) **Medical Students.** We have a role in the education of medical students. We must accept responsibility for their role in the care of our patients and must assign them duties that function to further their education and development. Medical students must be treated with respect and be given timely evaluation and feedback.
- 9) **Community service.** We recognize that we are a part of the Greater New Haven community and provide a valuable service. We must contribute to this community and foster good community relations.
- 10) **Abuse.** Abuse or harassment of any kind must not be tolerated. This includes abuse or harassment of a physical, verbal, emotional, or sexual nature. We are responsible for providing for an abuse-free environment. It is insufficient to merely refrain from this behavior in ourselves, we must stamp it out whenever we find it.

XX. DISCIPLINARY ACTION

Residents are expected to follow the rules set forth in this manual, as well as follow other rules, mandates and instruction of those senior to them, as well as maintain a basic level of competence in performing their duties as a resident. Failure to do so may result in disciplinary action. Disciplinary action is per the discretion of the authoritative figure in the hierarchal order previously noted, or per the PD, pending the gravity of the infraction.

The residency program reserves the right to place a resident on probation, suspend or terminate a podiatry resident's participation in the residency for incompetence, poor performance or other infractions, including the failure to follow program requirements and/or specific objectives stated by resident policy. This may include but is not limited to the following:

- Incompletion, failure to attend and/or complete minimum requirements for goals and objectives of any of the rotations and/or the program in general.
- Consistently poor performances in any of the rotations.
- Gross incompetence where the resident is deemed dangerous to patients as defined and documented by podiatric and or medical staff.
- Failure to keep medical/surgical logs current
- Failure to conduct inpatient rounds in a timely manner
- Failure to fulfill on-call duties satisfactorily by responding to on-call pager messages and requests, by being within a vicinity allowing a reasonable response time to the hospital when on call, and assuring hospital coverage when call duties cannot be met.
- Failure to stay well informed and remain prepared with medical and surgical status of both inpatients and outpatients.
- Poor attitude and/or disrespect towards patients, students and/or staff members.
- Failure to complete dictations, orders, progress notes and other medical records in a timely fashion.
- Failure to be prepared for or failure to attend academics, grand rounds, M+M or journal club duties.
- Consistent tardiness to clinic, OR and other meetings.
- Failure to complete specific tasks assigned by hierarchal seniors in the PMSR.
- Absence from work/job site

Other disciplinary action may include, but is not limited to: extra learning or presentation assignments, extra call, loss of surgical privileges, assignment to specific clinics.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (including but not limited to: AWOL, theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty, intentional falsification of records; if the resident is convicted or pleads guilty or nolo contendere to a felony or any crime involving moral turpitude)

XXI-YNHH/YNHMC Policies

These are hospital policies and are subject to change. They are printed here for convenience but this manual is superseded by the actual hospital policy. The latest info can be found at:

<https://www.ynhh.org/medical-professionals/gme/resources/handbook.aspx>

XXI-A- Prescriptive Authority policy

Policy #: II.020

Effective Date: April 1995 Page 1

Distribution: Accredited and GMEC Approved Programs Revision Date: July 1, 2013

Introduction:

Members of accredited and GMEC approved residency and subspecialty residency programs are considered to be trainees, and as such should not evaluate or treat conditions or illnesses in themselves or other residents/fellows at YNHMC or elsewhere, except where the staff presents as a patient in a clinic or the Emergency Department.

Policy:

Residents/fellows and other legally authorized prescribers shall not prescribe any medication (including controlled and non-controlled substances), pharmaceutical or medical device or equipment for:

1. Him or herself, spouses, relatives or other family members;
2. Other residents/fellows or their families;
3. Other hospital staff, including nursing and attending staff, and their family members.

Procedure:

1. To be legally authorized to treat or prescribe:
 - a. A physician patient relationship must exist
 - b. A record of the history, physical and treatment and/or drug prescribed must exist and be maintained as a medical record.
2. Failure to comply with this policy may result in discipline up to and including termination from the residency program.

Within the YNHMC culture of safety, there can be reporting anonymity for any resident/fellow having a concern about another resident/fellow either self-prescribing or prescribing inconsistent with this policy. Residents/fellows may contact the Ombudsperson, Designated Institutional Official (203.688.1449) or the GME Hotline (203.688.2277).

