
GRADUATE MEDICAL EDUCATION



**INSTITUTIONAL
POLICIES AND
PROCEDURES
MANUAL**

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Disclaimer

This manual is distributed to residents and faculty at the beginning of the training program. The information delineated in this manual is subject to change at the discretion of the Sponsoring Institution, SMA Healthcare. At any time, SMA Healthcare may modify or discontinue this manual, or any of the policies and procedures within the manual. If changes occur, the updated manual and/or policies and procedures will be made available to the residents, faculty, and other individuals involved in the GME program. The ACGME Institutional Requirements are identified by requirement number in red, and the ACGME Common Program Requirements are identified by requirement number in blue.

Residents are also required to familiarize themselves with:

01. The Residency Program Manual
02. The ACGME Requirements, Policies, and Procedures
03. The SMA Human Resources (HR) Policies and Procedures Manual and Employee Handbook

Introduction

As the leading provider of behavioral healthcare services in our surrounding communities, SMA Healthcare is dedicated to assisting our clients through a team of professionals that are committed to client well-being. With over 60 years of experience in Florida, our organization has remained at the forefront of behavioral healthcare services. We provide a comprehensive range of services for individuals in need of mental health and substance abuse treatment.

Our services are available in multiple locations, including Flagler County, Marion County, Putnam County, St. Johns County, and Volusia County. Our mission is twofold: to deliver quality patient care to meet the needs of the community and to offer comprehensive postgraduate medical education that will operate in substantial compliance with the ACGME requirements.

Postgraduate medical education occurs within the health care delivery system. Our aim is to develop the skills, knowledge, and attitudes necessary for proficiency in all areas of clinical competency. To achieve this, physicians in training must take personal responsibility for the care of individual patients. Under the guidance and supervision of assigned core faculty members, learning activities will involve effective interaction with patients.

This manual has been created by the GME team to establish essential policies and procedures for our ACGME-accredited program, residents, faculty, clinical departments, and GME staff. It is important to note that the information provided in any handbook, guide, manual, or document relating to GME trainees is purely informational and should not be seen as a contract. This manual provides guidelines, activities, and responsibilities for our GME staff. As requirements change, residents and faculty will receive updated copies. If you have any questions or require assistance, please do not hesitate to visit or contact the GME Department. Our team is here to support the learning and training of our residents, and we eagerly anticipate your participation in our training program.

On behalf of the DIO and the GME Department Team, we warmly welcome you to the SMA family.

Sincerely,



Yusef Canaan, MD
GME Designated Institutional Official (DIO)

Mission, Vision, Values

Mission

SMA Healthcare transforms lives through exceptional substance abuse, mental health, and primary care services.

Vision

SMA Healthcare envisions a community where all have access to the healthcare services needed to find hope, healing, and recovery.

Values

Accountability

We hold ourselves and each other responsible for upholding our mission, vision, and values.

Transparency

We are honest, open, and forthright.

Leadership

We are leaders in providing hope, healing, healthcare, and recovery to our community.

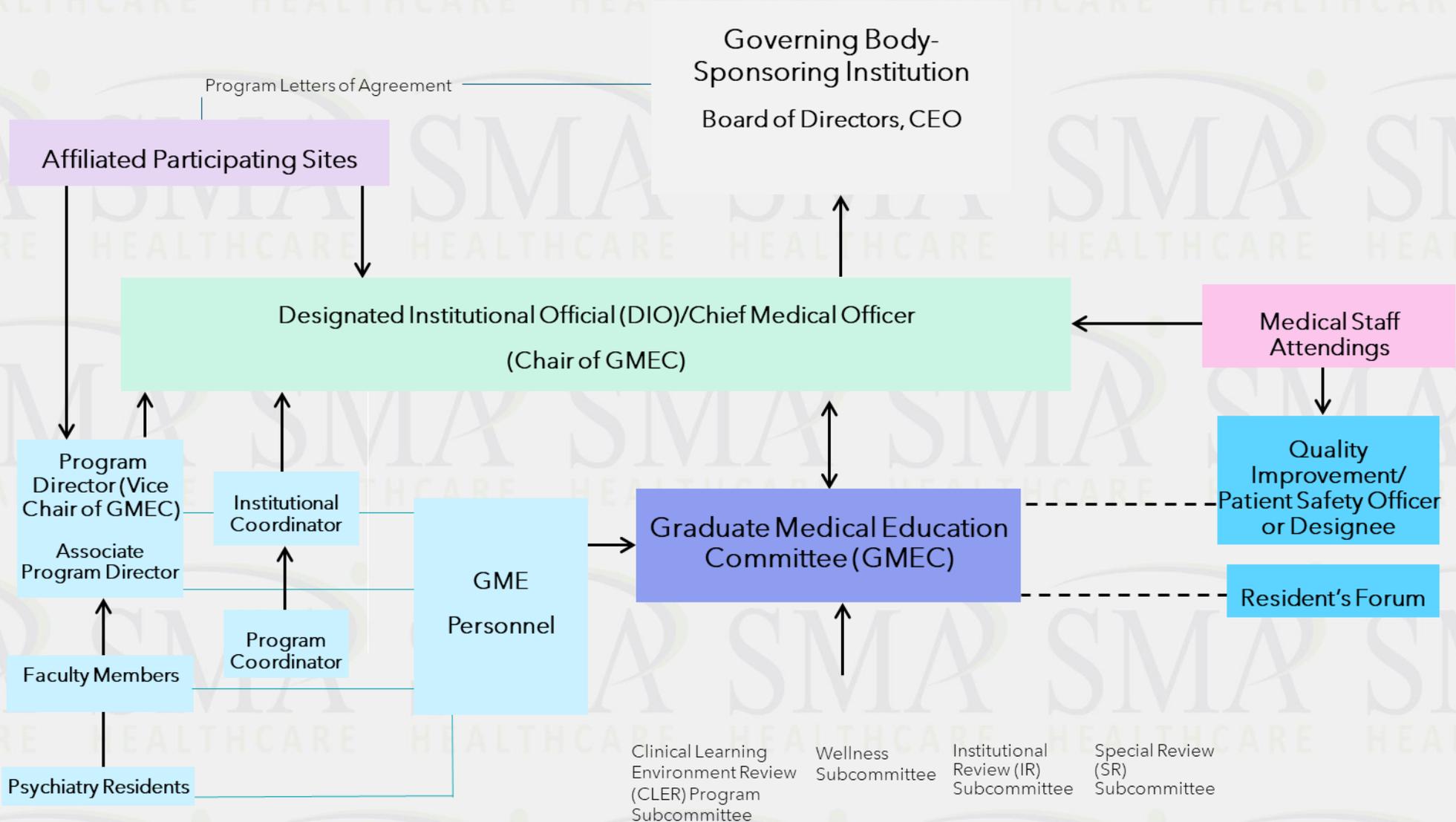
Accessibility

We are timely, easy to navigate, and user friendly.

Service

We elevate and practice hope, healing, trust, and recovery.

Graduate Medical Education-GMEC Reporting Organizational Chart



Definitions

ACGME: Accreditation Council for Graduate Medical Education (accreditation body of residency and fellowship programs in the USA).

Clinical Experience and Educational Work Hours: Refers to clinical and academic activities of the program, such as patient care, administrative responsibilities related to patient care, transfer of patient care, time spent in-house during call activities, and attendance at academic activities and conferences. Duty hours include all hours spent on moonlighting activities. Duty hours do not include reading and preparation time that is spent away from the duty site.

Clinical Responsibilities: The resident clinical responsibilities are based on the PGY level, patient safety, resident ability, severity and difficulty of patient illness/condition, and available support services. (ACGME Specialty Review Committees may additionally specify optimum clinical workload).

Designated Institutional Official (DIO): Individual who, in collaboration with a Graduate Medical Education Committee (GMEC), has authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited program(s).

Discrimination: An act or omission based on race, religious beliefs, color, gender, family status, income, sexual orientation, or political beliefs when that act or omission results in loss or limit on opportunities to work or fully participate in campus life, or which offends the dignity of the person.

Faculty: Individuals who meet the qualifications and have received a formal assignment to teach resident/fellow physicians.

Fellows: Physician in training enrolled in a subspecialty fellowship program at the Sponsoring Institution.

(For the purposes of this manual, residents, fellows, and trainees are mutually referred as "residents")

GME / Graduate Medical Education: Period of the physician postgraduate training in a specialty (residency) or subspecialty (fellowship), accredited by the ACGME.

Governing Body: Single entity that maintains authority over and responsibility for the Sponsoring Institution and its ACGME-accredited program(s), as well as for ensuring compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

Hand-over: The transfer of essential information and the responsibility of care from one provider to another. Satisfactory transition/handover procedures include the transmission

of accurate patient information between staff members or teams in transferring responsibility for patient care in the healthcare setting.

Moonlighting: Services that licensed residents perform outside the scope of the GME program, either occurring within the Sponsoring Institution (internal moonlighting) or outside the Sponsoring Institution (external moonlighting).

Patient Safety (PS): Absence of preventable harm to a patient during the process of health care and the decrease of risk or unnecessary harm associated with health care to an acceptable minimum, which refers to the collective notions of given current knowledge, resources available, and the context in which care was delivered, considered against the risk of non-treatment or other treatments.

Patient Safety Practices: Habits and routines that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions.

PGY: Postgraduate Training Year.

Quality: The degree to which health care services for individuals and populations surges the probability of desired outcomes, consistent with current professional knowledge.

Quality Improvement (QI): Systematic and continuous actions to measure development of the health services and the health status of patient groups. Quality improvement is a clinical, academic, and financial component to a safe health care delivery system. The QI practice is intended to deliver quality, safe, patient-centered care, and to advance scholarships related to QI and patient safety. The GME curriculum includes QI in order to prepare physicians to improve their values of quality, patient safety, and comprehensive patient care concepts in their current and future clinical care practices.

Residency Program: Residency is a dynamic dimension of the transformation from a medical student into an independent medical practitioner. The satisfactory completion of the program may result in eligibility for examination to obtain board certification. The residency program will establish its residency manual in compliance with the ACGME requirements.

Residents: Physician in training enrolled in a post-graduate medical education residency program at the Sponsoring Institution.

Restrictive Covenant: Defined as a non-competition guarantee.

Retaliation: Retaliation, or “revenge”, may occur when the employee leadership disciplines an employee engaging in legally protected activities related to the workplace rights, discrimination, or harassment.

Sponsoring Institution: An organization (SMA Healthcare) that takes the ultimate financial and academic responsibility to develop GME program(s), accredited by the

ACGME. This will be the primary training site for the residents to receive teaching, supervision, and evaluation by the faculty. The Sponsoring Institution must be in significant compliance with the ACGME Institutional Requirements and shall guarantee that its ACGME-accredited program(s) operate(s) in substantial compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.

Supervision: Refers to the dual responsibility that an attending physician or faculty must enhance the knowledge of the resident and ensure the quality of care delivered to each patient by any resident. Such control is trained through observation, consultation, and direction.

Teamwork Approach: Residents shall care for patients in an environment that maximizes appropriate communication skills, including the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the participating training sites of the Sponsoring Institution's program(s).

Transitions of Care: The transfer of responsibility for patient care from one provider to another, at the time of check-out to on-call teams, but also applicable in other transitional settings, including transfers between one clinical care setting to another or the scheduled change of providers.

Vendor: A company, its representative, or the agent of a company that either produces or markets drugs, devices, nutritional products, or other products and/or services.

1. Policy Title: The Sponsoring Institution's Accreditation, Responsibilities, and Structure for Educational Oversight

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare, as the Sponsoring Institution, will hold the ultimate authority of its Graduate Medical Education (GME) program and will be responsible for maintaining institutional and program accreditation through the ACGME. Oversight of the resident assignments and of the quality of the learning and working environment at SMA Healthcare extends to all participating sites. When resident education occurs in an affiliated institution, SMA Healthcare continues to hold responsibility for the quality of the educational experience that occurs there. (1.1)

1. SMA Healthcare will maintain substantial compliance with the ACGME Institutional Requirements and ensure that its program is in substantial compliance with: (1.1.a)
 - a. ACGME Common Program Requirements;
 - b. ACGME specialty-/subspecialty-specific Program and Recognition Requirements, and;
 - c. ACGME Policies and Procedures.
2. SMA Healthcare shall maintain ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its program. (1.1.b)
3. SMA Healthcare is committed to providing graduate medical education that enables residents to engage in up-to-date psychiatric care for the people they serve. The program is designed to prepare residents for the next phase of their professional careers, including fellowships, private or public practices, and scholarships. Residents will only be assigned to learning and working environments that facilitate patient safety and health care quality. (1.1.c)
4. Designated Institutional Official (DIO)
 - a. SMA Healthcare has assigned a DIO, who, in collaboration with the GMEC, holds the authority and responsibility for the oversight and administration of SMA Healthcare's GME program, and will ensure compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition requirements. (1.2, 1.2.a)
 - b. The DIO maintains communication with the personnel at participating sites and must approve all PLAs that govern relationships between the program

- and each participating site that provides a required assignment for residents. (1.2.b)
- c. The DIO oversees the Annual Update for each program and the institution to the ACGME through the Accreditation Data System (ADS). (1.2.c)
 - d. The DIO oversees the submission of applications for ACGME accreditation and recognition, requests for voluntary withdrawal of accreditation or recognition, and requests for resident complement change, after GMEC approval. (1.2.d)
5. SMA Healthcare has identified a governing body, which maintains authority over and responsibility for the Sponsoring Institution and its GME program. (1.3)
 6. SMA Healthcare abides by a written statement of the institutional commitment to GME that documents its GME mission and maintains commitment to the GME program by ensuring the provision of administrative, educational, financial, human, and clinical resources. The written statement will be reviewed, dated, and signed every five years by the DIO, a representative of the SMA Healthcare's senior administration, and a representative of the governing body. (1.4-b)
 7. SMA Healthcare will complete a Self-Study prior to its 10-Year Accreditation Site Visit. (1.5)
 8. SMA Healthcare and major participating institutions that are classified as hospitals, shall maintain accreditation to provide patient care. (1.6) Accreditation to provide patient care must be provided by:
 - a. An entity granted "deeming authority" for participation in Medicare under federal regulations; or (1.6.a.1)
 - b. An entity certified as complying with the conditions of participation in Medicare under federal regulations. (1.6.a.2)
 - c. As one of SMA Healthcare's participating sites is a hospital, should that hospital lose its accreditation for patient care, SMA Healthcare will notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss. (1.7)
 - d. Should SMA Healthcare or any of its participating sites have licenses that are denied, suspended, or revoked, or when SMA Healthcare or a participating site is required to curtail activities, or is otherwise restricted, SMA Healthcare will notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. (1.8)

Note: Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events.

9. The program is responsible for ensuring that residents accomplish the following through an organized system of education:
 - a. Develop a personal program of learning to foster continued professional and personal growth through leadership from the teaching staff;
 - b. Provide safe, effective, and compassionate patient care, under the supervision of the Program Director and faculty members, that is proportionate to their level of advancement and responsibility;
 - c. Participate in educational and scholarly activities as required by the program;
 - d. Accept responsibility for teaching and supervising lower-level residents and medical students;
 - e. Contribute to institutional programs and the activities of other medical staff, and adhere to the established practices, procedures, and policies of the participating sites;
 - f. Participate in institutional committee meetings and councils whose actions are related to their education and/or patient care, such as the QI Committee meetings and projects; and,
 - g. Annually, submit to the Program Director (or other designated official), confidential written evaluations of the faculty, program, and one of the educational experiences.
 - h. SMA Healthcare's program established a program-specific manual that outlines the requirements and policies of the program, which will be distributed to all residents prior to the beginning of the training program and updated each academic year.