XXI-B-Educational Expense Reimbursement –***THIS POLICY ENDS SEPT 30, 2024, INSTEAD IS REPLACED WITH:***

Please note that there is a \$3,000 additional annualized salary rate increase that kicks in on October 1, 2024. This will replace the previous annual \$2,000 “education reimbursement fund” that historically became available every October 1st, aligning with the hospital fiscal year. This new \$3,000 “discretionary component” of salary will give house staff flexibility in terms of how to apply this increase from each paycheck depending on personal needs and goals such as for education, childcare, loan payments. etc. It will also reduce the individual resident burden of tracking and turning in receipts, and the very large office administrative burden of processing reimbursements for over 1300 trainees through the house staff office each year. Also, as this is part of regular salary, retirement contribute on percentage will be applied as well.

Policy #: II.004

Effective Date: August 1, 2007 Page 1 of 5

I. Introduction/Policy:

Residents will be reimbursed for actual, reasonable and authorized expenses incurred while traveling or conducting business on behalf of the Hospital. The Housestaff Office will notify residents of the total yearly amount to be allocated to expense reimbursement. Items not specifically covered by this policy should be reviewed with the Rosemarie Fisher, M.D., Director, GME, and/or the Internal Audit department. The Director of Medical Education holds final approval on all submitted requests.

II. PROCEDURES:

A. Process:

1. Housestaff must submit all travel related expenses on Form F-617 (Travel & Business Expense Report) or other suitable format providing the same information. If the employee's expenses are paid in advance by the hospital, such expenses must be listed and deducted as prepaid on the report. The expense report, along with all the attachments, should be sent to the Housestaff Office for review and signature by the Administrative Coordinator.
2. The Housestaff Office Administrative Coordinator is responsible for reviewing the expense reports and clarifying expenses when required.
3. Incomplete or inaccurate forms will be returned to the resident with a brief message regarding why the form was returned. A corrected form should be resubmitted to the Housestaff Office.
4. **Copies of Travel Expense Reports and receipts must be maintained by the resident physician in case they are lost in the mail. No reimbursement will be approved without copies of receipts.**
5. The Internal Audit department is responsible for reviewing the expense reports and for clarifying items when necessary.
6. The Accounting department is responsible for reimbursement in accordance with this policy.
7. When the traveler's expenses are less than the amount of a travel advance, a check payable to YNHH must be attached to the report when submitted.
8. Amounts remaining in the account at the end of the fiscal year (9/30) will not be carried over.

B. Allowable Travel Expenses

1. Transportation

- a. Taxis or airport limousines (employees are encouraged to use the most cost effective form of transportation).
- b. Auto rentals, including fee, fuel, parking and tolls. Car rentals must be pre-approved by the Housestaff Office and should be less expensive than the available public transportation or be used in the absence of other transportation.
- c. IRS mileage rate (Effective 1/1/13: 56.5¢ per mile), parking and tolls for use of personal automobile. The number of miles is calculated as follows: For trips originating from the Hospital, use the actual round trip mileage between Hospital and destination. For trips originating from home: round trip mileage between home and destination less round trip mileage between home and New Haven. Note: For travel prior to 1/1/13 IRS mileage rate of 55.5 ¢ per mile must be used.
- d. Airport parking.

e. Coach fare on airlines and railroads (booking fares through Medical Center Travel is encouraged and can be charged directly to the department's YNHH cost center).

2. Lodging

- a. Basic, single occupancy room rates.
- b. Extra nights spent for lodging required to obtain reduced airfare will be reimbursed **IF** employee provides proof from the travel agent that the extra expense of lodging and meals is less than the savings obtained on the airfare.

3. Meals

Reasonable, actual costs will be reimbursed for meals while traveling on Hospital business. If a meal charge includes others, receipt must state names and business affiliation of individuals involved.

4. Miscellaneous

Reasonable expenses for gratuities, telephone calls for business (includes one call per day to home), books for seminars. Unusual expenses must be approved in advance by the Housestaff Office Administrative Coordinator.

C. Allowable Business Expenses

“Business expense” is any reimbursable expenditure for a hospital activity involving employee participation. This includes all employee business meals when NOT out-of-town and when the expense has been incurred by the employee seeking reimbursement. Reasonable expenditures for entertaining persons outside the Hospital who have an influence on Hospital business activities are reimbursable as follows:

1. If the business expense directly proceeds, follows, or is concurrent with a substantial and bona fide business discussion, including meetings at a convention.
2. The business expense must not conflict with the Hospital’s standards of conduct (see Administrative Policy NC: B-3 Business Conduct Policy).

D. Allowable Educational Expenses

1. Travel expense to and from affiliated hospital rotations (refer to B.c). Mileage must be verified with copy of block schedule. Form F-617A (Mileage Detail form) must be completed and attached to the Travel Expense form.
2. Costs related to scientific meeting/courses/international health rotations (costs funded by an outside agency or required by department are not reimbursable).
3. Medical journal subscriptions (including online subscriptions).
4. Scientific/Professional Association dues.
5. Scientific books (paper or electronic), receipt must state they are “trade books” or have title of book.
6. Computer software related to basic computing for research activity for laptops, desktops or PDAs.
7. Productions of meeting presentations, including poster presentation.
8. Surgical loupes.
9. Licensing fees.
10. Examination fees (USMLE, Boards).
11. Stethoscopes, tuning forks, otoscopes, ophthalmoscopes and other similar **personal** medical equipment.
12. Flash Drives – only the encrypted Ironkey flash drive Model D2-D200-SO4-4FIPS will be reimbursed. The link to the model is D200.

E. Expenses Disallowed

1. Unsupported, unapproved, unexplained expenses.
2. Travel expenses for spouse or family member.
3. Travel expenses for fellowship/job interviews
4. Movies, fitness room fees, travel club dues, dry cleaning, medical, dental or pharmaceutical expenses, any other personal items.
5. Cost of regular commuting between the employee’s residence and normal work location.
6. Computer hardware
7. Costs funded by an outside agency.

F. Documentation Required for Expenses

1. Seminar registration information detailing dates **MUST** be attached to the report even if fees were prepaid by the Hospital. This information substantiates the business reason for travel and the dates for expenses the Hospital is to reimburse.
2. **ORIGINAL** receipts are required for the following expenses:
 - a. Individual expenses greater than \$25.00.
 - b. Airline/rail ticket receipts must be attached to the report even if paid directly by the Hospital (in which case it should be deducted as a prepaid expense).
 - c. Lodging-Itemized hotel bill and credit card receipt if employee paid. If Hospital paid,

itemized hotel bill is still required and expense must be listed on the report and deducted as prepaid.

d. Meals.

e. Rental Car-Bill and credit card receipt. (The Hospital does not carry insurance for auto damage or theft. Employees should determine if their own auto insurance and personal credit card policies cover them if they plan to rent a care. If not, insurance must be purchased at the time of rental).

f. Seminar Registration – If paid by employee, credit card receipt, both sides of canceled check, or receipt issued by conference personnel. (*Registration form stating the dollar amount required is not proof that employee paid.*) If Hospital paid, expense must be deducted as prepaid.

G. Use of Personal Automobile

It is required that employees who use their personal automobiles on Hospital business maintain adequate automobile insurance. The rate per mile paid by the Hospital is intended to include a portion of the expense of such insurance. The Hospital does not maintain insurance for the protection of employees while using their own automobiles nor does it assume responsibility for any costs for which an employee may be liable as a result of the operation of the personal automobile.

H. Foreign Travel

When travel is outside the United States, all expenses on the report must be converted to US dollars using the foreign exchange rate at the time when the currency was actually exchanged. Documents (such as a credit card bill or the receipt from the exchange) supporting the exchange rate must be attached to the report. In the absence of such support, Internal Audit will use the rate published in the Wall Street Journal. Any employees serving as board members on associations related to hospital business may have their travel expenses paid by the association. ***Travel expenses may be paid by a vendor only when employees need training by the vendor for existing systems or equipment and this is stated in the purchase contract.***

NOTE: Before allowing an outside entity to pay for travel, it is very important that the Hospital's Conflict of Interest Policy (NC:B-3) not be violated. Any question as to the appropriateness of the travel with regard to this policy should be discussed with the department head, administrator and/or the Internal Audit department.