2. Policy Title: Commitment to GME

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare will provide quality patient care, education, and opportunities to develop research by providing residents with a comprehensive postgraduate education program that reflects the highest academic, clinical, and professional standards of medicine. The program will ensure that residents accomplish their goals for the ACGME Milestones, Competencies, and specialty board eligibility requirements.

1. SMA Healthcare's Commitment to GME

- a. SMA Healthcare will support an organized administrative system to supervise all programs and operations of GME, which is led by the DIO and the GMEC;
- b. Maintain compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program requirements. These requirements are established through procedures and guidelines included in the Institutional GME Manual of Policies and Procedures and in each postgraduate program manual;
- c. Assist its program in attaining compliance with ACGME Program Requirements;
- d. Generate an environment that encourages a culture of safety, quality, self-improvement, professionalism, lifelong learning, education, and scholarship;
- e. Maintain excellence in both medical education and patient care by providing the necessary resources to support GME;
- f. Provide leadership, organizational structure, and resources to enable residents to achieve their greatest potential under the supervision of the faculty;
- g. Deliver an ethical, professional, and safe educational environment in which curricular requirements for scholarly activities, Competencies, Milestones, and specialty board requirements can be met;
- h. Inspire residents, faculty members, and graduates to provide compassionate care to underserved communities, improve access to care, decrease healthcare disparities, and advance the science of medicine through research and scholarly inquiry;
- i. Conduct regular assessments regarding the quality of its GME program, the educational and clinical environment, policies, residents' well-being, and performance; and,
- j. Use the assessment outcome results for ongoing program improvement.

3. Policy Title: Designated Institutional Official (DIO)

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare's GME program at SMA Healthcare shall be led by the Designated Institutional Official (DIO), who, in collaboration with the GMEC, is responsible for overseeing and administering the program, in compliance with the ACGME Requirements.

1. DIO's Responsibilities

- a. Participation in the institutional governance of the GME program.
- b. Maintain current knowledge of, and compliance with, the Sponsoring Institution's GME policies, and the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements.
- c. Participate as a voting member of the GMEC.
- d. Collaborate with requests from regulatory bodies for information, GME documentation, etc.
- e. Maintain and complete institutional GME files in compliance with the ACGME and the SMA Healthcare's record retention policies.
- f. Is involved in the Match/NRMP, ERAS, specialty boards, State Medical Board, and other entities.
- g. Ensure sufficient financial support and protected time to effectively carry out educational, administrative, and leadership responsibilities, both by the DIO and the GME Office.
- h. Engage in professional development applicable to his/her responsibilities as an educational leader, as well as facilitates professional development programs for the Program Directors and faculty.
- i. Ensure that the GME program provides a curriculum that is compliant with the ACGME Program Requirements.
- j. Contribute to the assessment of residents' competence in all areas defined by the ACGME.
- k. Oversee and certify the Annual Update in ADS.
- l. Prepare accurate and complete institutional documentation for Self-Study and 10-year Accreditation Site Visits.
- m. Monitor the responses by the program for actions recommended by the GMEC.
- n. Present the Annual Institutional Review (AIR) report to the governing body of the Sponsoring Institution.

2. DIO Designee

- a. In the absence of the DIO, the Program Director will act as the DIO designee and will take over the DIO's tasks for a short period of time, will achieve the duties and tasks of the DIO, as required and requested

- b. In the absence of a designee, or if the designee receives a new official designation that presents as a source of conflict of interest, the Associate Program Director will be chosen to review and co-sign emergent documents until the DIO returns or a new DIO is selected.

4. Policy Title: Graduate Medical Education Committee (GMEC)
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 6/26/2025

Policy: The GMEC directs and supervises SMA Healthcare's GME program, guaranteeing the highest quality education for the residents in training.

SMA Healthcare's GMEC Voting Members: (1.9.b-10.a)

- Chair of the GMEC (DIO)
- Vice Chair of the GMEC (Program Director)
- Associate Program Director
- Core faculty member of the program
- Quality Improvement/Patient Safety designee (VP of Quality Assurance)
- Minimum of two peer-selected residents (subcommittees of the GMEC shall include a minimum of one peer-selected resident)
- Governing body representative (Chief Administrative Officer)
- Members actively involved in GME but outside the residency program (VP of Development, Chief Financial Officer)
- Institutional Coordinator (Director of Clinical Excellence)

To carry out portions of the GMEC's required responsibilities, extra GMEC membership may be included, as determined by the GMEC.

Procedures:

1. GMEC Meetings: The GMEC holds meetings at a minimum of once per quarter. Detailed minutes are taken every meeting that document the execution of the GMEC functions and responsibilities for oversight, review, and approval. (1.11,1.11.b)
2. Each GMEC meeting must include attendance by at least one peer-selected, voting resident member, if applicable. The GMEC will not discuss/receive identifiable information about the assessment of individual residents. (1.11.a)
3. Responsibilities of the GMEC: (1.12-g)
 - a. Supervise SMA Healthcare's GME program, which will operate in substantial compliance with the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements, and the ACGME

Policies and Procedures;

- b. Maintain authority and responsibility for postgraduate education at SMA Healthcare and at all participating sites;
 - c. Oversee the ACGME accreditation and recognition statuses of SMA Healthcare, its participating sites, and its residency program;
 - d. Supervise the quality of the GME learning and working environment at SMA Healthcare, its residency program, and at participating sites (with the assistance of the CLER and Well-being subcommittees);
 - e. Supervise the quality of educational experiences leading to measurable achievement of educational outcomes, as defined in the ACGME Common and specialty-/subspecialty-specific Program Requirements; (with the assistance of the CLER subcommittee)
 - f. Supervise the program's Annual Program Evaluations and Self Studies;
 - g. Provide oversight of the implementation of institutional policies for vacation and leaves of absence, at least annually;
 - h. Supervise the processes related to reductions or closures of the institution, program, and/or major participating sites; and,
 - i. Oversee and verifies the provision of patient safety reports to residents, fellows, faculty members, and other clinical staff members. (with the assistance of the CLER subcommittee)
4. The GMEC reviews and approves: (1.13-.o)
- a. All revised or new GME Division policies and procedures;
 - b. Subcommittees' operations and actions that address GMEC responsibilities;
 - c. Annual recommendation to the administration of the institution regarding resident stipends/benefits;
 - d. Applications for ACGME accreditation of new programs;
 - e. Requests for permanent resident complement change or requests for exceptions to clinical and educational work hour requirements;
 - f. Major changes to the structure or duration of the education within the program, including changes to the designation of the program's primary clinical site;
 - g. Additions or deletions of participating sites;
 - h. Appointment of new program directors;
 - i. Progress reports requested by a Review Committee;
 - j. Responses to CLER reports;
 - k. Voluntary withdrawal of ACGME program accreditation or recognition;
 - l. Requests for appeal of an adverse action by a Review Committee and appeal presentations to an ACGME Appeals Panel;

- m. Exceptionally qualified candidates for resident appointments who do not satisfy SMA Healthcare’s eligibility policy and/or resident eligibility requirements in the Common Program Requirements;
 - n. Monitoring of the corrective action plans for citations; and,
5. Conduct the Annual Institutional Review (AIR): The GMEC oversees the Sponsoring Institution’s accreditation through the Annual Institutional Review (with the assistance of the Institutional Review Committee). The institutional performance indicators for the AIR include: (1.14-.b.2)
- a. The most recent ACGME institutional letter of notification;
 - b. Results of ACGME Surveys of residents and core faculty members; and,
 - c. The institution and program’s ACGME accreditation and recognition information, including accreditation and recognition status and citations.
 - d. Annually, the DIO submits a written executive summary of the AIR to the Sponsoring Institution’s governing body. The written executive summary includes a summary of institutional performance on indicators for the AIR and the action plans and performance monitoring procedures resulting from the AIR. For more information, see the Annual Institutional Review (AIR) Policy.
6. Supervise Special Reviews: The GMEC oversees the Special Review Process for underperformance in the program (with the assistance of a Special Review Subcommittee). The process includes a protocol that creates criteria for classifying underperforming programs to receive special review. The results in the report will describe the quality improvement goals, remedial actions, and the process for GMEC monitoring of outcomes, including timelines. (For more information on the Special Review Process, see the “Special Review Policy”.) (1.15.a-.2)
7. GMEC Subcommittees: The GMEC supervises and reviews its actions of its subcommittees which include, but are not limited to: (1.13.b)
- a. Clinical Learning Environment Review (CLER) Program Subcommittee
 - i. The CLER Subcommittee monitors the program’s compliance in the CLER focus areas, including patient safety, healthcare quality, professionalism, and supervision. The CLER Subcommittee recommends strategies to engage the residents in learning to provide safe, high-quality patient care. This committee monitors that the program provides residents with opportunities to learn and participate in quality improvement and patient safety efforts that align with the needs of the clinical learning environments. The CLER subcommittee guarantees that resident clinical performance data is regularly