XXI-C YNHH - RESIDENT PROBATION, SUSPENSION OR DISMISSAL

Policy #: II.012

Effective Date: July 1, 2003 Revision Dates: June 27, 2008;

Introduction:

This policy is adopted consistent with the hospital mission to educate physicians for a leadership role in clinical and academic medicine as well as to protect and improve the health and maintain the safety of our patients, visitors and staff.

Definitions:

Probation: A trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program

Suspension: A period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.

Dismissal: The condition in which the resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident's appointment and termination of all association with the Medical Center.

Policy:

It shall be the policy of Yale-New Haven Medical Center that the decision for probation, suspension and/or dismissal of residents in accredited training programs is the primary responsibility of the program director. This process should be progressive and objective and the final decision must be reviewed and approved by the chair of the department and reported to the Director/Associate Dean of GME prior to the probation, suspension and/or dismissal. The program director must have records, in writing, of discussions, with the resident, involving faculty and the chair of the department concerning the problems that have led to the probation and/or dismissal. A resident involved in any of the actions of probation, suspension or dismissal has the right to appeal according to GMEC policy.

Procedure:

Classification of Progressive Discipline Steps

There are basic steps of progressive disciplinary action, as follows:

Resident Counseling

1. Resident is counseled by the Program Director in an effort to eliminate possible misunderstandings and to explain what constitutes proper conduct or acceptable job/academic performance.

Verbal Warning (oral reprimand)

1. Following unsuccessful attempts (number of attempts is proportionate to the level of the problem) to correct the problem through repeated counseling, the resident should be verbally warned that further discipline may follow if the resident continues to commit the offense in question, or does not otherwise correct the academic/performance problem.

Written Warning

1. Resident receives written notice of discipline on following intentional or repeated offenses. The purpose of a written warning is to make certain that the resident is fully aware of the misconduct he/she has committed and what is expected, thereby enabling the resident to avoid a recurrence of the incident. A written warning requires prior approval by the department Chair or appropriate residency review committee in the Department.

Probation

1. A resident may be placed on probation by a Program Director for reasons including, but not limited to any of the following:
 - a. failure to meet the performance standards of an individual rotation;
 - b. failure to meet the performance standards of the program;
 - c. failure to comply with the policies and procedures of the GME Committee, the Medical Center, or the participating institutions;
 - d. misconduct that infringes on the principles and guidelines set forth by the training program;

- e. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program.
2. When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.
3. Based upon a resident's compliance with the remedial steps and other performance during probation, a resident may be:
 - a. continued on probation;
 - b. removed from probation;
 - c. placed on suspension; or
 - d. dismissed from the residency program.

Suspension

1. A resident may be suspended from a residency program for reasons including, but not limited, to any of the following:
 - a. failure to meet the requirements of probation;
 - b. failure to meet the performance standards of the program;
 - c. failure to comply with the policies and procedures of the GME Committee, the Medical Center, or the participating institutions;
 - d. misconduct that infringes on the principles and guidelines set forth by the training program;
 - e. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program;
 - f. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program;
 - g. if a resident is deemed an immediate danger to patients, himself or herself or to others.
2. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:
 - a. reasons for the action;
 - b. appropriate measures to assure satisfactory resolution of the problem(s);
 - c. activities of the program in which the resident may and may not participate;
 - d. the date the suspension becomes effective;
 - e. consequences of non-compliance with the terms of the suspension;
 - f. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

A copy of the statement of suspension shall be forwarded to the Director/Associate Dean for Graduate Medical Education and the Director of House staff Office.

During the suspension, the resident will be placed on "administrative leave", with or without pay as appropriate depending on the circumstances.

3. At any time during or after the suspension, resident may be:
 - a. reinstated with no qualifications;
 - b. reinstated on probation;
 - c. continued on suspension; or
 - d. dismissed from the program.