- distributed to the residents, as well as the provision of patient safety reports to residents and faculty.
- ii. During ACGME CLER inspections, the CLER Subcommittee supports the GMEC by preparing all data on the program and institutional attributes which will have a valuable result on quality and safety in the learning and working environment, as well as on the quality of care that will be rendered after graduation.
- b. Wellness Subcommittee
 - i. The GMEC, through the Wellness Subcommittee, oversees the program's implementation of well-being initiatives, such as wellness activities, education on fatigue mitigation, support for residents' mental, emotional, and physical health, and ensuring compliance with work hour requirements.
 - c. Special Review (SR) Subcommittee
 - i. The GMEC ensures the oversight of underperformance in the program through a Special Review Process. The SR Subcommittee will conduct a Special Review through the assessment of materials, data, and other important information provided by the program and through interviews with identified individuals.
 - d. Institutional Review (IR) Subcommittee
 - i. The GMEC supervises the institution's accreditation through the Annual Institutional Review (AIR). The IR Subcommittee is responsible for conducting the AIR and developing/monitoring resulting action plans.

5. Policy Title: Institutional Resources and Support Systems

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare

Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: It is the responsibility of SMA Healthcare, as the Sponsoring Institution, to provide the needed institutional resources and infrastructure for the development of its GME program. This includes, but is not limited to educational tools, support services and systems, Human Resources, administrative personnel, and support for the DIO, faculty, Program Directors, and administration. (2)

1. Institutional Resources

- a. SMA Healthcare will accomplish appropriate GME procedures and infrastructure.
- b. SMA Healthcare will support the DIO position with adequate financial support and protected time to participate in professional development as a GME leader and carry out his/her educational, administrative, and leadership responsibilities. (2.1, 2.1.a)
- c. SMA Healthcare will provide adequate salary support and resources for the GME administration, which includes the institutional coordinator, so they can fulfill the responsibilities for supporting GME administration. (2.1.b)

2. Support of GME Personnel (2.2)

- a. SMA Healthcare will guarantee that the Program Director and Associate Program Director have sufficient financial support and protected time to carry out their educational, administrative, and leadership responsibilities, as described in the ACGME Institutional, Common, and specialty-/subspecialty-specific Program Requirements. (2.2.a)
- b. SMA Healthcare will provide support for core faculty members to ensure both quality education and effective supervision of the residents. (2.2.b)
- c. SMA Healthcare will support the professional development and scholarship of Program Directors and core faculty, as pertinent to their required tasks as educational leaders and role models. (2.2.c)
- d. SMA Healthcare will support the Program Coordinator and provide him/her with enough time to efficiently carry out his/her responsibilities. (2.2.d)
- e. SMA Healthcare will provide satisfactory resources, including space, clinical sites, offices, technology, maintenance, security, equipment, supplies and educational provisions to support the GME program. (2.2.e)
- f. SMA Healthcare will provide all residents with financial support and benefits to ensure that they are able to fulfill their responsibilities within the program. (2.4)

3. Educational Resources

- a. SMA Healthcare provides residents and faculty with access to communication resources, technological support, IT services, learning and study spaces, and

- other clinical and didactic resources. (2.5)
- b. The faculty, program, and residents will have access to specialty-specific electronic medical literature databases and other current full-text reference material in print or electronic form. (2.5.a)
 - c. SMA Healthcare guarantees support for research, scholarly projects and activities, continuing medical education, and time for attendance at courses, professional meetings, and specialty healthcare events.
4. Support Services and Systems
- a. SMA Healthcare offers support services in all clinical settings to improve its health care delivery systems and diminish the work of the residents that is needless to their program's educational goals and objectives. Residents' educational experience shall not be compromised by excessive dependance on the residents to perform non-physician services, administrative, or clerical responsibilities. (2.6)
 - b. Support services and systems, including peripheral intravenous access placement, phlebotomy, laboratory, pathology, radiology services, and patient transportation services, and are provided in a manner that is consistent with the educational objectives of the program. (2.6.a)
 - c. SMA Healthcare supports quality/safe patient care, medical records available at all participating sites, quality improvement activities, and scholarly events. (2.6.b)
 - d. SMA Healthcare supports the residents' mental and physical health through an Employee Assistance Program (EAP). Also, by offering health and disability insurance benefits, access to healthy food when on shift, transportation reimbursement if residents are too fatigued to drive, and access to clean, quiet, and safe resting facilities. SMA Healthcare grants residents a minimum of six weeks of paid leave for approved medical, parental, and caregiver leaves of absence without fear of reprisal. The program shall work to cover any necessary leaves and minimize impact to residents' clinical assignments. (2.6.c)

6. Policy Title: Resident Forum

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: All residents at SMA Healthcare will have the opportunity to meet in an organized forum that allows them to communicate and exchange information with one another, relevant to their program and their learning and working environment. The forum allows residents to discuss important issues and make orientations for deliberation by the administration and the GMEC. (2.3)

All residents encouraged to raise concerns to the forum without fear of reprisal. Residents shall have the choice to conduct their forum without the DIO, faculty members, or other administrators present during the meetings, at least in a portion. Residents will have the choice whether to present their concerns to the DIO and GMEC. (2.3.a-c)

This process is subsidiary to the United States Constitution, Constitution of the State, and local laws, regulations, and policies duly enacted by SMA Healthcare and the GMEC. The sections are subject to the clarification of the DIO. Appeal of any interpretation shall be to the GMEC Taskforce whose conclusion will be final.

Procedures:

1. Resident Forum Membership
 - a. SMA Healthcare's GME program will elect two of their residents per postgraduate training year as voting members to the forum. The voting members shall be peer-selected residents that are currently in training in their program and do not hold a faculty appointment.
 - b. Residents who have been peer-selected to hold voting positions on the GMEC will be at large ex-officio voting members of the forum.
 - c. Resident members must be in good academic and professional standing to acquire and maintain a position as a voting member of the forum.
 - d. If a voting member of the forum is unable to attend the forum at its scheduled date and time, the voting member may appoint a designee (who must also be in good academic and professional standing) from their program to attend and vote in his/her place. The name of the designee must be emailed to the Forum Secretary and Program Coordinator at least two hours prior to the meeting.

2. Forum Positions: All candidates for forum positions must be SMA program residents in good academic and professional standing and must be a voting member of the forum. Forum positions are as follows:

- a. Forum Chair
- b. Vice Chair: The Vice Chair shall act as Chair in case of absence or removal of the Chair and assist the Chair.
- c. Secretary: The Secretary shall maintain the minutes of the forum's meetings and distribute minutes of all forum meetings to forum members.
- d. Other: The forum may identify and elect other positions as required for the forum operations.

3. Elections

- a. The forum will elect its Chair, Vice Chair, and Secretary.
- b. Officers will accept their responsibilities, closely following the forum meeting when elections are held.
- c. Officers will serve for a period of one year.
- d. Officers may be re-elected to the same office only once.
- e. Elections shall be by electronic vote.
- f. The Chair, Vice Chair, and Secretary must be selected by at least 51% of ballots cast. If no candidate receives 51% of the votes cast, a run-off shall be held between the two candidates receiving the greatest number of votes.