Dismissal

1. Dismissal from a residency program may occur for reasons including, but not limited to any of the following:
 - failure to meet the performance standards of the program;
 - failure to comply with the policies and procedures of the GME Committee, the Medical Center, the residency program or the participating institutions;
 - illegal conduct;
 - unethical conduct;
 - performance and behavior which compromise the welfare and of patients, self, or others;
 - inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States.
2. The Program Director shall contact the Director/Associate Dean for GME and provide written documentation which led to the proposed action.
3. When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the resident with a written statement to include:
 - reasons for the proposed action,
 - the appropriate measures and timeframe for satisfactory resolution of the problem(s).
4. If the situation is not improved within the timeframe, the resident will be dismissed.
5. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty, intentional falsification of records).
6. When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the Director/Associate Dean for GME and the Director of Housestaff Records.
7. If a contract is not to be renewed, and the resident dismissed, the program will provide the resident with written notice of intent not to renew the agreement no later than four (4) months prior to the end of the resident's current agreement. If the primary reason for non-renewal occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.
8. At that time, the resident will also be given a written copy of the grievance process.

GRIEVANCES

Introduction:

It is the policy of Yale-New Haven Hospital to foster sound communications between Specialty and Subspecialty Residents programs (hereafter known as Residents) in ACGME accredited, ABMS accredited and GMEC approved training programs and their respective Chiefs of Service and to ensure that problems arising within the programs are appropriately discussed and resolved. This policy is intended to address those situations in which a trainee may have a disagreement with an action taken or treatment received within the program.

Application and Definitions:

This policy shall apply to all Specialty and Subspecialty Residents in ACGME accredited, ABMS accredited and GMEC approved training programs who are employed under a contract with Yale-New Haven Hospital or Yale University School of Medicine. This policy does not apply to research postdoctoral fellows.

Residents: Specialty and Subspecialty (Clinical Fellows) Residents in ACGME accredited, ABMS accredited and GMEC approved training programs.

Grievance: A grievance is defined as an expression of dissatisfaction regarding any of the following:

- a) the Resident's written contract
- b) duties assigned to a Resident
- c) application of Hospital or University policies
- d) unfair or inequitable discipline or performance reviews or evaluations
- e) an issue regarding non-renewal of a Resident's appointment
- f) termination of a Resident's appointment prior to the end of the contract term
- g) discrimination

Complaints related to sexual harassment must be made pursuant to the Hospital's Policy or the University policy, depending on the salary source of the Resident.

Complaints of academic fraud/scientific misconduct must be brought under the Policies and Procedures for Dealing with Allegations of Academic Fraud at Yale University" (see <http://www.yale.edu/grants/acadfraud.html>) and will be referred to the Special Advisor to the Dean of the School of Medicine.

Violations of Title VII (acts of discrimination against protected classes under federal law) may be directed to the Hospital or University Compliance Officer.

Grievance Panel: A standing panel will be selected consisting of 4 Chief Residents, three Program Directors, three Chiefs/Associate Chiefs of the Medical Staff, three administrative officials (from both Hospital and Medical School). These individuals will serve for a period of two years. Upon submission of a grievance, the Director/Associate Dean of GME will select with the Resident pursuing the grievance a panel consisting of 2 Chief Residents not from their specialty. The Director/Associate Dean will select one Program Director not from the trainee's specialty, one member of the Medical

Staff not from their specialty and an administrative officer. The Chair of each panel will be selected by the panel members.

Working Days: Monday through Friday, excluding Hospital holidays.

Policy and Procedure:

- A. When an incident forming the basis for a grievance arises, the grievant must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination or reprisal. Each participant in a grievance shall do his or her part to protect this right.
- B. All time limits specified in this policy refer to working days. To achieve a prompt resolution of Resident's grievances, the action at each step of the Grievance Procedure should be taken as rapidly as possible, but not later than the prescribed time limits. In the event of extenuating circumstances, a time limit may be extended by mutual agreement of the parties at that step.
- C. Grievance meetings shall be scheduled at times which are mutually satisfactory to all parties concerned. No resident, faculty member, member of the Grievance panel, administrator, or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.
- D. A Resident may obtain the assistance of another Hospital or University employee of his/her choice in preparing and presenting a grievance at any step, including a member of the Human Resources Department. In the latter case of a Hospital employee, notification should be made to the Manager, Employee Relations. Other outside individuals, including attorneys, are not permitted to participate directly in the grievance process, though consultation with an attorney is permitted.
- E. All issues to be raised in a grievance must be raised from the first step and may not be introduced for the first time in Step 2 without having been previously raised.
- F. At each step of the grievance, the Resident must prepare a written summary of the complaint, facts, information accumulated, and the remedy or outcome being sought. This must be forwarded to the Chairperson of the Graduate Medical Education Committee (GMEC), as well as to the individual/panel hearing the next level of the grievance.
- G. The Chairperson of the GMEC will serve to ensure that the procedure for the grievance is adhered to at each step.
- H. At the conclusion of each step of the Grievance Procedure, the involved Resident and the Chief of Service and/or Section Chief, as appropriate, shall both receive a copy of the written decision which includes an explanation of the reasoning behind the decision.
- I. All information, whether provided in writing or through interviews, obtained in connection with a grievance shall be treated in a confidential manner by all parties involved. Only the final outcome and disposition will be recorded and maintained in the Resident's file, while the detailed information referred to in paragraph F above shall be discarded by the Chief of Service