4. Access to the Forum

- a. Residents, including those who are not voting members of the forum, are eligible to suggest agenda matters and attend meetings, but only voting members may make and vote on motions or other action items.
- b. Residents who request an agenda subject for discussion should communicate with the Chair of the forum, or another chosen officer in the absence of the Chair.
- c. Distinct meetings may be called by the Chair of the forum, the DIO, or by a simple majority of the voting forum members.

5. Responsibilities of the Resident Forum

- a. Maintain systematic communication with the institution's leadership and administration.
- b. Conduct all meetings at least quarterly and record the minutes.
- c. Create an organized agenda for all meetings of the forum.
- d. Identify decision-making meetings so that the forum members can meet and discuss concerns without the DIO, administration, or faculty present.
- e. Represent the forum at any GMEC meetings where subjects raised by the forum are to be discussed.
- f. Allocate residents to assist with any special projects assigned to the forum

by the administration or authorized by the forum.

- g. Contribute to other officers' tasks as needed.
- h. Maintain respect in the office, performing responsibilities through a fair and impartial technique.

7. Policy Title: Clinical Learning Environment Review (CLER) Program
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare, as the Sponsoring Institution, ensures an appropriate clinical learning and working environment, which is based on the ACGME CLER Program’s “Focus Areas.” The feedback provided by the CLER Program will improve how the program and all clinical sites engage residents in learning to provide safe, high quality patient care.

1. Requirements within the CLER

- a. Residents on duty must be provided with adequate and appropriate food services and sleeping quarters.
- b. Support services including an intravenous team, phlebotomy services, laboratory services, and transportation services must be provided in a manner appropriate to, and consistent with, educational objectives and patient care.
- c. An operative laboratory and radiologic information retrieval system must be in place to facilitate the clinical duties of the program and to ensure timely, high-quality patient care.
- d. A medical records system that documents the course of each patient’s status and care must always be available. It must adequately support patient care.
- e. Appropriate security and personal safety measures must be provided to residents in all locations, including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.
- f. Educational materials to support patient care, scholarly activity, and the educational needs of the residents in the working environment (e.g., computers with internet access, biomedical library materials, etc.) must always be accessible.
- g. The residents must have access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal. Residents must have opportunities to contribute to root cause analysis or other similar risk-reduction processes to promote patient safety.
- h. The Sponsoring Institution must provide residents with opportunities to participate in QI initiatives. The residents must have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes.

2. Purpose of the CLER Program

- a. The ACGME’s CLER Program assesses the quality and safety of the GME learning environment and patient care at the Sponsoring Institutions and

their participating sites. The goal of CLER is to reduce healthcare disparities across medical institutions.

- b. Patient and health outcomes are improved with safe and high-quality care delivery.
 - c. The ACGME CLER team will evaluate all programs simultaneously at yearly site visits and will use the long-term data to identify trends and areas of concern within the programs.
 - d. Competency in the CLER focus areas is required for successful clinical practice, including provider credentialing, reimbursement, and compensation. Institutional accreditation standards require successful participation in the CLER program.
3. CLER and the Six Focus Areas
- a. Patient Safety: The program provides opportunities for residents to report errors, unsafe conditions, near misses, to participate in root cause analysis, and encourages participating in inter-professional teams to promote and enhance safe care.
 - b. Health Care Quality (QI): The Sponsoring Institution engages residents in QI initiatives, such as using data to improve systems of care, reduce health care disparities, and improve patient outcomes.
 - c. Teaming and Transitions of Care: The Sponsoring Institution incorporates interprofessional, team-based care for residents and faculty members through structured learning activities and supervision concordant with ACGME requirements.
 - d. Diversity, Equity, and Inclusion: The Sponsoring Institution and its program engages in practices that focus ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce for all members of its GME community.
 - e. Well-being: The Sponsoring Institution addresses well-being, consistent with ACGME requirements, provides settings that facilitate fatigue management and mitigation, and provides effective education to faculty members and residents on sleep, fatigue recognition, and fatigue mitigation. The Sponsoring Institution must encourage residents and faculty members to alert the DIO, Program Director, or other designated personnel, when they are concerned another resident/faculty member may be displaying signs of burnout, depression, substance use disorder suicidal ideation, or possible violence.
 - f. Professionalism: The Sponsoring Institution educates residents and faculty on professionalism, monitors the behaviors of residents and faculty members. The institution responds to issues concerning reporting of program information, integrity in fulfilling educational and professional responsibilities, and accuracy in scholarships.

4. CLER Methodology

- a. The CLER does not involve the submission of information prior to the site visit.
- b. The Sponsoring Institution must maintain current information related to the six focus areas, along with evidence of periodic reporting of this information to the CEO/governing body.
- c. The site visits will be based on performance and will occur every eighteen months.
- d. Notification of an upcoming visit is provided no less than ten days prior.
- e. Conducted at site visit:
 - i. Interviews;
 - ii. Review of institutional documentation;
 - iii. Verbal summary to DIO at end of visit, with suggestions for improvement; and,
 - iv. Will become part of accreditation but will not result in adverse actions unless egregious violations.

5. CLER Site Visit Activities

- a. The site visit of the CLER program provides feedback, learning, and help to establish baselines.
- b. The CLER Evaluation Committee includes a comprehensive cross-section of individuals with expertise related to the aim of the CLER program. The committee provides input on the design and implementation of CLER site visit activities and conducts evaluation reviews of institutions that are visited during each cycle. The first cycle of visit findings will result in the dissemination of useful practices by the committee.
- c. The ACGME recognizes the Sponsoring Institution's commitment to supporting faculty development in areas emphasized by the CLER Program (patient safety, healthcare quality, etc.). Therefore, as part of the CLER Program, the institution's GME program has developed initiatives to support faculty development.

8. Policy Title: Patient Safety (PS)

Area: All ACGME-Accredited Training Program Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: Each patient has the right to receive care from residents who are appropriately supervised. Residents will demonstrate adequate knowledge, skills, and abilities, as well as understand the limits of their knowledge and experience. Residents are expected to seek assistance when needed to provide optimal patient care. Residents will demonstrate the ability to analyze the clinical care they provide, understand their roles within the health care team, and actively participate in system improvement processes. These skills will prepare the residents for future independent practice and quality improvement initiatives.

Procedures:

1. SMA Healthcare's GME program will:
 - a. Develop a culture of patient safety that requires the continuous identification of vulnerabilities and a willingness to clearly deal with weaknesses of healthcare delivery systems;
 - b. Demonstrate effective organization and implement mechanisms to assess the knowledge, skills, and attitudes of its providers toward safety and identification of areas for improvement;
 - c. Participate in patient safety systems and retain a structure and functioning that promotes safe, interprofessional, team-based care;
 - d. Follow institutional policies regarding patient safety, including essential mechanisms for improving patient safety;
 - e. Be responsible for providing feedback and experiential learning, identifying causes, and organizing system-based changes to amend patient safety vulnerabilities; and,
 - f. Residents, faculty members, and staff are educated on their responsibilities to report patient safety proceedings at the clinical settings, including near misses, adverse events, and unsafe conditions and to provide summary information of their institution's patient safety reports. Educational activities that promote patient safety-related goals, tools, and techniques are scheduled by the program.
 - g. Occurrence reporting/adverse events and medication errors are done using SMA Healthcare's incident reporting system (resolver). This system of reporting will be protected in a manner that is free from reprisal. (3.2.a)
 - h. Residents shall contribute as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause

analysis or other activities that include analysis, as well as preparation and implementation of actions. (3.2.a.1)

2. Patient Safety Incidents and Events: Patient-centered care requires patients, and appropriate families, to be acquainted with clinical situations that may affect them, including any adverse events. This is an important ability for faculty and physicians to demonstrate as role models, and for residents to develop and apply as physicians in training. Residents will receive training regarding the steps to reporting adverse events to patients and families. Residents will have the opportunity to participate in the disclosure of patient safety events, real or simulated. Residents, faculty members, and clinical staff members must:
 - a. Recognize their responsibilities in reporting patient safety events at the clinical site;
 - b. Distinguish how to report patient safety events, including near misses, at the clinical site; and,
 - c. Be provided with summary information about their institution's patient safety reports.