or Section Chief and others hearing the grievance. However, the complete record will be maintained in the Program Director's file.

- J. Data regarding numbers of grievances, their general subject matter and their departments, as well as their final outcomes will be an agenda item at each scheduled meeting of the GMEC, when applicable. Annually the GMEC shall summarize the number of grievances, the Department and type of grievances for the committee. Trends in this data may be used by the GMEC to provide specific feedback to the Departments.

Administrative Procedures

A. General Conflict Resolution

Every effort should be made to resolve all questions, problems and misunderstandings as soon as they arise. Accordingly, Residents are encouraged to initiate discussions with their Chief of Service, and when appropriate, Section Chief, at the time the dissatisfaction or questions arise. In addition, the Director/Associate Dean GME may be asked to facilitate this discussion.

B. Step 1 – Grievance Panel

If a Resident is unable to resolve his/her problem, a grievance may be initiated through the Director/Associate Dean of GME. A written statement setting forth the basis for the grievance and the outcome or remedy sought shall be submitted to the GME Coordinator, who will give it to the Chairperson of the GMEC. To be accepted for consideration, a grievance must be initiated by the Resident within ten (10) working days of the time he/she first had knowledge of the incident that gave rise to the grievance. The Chair of the GMEC shall then arrange a meeting with the House Officer to select the grievance panel. The panel will be immediately notified and shall meet with the resident within fourteen (14) working days after receiving the Step 1 appeal. The panel shall conduct a review of the grievance, shall develop the facts and information which are relevant to the grievance, shall meet with all other relevant parties and shall issue a written decision. The panel's decision shall be issued within fourteen (14) working days of the meeting. A copy of the decision shall be given to the Resident and to the GME Coordinator, who shall give it to the GMEC Chairperson.

C. Step 2 - Chief of Staff or Dean's Representative

If the Resident is not satisfied with resolution of the Grievance at Step 1, the Resident may appeal to Step 2 of the Grievance Procedure. This appeal must be in writing and comply with the requirements of paragraph F under Policy above, 2 copies must be submitted to the GME Coordinator, within seven (7) working days after receiving the Step 1 decision. He/she will deliver the appeal to individuals who will hear the Step 2 grievance. In the event a grievance is not appealed to Step 2 within the seven (7) working day time frame, the Step 1 decision shall be considered final. A second step grievance will be reviewed by one of the following, depending on the salary source of the Resident: 1) Chief of Staff/Senior Vice-President for Medical Affairs of Yale-New Haven Hospital, 2) Representative of the Dean, Yale University School of Medicine.

Either the panel or the Chief of Staff, as applicable, shall meet with the resident within fourteen (14) working days after receiving the Step 2 appeal. The Chief of Staff/Representative of the Dean shall conduct a review of the grievance and reach a written decision promptly. The Chief of Staff's /Representative of the Dean's decision shall be issued within ten (10) working days of his/her meeting with the Resident. Either decision shall be deemed final and binding on all concerned parties.

XXII WELLBEING

YALE-NEW HAVEN MEDICAL CENTER (YNHMC) POLICIES AND PROCEDURES

Subject: GME Wellbeing Policy

Effective Date: July 1, 2020

Revision Date: 7/1/2022

Residents, fellows and faculty members are at risk for burnout and depression. Psychological emotional and physical wellbeing are critical to the development and maintenance of the competent, caring, and resilient physician. Self-care is as equally vital to physician development as is professionalism and high-quality patient care. This policy describes the institutional/Graduate Medical Education Office responsibilities in cooperation with the Residency and Fellowship Programs to address wellbeing among trainees and faculty members at Yale.