9. Policy Title: Quality Improvement (QI)

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: Residents in SMA Healthcare’s GME program shall receive training in QI processes, including education on reducing health care disparities, with the goal of improving healthcare equity and ensuring the provision of safe, quality patient care. The program will facilitate the residents’ involvement in QI, quality metrics, and patient safety education/training within a learning and working environment that promotes a culture of safety and high-quality patient care. Residents shall demonstrate the ability to analyze the care they provide, understand their roles within healthcare teams, and play an active role in system improvement processes for systems of care and patient outcomes. (3.2.b)

Procedures:

1. The program will provide residents with feedback on how they are managing their patient population and procedure outcomes. This feedback includes quality metrics and benchmarks related to the patient population.
2. Residents will conduct research projects to help improve their performance within the healthcare system and must complete one QI project before graduation. Involvement in QI is required to support success in independent practice and as healthcare leaders.
3. The program will schedule didactics and clinical experiences related to QI and patient safety, as well as facilitate residents’ attendance at morbidity & mortality conferences and reports.
4. Residents will participate in interprofessional teams, working together to perform root cause analyses, safety review meetings, and peer review committees.
5. The program will provide opportunities for the residents to participate in quality improvement initiatives: (3.2.b.1)
 - a. Participation in institutional QI and Patient Safety Committees;
 - b. Improvement processes for transitions of care;
 - c. Participation in interprofessional teams to promote quality improvement; and,
 - d. Participation in QI Didactic-Related Activities, such as:
 - i. Grand Rounds, Journal Club, and conferences;

- ii. On-line QI modules and satisfaction surveys;
 - iii. Operational activities, such as core measurement or utilization management;
 - iv. Scholarship: Presentations of QI projects and publications; and,
 - v. Community and population health initiatives.
6. The QI curriculum contains subject matter related to:
- a. The model of health care, quality-related goals, tools, and techniques that are essential for health care professionals to accomplish QI goals;
 - b. How to develop, implement, and examine QI;
 - c. Introduction to the QI movement and history of QI in healthcare;
 - d. Distinguishing QI from research and Quality Assurance;
 - e. Quality metrics;
 - f. Principles of patient safety and error reporting;
 - g. QI Project: Defining a problem and establishing a team;
 - h. Creating a problem statement and AIMS statement;
 - i. Investor analysis and evaluating current condition;
 - j. Root cause analysis;
 - k. Measuring for improvement and data analysis; and,
 - l. Pilot and implementation planning, high-value care, and change management.
7. Quality Metrics: Residents and faculty shall receive data on the following quality measurement systems and benchmarks related to their patient populations:
- a. Access to data, activities for care, and evaluating the success of improvement efforts;
 - b. Receive data on quality metrics and standards related to their patient populations;
 - c. Residents will be engaged in QI-related activities, accessing appropriate quality metrics; and,
 - d. Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

10. Policy Title: Transitions of Care and Teamwork

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare and its GME program will ensure residents' involvement in comprehensive transitions of care through appropriate collaborative teamwork. SMA Healthcare, in partnership with the program, will facilitate professional development for faculty and residents regarding effective transitions of care, as well as ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety at participating sites.

All residents and faculty members must demonstrate responsiveness to patient needs that supersede self-interest. This includes the recognition that under certain circumstances the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (3.2.c,3.2.c.1)

Procedures:

1. Patient Safety Practices Needed to Achieve Effective Transitions of Care
 - a. Interruptions in patient care must be limited.
 - b. Both parties must be able to focus attention on patient-specific information (i.e., a quiet space without disruptions).
 - c. Current, minimum content must be conveyed. Hand-over communication must include the following information:
 - i. Patient name, location, and pertinent demographic information;
 - ii. Identification of primary team or attending physician; and,
 - iii. Pertinent medical history.
 - iv. Suggested actions to take in the event of a change in the clinical condition and any elements the receiving provider must perform ("to-do" list).
 - d. The opportunity to ask and respond to questions must be provided. Allow adequate time for hand-over communication and maximize opportunities for face-to-face or verbal handoffs using the following guidelines:
 - i. In person, face-to-face handovers are preferred.
 - ii. If it is not possible in person, verbal handovers via telephone may occur.
 - iii. In either case, a recorded hand-over document (written or electronic) must be accessible to the receiving provider.
 - iv. The handover must include an opportunity for the participants to ask and respond to questions.
 - e. Hand-over documents must be HIPAA compliant:

- i. All written or electronic hand-over documents must be compliant with HIPAA.
 - ii. Programs are encouraged to utilize the hand-over report templates and institutional standard framework for patient handovers.
- 2. Program Director Responsibilities in Transitions of Care
 - a. Guarantee and monitor effective, structured hand-over processes.
 - b. Confirm that residents are competent in communicating with team members in the hand-over process.
 - c. Design clinical assignments to diminish the number of transitions in patient care.

11. Policy Title: Supervision

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: All patients will be cared for by clinicians who are qualified to deliver safe and excellent patient care, and that this care will be documented appropriately in the medical record. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. This policy is established in compliance with the ACGME Institutional and Common Program Requirements, as well as institutional and program-specific policies and procedures. (4.10, 3.2.d)

Procedures:

1. All patient care is supervised by competent faculty that allow the residents to assume progressive and graded responsibility for patient care according to their level of training, skills, and experience. The Program Director ensures that the appropriate level of supervision is granted to the residents. The Program Director evaluates each resident's abilities based on specific criteria, guided by the Milestones report provided by the CCC.
2. Residents work under the supervision of the attending physician in a one-on-one fashion. There are circumstances where residents at a senior level have the responsibility for supervising and teaching residents at a junior level. This situation may occur in outpatient or inpatient settings. In this situation, the senior level resident may be involved with both clinical supervision and didactic education. The clinical care and educational information provided in these circumstances is still the ultimate responsibility of the attending physician. Senior residents should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient, and the skills of the individual resident.
3. The program has implemented a "Supervision Policy" consistent with the institution's supervision policy and the ACGME's Specialty Review Committee requirements, that includes guidelines for circumstances and events in which residents must communicate with the supervising faculty members. It is the responsibility of the Program Director to implement the "Supervision Policy" and to distribute the policy manuals to residents and faculty as they are revised/updated. All program policies must be reviewed and approved by the GMEC. (4.10.a)

4. Procedures to Report Insufficient Supervision (3.2.d.1)
 - a. Residents shall have the opportunity to report inadequate supervision in a protected manner that is free from reprisal and in keeping with H.R. Policy HR005.
 - b. Residents may report any supervision issue, at any time, to GME leadership. The Program Coordinator will assist the residents and report the issue to the Program Director and DIO, who will notify the GMEC.
 - c. The DIO and the GMEC are responsible for the monitoring of the process of resident supervision and for the active investigation of any report related to inadequate supervision that does not follow the requirements of the ACGME and/or the program/institution's policies and procedures.
 - d. After appropriate investigation, corrective actions will be taken, and the resident(s) will be informed of the determined solution.

5. Responsibilities of the Supervising Attending: Faculty supervision assignments should be of sufficient duration to evaluate the knowledge and skills of residents and to delegate them the appropriate level of patient care, authority, and accountability. The supervising physicians should delegate portions of patient care to residents based on each patient's needs, as well as each resident's competencies. Attending physicians will provide appropriate supervision for the patient's evaluation and safety, patient care management, clinical decisions, and performance of procedures.
 - a. Deliver appropriate, high quality patient care.
 - b. Provide residents with education, supervision, constructive feedback, and evaluation after each assignment.
 - c. Guarantee that the learning environment is adequate to grant graded autonomy and responsibility.
 - d. Provide a safe and collaborative learning setting that is free from intimidation or discrimination.
 - e. Provide residents with supervision based on their level of training, knowledge, and skills.
 - f. Inform the patient that residents may be involved in patient care.
 - g. Carry out any/all of the following in ambulatory clinical settings:
 - i. Discuss the patient's presentation, findings, and their significance;
 - ii. Discuss patient management and involve the resident in major decisions;
 - iii. Involve the resident in the planning and performance of procedures, including direct supervision when required to ensure patient safety or when requested by the trainee;
 - iv. Identify aspects of the case affording educational importance; and,

- v. Guide the resident to develop administrative responsibilities related to patient care.
- vi. Typically, to be present, in person, when providing supervision for a resident on call, where the physician would usually be outside of the hospital. If not present in person, the supervisor must always be readily/immediately available, by phone, when a resident is involved in direct patient care.