Institution/GME Office Responsibilities:

- Assist Program Directors in their initiatives in an effort to minimize non-physician obligations, promote progressive autonomy and enhance professional relationships
 - Assist PDs with evaluating trainee schedules and ensure/enhance trainee well-being
 - Evaluate workplace safety data and address the safety of trainees and faculty members
 - Provide PDs with resources to educate faculty and trainees with symptoms of burnout, depression and substance abuse and their avoidance.
 - Encourage trainees and faculty to alert program leadership when concerned about a community member who is displaying signs of burnout, depression or substance use, suicidal ideation, or potential violence, or not engaging in self-care
 - Provide access to adequate tools for self-screening for depression and burnout
 - Provide access to confidential and affordable mental health assessment and access to urgent and emergent care 24 hours a day for 7 days a week
 - Ensure that programs have sufficient back-up plans to provide patient care in the event that a trainee is unable to perform their patient care responsibilities due to fatigue, illness, family emergency and parental leave
 - Provide adequate sleep facilities and safe transportation options for trainees who are too fatigued to drive home safely
 - Provide a way for residents to report unprofessional behavior and a respectful process for reporting, investigating and addressing such concerns
 - Work with Resident Senate Wellness Council and Dean's Wellness Committee (etc) to promote well-being among all members of YNHHS healthcare community.
- Program Responsibilities:**
- Pay attention to trainee schedules to look at work intensity and compression factors

- Allow trainees to attend medical, dental and mental health care appointments, including those scheduled during work hours
- Educate trainees and faculty members about fatigue, fatigue mitigation, burnout, depression and substance abuse and their avoidance
- Teach and nurture self-care practices, an important component of professionalism and high-quality patient care.
- Provide a respectful, professional and civil environment that is free from mistreatment, abuse or coercion. There should be education in place about professional behavior and a confidential process for reporting concerns.
- Have policies in place to ensure coverage of patient care when a resident is unable to attend work.

Resident/Fellow Responsibilities:

- Proactive self-care, and modeling of healthy lifestyles and behaviors for patients, students and colleagues
 - Time management surrounding clinical assignments
 - Impairment recognition and ability to notify regarding impairment to program leadership • Lifelong learning
 - Performance improvement indicator monitoring
 - Reporting work hours, patient outcomes, and clinical experiences (case logs) in a timely basis YNHH
- GME Wellbeing Resources
- YNHH Employee Family Resource Program
 - Intern Wellness Visits
 - Gym Membership
 - Primary Care/Pediatrics/Ob-Gyn/Dental Practices list
 - Spiritual Resources in the New Haven Area
 - Safe Ride Program
 - LiveSafe APP
 - Sleep Health Tip Sheet
 - Personal Financial Advice
 - Mental & Behavioral Health Resources
 - o Self-Screening
 - o Treatment Options
 - Peer Support
 - Trainee Concerns
 - o Work/Learning Environment & Misconduct Concerns
 - o Sexual Harassment/Misconduct Concerns
 - o Mistreatment by patients or families
 - o Discrimination/Workplace Climate/Diversity, Equity & Inclusion Concerns • COVID-19 Resource

XXIII TRANSITIONS OF CARE

YALE-NEW HAVEN MEDICAL CENTER
(YNHMC)

POLICIES AND PROCEDURES

Subject: Transitions of Care

Effective Date: July 1, 2013 Page 1 of 3

Distribution: Accredited and GMEC Approved Programs

Revision Date: July 1, 2017, 2/2/2022

Introduction:

Transitions of care are the relaying of complete and accurate patient information between individuals or teams during the transfer of responsibility for patient care in the healthcare setting. Transitions of care are also known as handoffs, handovers, and sign offs in this policy and in the healthcare setting.

Programs must design clinical assignments to minimize the number of transitions in patient care. YNHMC and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of residents/fellows and attending physicians currently responsible for each patient's care.

Policy:

Design of clinical assignments to minimize transitions

Programs must design clinical assignments that minimize multiple transitions within a short time period, particularly when this results in handoffs being conducted by trainees unfamiliar with the patients. For example, it is strongly suggested that the primary team responsible for a patient directly hands off to the night float team.