6. Responsibilities of the Residents

- a. The evaluation of patients, discussion of the patient case with the attending physician, formulation of a diagnosis, workup, development of the treatment plan, and participation in the bedside procedures.
- b. To inform the patient (or family) that they are a resident in training, that they are in a teaching facility or being seen in a teaching clinic, and that patient care is provided through a team approach under the supervising physician (provide name of supervisor). In all situations, the attending is responsible for all patient care decisions.
- c. To complete, in a timely manner, accurate documentation in medical records.
- d. Each resident is responsible for communicating significant patient care issues to the attending physician.

7. Levels of Supervision: To promote appropriate resident supervision while providing for graded authority and responsibility, the program will use the following classification of supervision:

- a. Direct Supervision:
 - i. The supervising physician is physically present with the resident and patient during key portions of patient interaction. PGY-1 residents will initially be supervised directly, only as described in ACGME Requirements.
 - ii. The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. Each participant should review the ACGME's Specialty-Specific Program Requirements: "Direct Supervision Using Telecommunication Technology" (6.7) to further specify.
- b. Indirect Supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

- c. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
8. There will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with the appropriate supervising faculty and/or when physical presence of the supervising physician is required, including but not limited to:
- a. A hospital/emergency admission;
 - b. A patient discharged against medical advice (AMA) or not formally discharged;
 - c. The unexpected deterioration of a patient's medical condition;
 - d. Patients needing intubation or ventilatory support;
 - e. A patient experiences an adverse outcome regardless of cause;
 - f. Family, legal, or systems issues;
 - g. End of life decisions or DNR orders;
 - h. Transfer of patient to a higher level of care (example: floor to ICU);
 - i. Rapid Response, Code Blue Team activation;
 - j. A patient death;
 - k. A clinical problem requiring an invasive procedure or surgery;
 - l. When requesting a consultation not previously discussed;
 - m. If the resident has any uncertainty about the patient's care plans or goals;
 - n. If the resident feels uncomfortable or is unsure of their ability to perform a procedure or patient care activity with the level of supervision provided;
 - o. Situations in which they feel their safety is threatened;
 - p. Situations in which they feel personally impaired or witness others working while impaired;
 - q. If perceived that patient safety is at risk;
 - r. Suicidal or homicidal patient/patient was physically aggressive with staff or others; or,
 - s. Sentinel event or medication/treatment error requiring intervention.
 - t. Any urgent patient situation should be discussed immediately with the supervising attending physician.
9. In the Outpatient Clinical Setting: The attending is usually present during the clinical setting hours. However, the resident should immediately notify the supervising physician of the following:
- a. A patient's medical condition deteriorates;
 - b. A patient needs to transfer to a higher level of care;
 - c. All emergencies and patient adverse events/errors;
 - d. To perform procedures;

- e. If a patient expresses concern about the standard of care he/she is receiving from the resident; or,
- f. If a member of the health care team is concerned about the standard of care being provided by the resident.

12. Policy Title: Fatigue Mitigation

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare recognizes that the provision of medical care to patients will be physically and mentally challenging, which may cause symptoms of burnout or fatigue. Therefore, fatigue mitigation strategies must be utilized to ensure an adequate working and learning environment and systems of care. SMA Healthcare shall ensure there are no unwanted consequences and/or shame for using fatigue mitigation strategies. (3.2.e.1)

Residents and faculty members have a professional responsibility to arrive for work appropriately rested and manage their time before, during, and after clinical assignments to prevent fatigue. Residents are encouraged to prioritize sleep over other optional activities. Residents must preserve their health through routine medical and dental care and (if needed) mental health assistance or behavioral counseling.

If a resident is experiencing problems, they are advised to voluntarily seek assistance before their clinical, educational, and professional performance, interpersonal relationships, or behavior are adversely affected. Residents who willingly seek assistance for physical, mental, emotional, and/or personal issues, including drug or alcohol misuse, before their performance is impacted, will not jeopardize their status as a resident by seeking support.

Procedures:

1. If a resident or faculty member detects physical, psychological, or emotional problems affecting the performance of another resident or faculty member, including impairment due to fatigue, they should immediately inform the Program Director or supervising faculty. Likewise, residents and faculty should alert the Program Director, Human Resources, or other appropriate supervisors if they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential violence.
2. SMA Healthcare oversees that its training program applies the procedures for fatigue mitigation and resident well-being. The program is monitored through the Annual Program Evaluations, ACGME reports and surveys, the Special Review processes, and CLER visits.
3. Residents who are too fatigued or emotionally and physically exhausted to drive will be provided with full reimbursement for utilizing transportation services (taxi services, Lyft, Uber, etc.). The residents will utilize the choice service for a ride home and then use the service again to pick up their car or return to work the next day. This service is available to use any time residents feel fatigued at the

end of their shift. The Program Director and Program Coordinator will be notified if transportation for fatigue is used more than twice a month. This is so that determination can be made as to the cause of persistent fatigue and if a schedule adjustment is needed. This will be monitored and reported to the GMEC at least quarterly.

4. SMA Healthcare will monitor the program to ensure the program educates faculty and residents on how to identify the signs of fatigue or exhaustion and sleep deprivation, regarding alertness management and fatigue mitigation procedures. This education shall be provided through didactic lectures, workshops, and during regular work hours through clinical rotations. Faculty will encourage residents to use the fatigue mitigation processes taught to prevent the potential undesirable effects of fatigue on patient care and academic activities. (3.2.e.2)
5. It is required of the Program Director to monitor clinical and educational work hours and to adjust schedules as needed to alleviate excessive service demands. If there are conditions in which residents are unable to attend work and to provide continuity of patient care, including but not limited to fatigue, illness, family emergencies, or parental leaves, the Program Director shall oversee that the resident is protected with the appropriate length of absence and support. The program will guarantee adequate backup systems for patient care.

These procedures are required to be applied without fear of retaliation or negative penalties for the resident who is or was unable to provide the clinical work.

6. Resident Responsibilities
 - a. Acknowledge awareness and education on fatigue mitigation strategies and procedures.
 - b. Report to the faculty and residency program if he/she is feeling exhaustion or fatigue. Self-monitoring performance and/or asking others to monitor performance.
 - c. Use of fatigue mitigation strategies and protocols as needed. Strategies that may be used include, but are not limited to:
 - i. Use of institutional resources, transportation, sleep rooms for rest and relaxation, and consuming refreshments;
 - ii. Accomplishing alertness and fatigue mitigation policies and procedures;
 - iii. Staying educated and aware of fatigue and sleep deprivation signs, symptoms, and use of prevention techniques;
 - iv. Self-monitoring of performance;
 - v. Asking others to monitor performance;
 - vi. Strategic napping and use of protected sleep time by residents during extended duty periods;
 - vii. The judicious use of some caffeine; and,
 - viii. Availability of other caregivers and GME/institutional backup systems;

- ix. Time management to maximize sleep off-duty, ensuring sufficient sleep recovery periods.
- x. Strategies include continued awareness of:
 - 1) Fatigue;
 - 2) Healthy diet, health, and weight;
 - 3) Relaxation techniques to fall asleep;
 - 4) Reliable sleep hygiene routine;
 - 5) Exercising regularly;
 - 6) Increasing sleep time before and after calls; and,
 - 7) Safeguarding sufficient sleep recovery stages.