Types of handoffs involving trainees

- Shift to shift handoffs among peers (day to night, night to day, weekend, brief coverage for clinic or other obligations)
- End of rotation handoffs among peers
- Admission handoff from Emergency Dept or Outpatient physician to admitting team
- Discharge handoff from the inpatient team to outpatient physician
- Inter-service handoffs from one service to another
- Change in level of care handoff (floor to step-down or ICU or vice versa, OR to PACU or vice versa), PACU to floor.

Monitoring handoffs

All of the aforementioned types of handoffs are appropriate to monitor. At a minimum, programs involving trainees with primary clinical responsibility for patients must routinely monitor shift to shift transfers as these are the most common and formalized. Also, programs should assess the quality of handoffs between levels of care. For programs involving trainees with consulting responsibility for patients, monitoring the end of rotation handoff or weekend coverage handoff should occur.

At a minimum, the handoff process must be monitored for each resident at least once a year in each type of patient care setting for which the training program is responsible.

Method of monitoring

It is recommended that for each type of handoff monitored, the program ensure:

1. There is a standardized process in place that is routinely followed.
2. There is consistent opportunity for questions.
3. The necessary materials are available to support the handoff (including written sign out materials and access to electronic clinical information).
4. A quiet setting, free of interruptions, is consistently available for handoff processes that include face to face communication.
5. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.

A checklist for ensuring and monitoring effective structured handover processes is attached to this policy.

Ensuring competency

There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:

1. Direct observation of a handoff session by a licensed independent practitioner (LIP) – level clinician familiar with the patient.
2. Direct observation of a handoff session by an LIP-level clinician unfamiliar with the patient.
3. Either of the previous, by a peer or by a more senior trainee.
4. Evaluation of written handoff materials by an LIP-level clinician familiar with the patient.
5. Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient.
6. Either of the previous, by a peer or by a more senior trainee.
7. Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials, and/or knowledge assessment.
8. Assessment of adverse events and relationship to sign-out quality through survey, reporting hotline, trigger tool, and/or chart review.

Direct observation and feedback of either verbal or written sign-out is recommended to be included in the yearly competency assessment for each trainee, including those primarily serving in a consultant capacity.

The following evaluation forms are attached to this policy:

- YNHMC Oral Sign-Out Evaluation
- YNHMC Written Sign-Out Evaluation

Attachment: YNHH Policy – Handoff Communication and Transfer of Care Policy

1. Program Directors must supervise the training of residents on hand-offs up to a level of competency before residents are assigned responsibility for patient care. Multiple resources for such training are available and the mechanism of training will be deferred to the Program Director’s judgment. (2011 CPR VI.B.3)
2. Program Directors must monitor the performance of hand-offs to both ensure their ongoing performance, as well as to determine the residents’ competency for same, after initial training is done (2011 CPR VI.B.2). The mechanism for such monitoring will be deferred to the Program Director’s judgment.
3. A defined structure for the hand-off exists, and must include at least:
 - a. The name of the patient, location, and a second, chart-based identifier (e.g., medical record number; last four digits of SSAN).
 - b. Identification of the primary team and attending physician.
 - c. Diagnosis of the patient.
 - d. As necessary, the current status or condition, including code status, of the patient.
 - e. Pertinent clinical information deemed necessary for coverage for the patient (e.g., drug allergies, current medications, lab abnormalities, recent procedures or changes in condition, etc.)
 - f. Any elements that the recipient must perform (the “to-do” list).
 - g. As necessary, suggested actions to take in the event of a change in the clinical situation (the “if-then” list).
 - h. Augmentations to the above elements are encouraged, and should match the needs of the particular training program.
4. The following general guidelines should be followed:
 - a. The number of hand-offs, per period of time, should be minimized as much as possible.
 - b. If possible, face-to-face hand-offs should be performed. Otherwise, telephonic verbal hand offs are required. However, in either case a recorded hand-off document (written or electronically displayed) will be available to the recipient. The hand-off must include an

opportunity for the participants to ask and respond to questions. Ideally, hand-offs should occur without interruptions and discreetly.

5. Participating training institutions must depict call schedules such that the current resident(s) and attendings (i.e., even the on-call teams) are visible to all members of the health care team.