13. Policy Title: Professionalism

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

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Policy: SMA Healthcare will continuously monitor its GME program to ensure the provision of a culture of professionalism that supports patient safety and individual responsibility. All residents and faculty will receive education concerning the professional responsibilities of physicians, including the need to be rested and fit to provide the care required by their patients, scholarly pursuits, and accurate completion of required documentation. (3.2.f-3)

SMA Healthcare will oversee the program to ensure a professional, equitable, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual/any form of harassment, mistreatment, abuse, and/or coercion of residents, other learners, faculty members, and staff members. (3.2.4)

Procedures:

1. The program's curriculum includes the study and integration of professionalism as a competency-based educational tool.
2. Residents will not be relied upon for routine non-physician duties and adequate support will be provided to all residents across training sites.
3. Residents shall demonstrate a commitment to the following ethical behavior and professional responsibilities:
 - a. Demonstrate compassion and respect for patients, patients' families, and health team members;
 - b. Demonstrate trustworthiness and integrity in all interactions with patients, patients' families, staff, faculty, and administrators, as well as in any written documentation;
 - c. Protection of patient privacy and autonomy;
 - d. Show commitment to punctually addressing patients' needs and best interests;
 - e. Dedication to providing competent medical care with the continued pursuit of medical knowledge and skills, and the practice of other health care professionals' aptitudes when indicated, to best serve patients;
 - f. Demonstrate empathy, respect, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, ethnicity, religion, disabilities, and sexual orientation;
 - g. Recognize burnout risk factors and symptoms in self and peers, along with continuous efforts to promote wellness and resiliency;

- h. Adhere to the bylaws and ethical standards of professional medical organizations and academic institutions in good standing and adherence to institutional policies;
 - i. Accept criticism in a non-defensive manner;
 - j. Embrace responsibility and complete responsibilities in a timely manner;
 - k. Demonstrate responsiveness to questions and requests, avoiding expressions of anger; and,
 - l. Understand that unprofessional conduct is unacceptable and may be subject to disciplinary actions.
4. Professionalism Violations
- a. Failure to demonstrate professionalism and adherence to ethical principles.
 - b. Failure to be truthful in all circumstances.
 - c. Violation of state and federal rules/laws as standards of practice.
 - d. Chronic tardiness and/or failure to complete tasks in a timely manner.
 - e. Demonstration of unethical behavior, such as being offensive or rude.
 - f. Ignoring other team members and disrespecting authority.
 - g. Inappropriate behaviors with patients, families, or other members of the health care team.
 - h. Public or physical displays of impulsiveness and anger.
 - i. Failure to follow up on clinical activities and abuse of power.
 - j. Failure to respect policies of SMA Healthcare and participating sites.
 - k. Unsuitable use of property, email, and social media.
 - l. Inexplicable absences and failure to adhere to standards and to the dress code.
5. Professionalism as an ACGME Core Competency: Residents must demonstrate competence in the following areas:
- a. Compassion, integrity, and respect for others and a responsiveness to patients' needs that supersedes self-interest;
 - b. Respect for patient privacy and autonomy, accountability to patients, society, and the profession; and,
 - c. Respect and responsiveness to diverse patient cultural populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.
6. Procedures to address complaints of unprofessionalism: SMA Healthcare upholds confidential processes for reporting, investigating, monitoring, and addressing concerns related to professionalism in a timely manner, respecting privacy, and without fear of retaliation. This procedure includes participation in forums, surveys, and opportunity for anonymous complaints. (3.2.f.4.a.)
- a. Program Directors will review complaints of any foundation and will follow institutional procedures to investigate and perform a plan of action and remediation, with periodic reports to the GMEC. Reported acts of

unprofessionalism will be reported to risk management and or Corporate Compliance Officer.

- b. Thoughtful unprofessional behaviors that may affect patients' or individuals' safety will be addressed immediately by the program and by the GME Division/SMA Healthcare's leadership.
- c. Persistent problems regarding behaviors will be brought before the program's Clinical Competency Committee for recommendations and additional corrections.
- d. If unprofessional behaviors endure and fail to be remediated at informal or previous levels remediation, residents will be assessed by the agency Corporate Compliance for potential disciplinary action.
- e. Residents will be informed of these procedures during their orientation.

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR001 Code of Ethical Conduct.

14. Policy Title: Well-Being

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare ensures that its GME program supports the well-being of residents and faculty members, in compliance with the ACGME Requirements, and addresses areas of non-compliance in a timely manner. The GME Division will uphold procedures to educate faculty members and residents to recognize any symptoms of burnout, fatigue, emotional fluctuations, depression, or substance abuse, including resources to assist those who experience any of these conditions. Procedures also include instructions about how to identify those symptoms in themselves and how to seek appropriate care. (3.2.g, 3.2.g.1)

Procedures:

1. SMA Healthcare's program will educate residents and faculty to alert the Program Director, DIO, or other designated GME personnel when they are concerned that another resident or faculty member may be showing signs of burnout, depression, substance abuse, potential for self-harm, potential for violence, or aggressive behavior. (3.2.g.2)
2. SMA Healthcare and its program will provide program directors with adequate resources to educate faculty and trainees on symptoms of burnout, depression, and substance abuse and the means to assist those who experience these conditions, education on recognizing those symptoms in themselves, and how to seek proper care. SMA Healthcare will assist Program Directors in their initiatives to protect trainee time with patients, minimize non-physician duties, provide administrative support, and promote progressive autonomy and professionalism.
3. SMA Healthcare and its program will provide residents with access to appropriate tools for self-screening of employee wellness, as well as providing resources to encourage and promote healthy lifestyle and foster resilience. Such resources include; health improvement and wellness programs, health risk and well-being assessments, mindfulness and health coaching, and nutritional support. Access to medical care 24 hours a day, seven days a week, will be provided through SMA Healthcare's Employee Assistance Program (EAP). (3.2.g.3,3.2.g.4)
4. SMA Healthcare and its program are involved in practices that put emphasis on mission-driven, ongoing, systematic recruitment and retention of a diverse and

inclusive workforce of residents, faculty members, administrative members, and other members of the academic community. (3.2.g.6)

5. SMA Healthcare will ensure the provision of: (3.g.5-f)
 - a. Access to healthy food options/meal support during clinical and educational assignments;
 - b. Safe, clean, quiet, private rest facilities available 24/7 for residents, with proximity appropriate for safe patient care;
 - c. Safe transportation options with full financial reimbursement for residents who are too fatigued to drive at the end of their shift;
 - d. Clean and private lactation rooms with separate, clean refrigeration resources, with proximity appropriate for safe patient care;
 - e. Safety and security measures at all clinical learning and working sites;
 - f. Adequate benefits, vacation, time off, leave, attendance at personal appointments/PTO, maternity, health and dental insurance, accommodation for disabilities, a program for physician impairment, support systems, and resident services;
 - g. Back-up systems and program procedures to guarantee coverage if a resident is unable to perform their patient care responsibilities, without fear of reprisal; and,
 - h. Oversee the program schedules and appropriate work hours to prevent work overload and work compression that may affect the residents' well-being.
 - i. Support to residents in facilitating personal appointments, including those scheduled during working hours. Residents should work with their Program Director when scheduling appointments if time off from work is needed for the visits. If a medical condition requires multiple days off for treatment, then the Program Director may work with the residents to initiate the FMLA (Family Medical Leave Act) with the Human Resources Department. This opportunity will be fulfilled with individual program's scheduling policies and is provided at the discretion of the program's administration).

6. Resident responsibilities:
 - a. Recognize, develop, and plan for one's own personal and professional well-being;
 - b. Learn that self-care is an important component of professionalism and patient care, and that residents have a responsibility to themselves, their patients, and their program to ensure that they are fit for work through behaviors such as proactive self-care and modeling of healthy lifestyles and

behaviors for patients, students, and colleagues; time management surrounding clinical assignments.

- c. Recognize and notify impairment, either from illness, fatigue, and/or substance use in themselves, their peers, and other members of the health care team.
- d. Improve lifelong learning habits and monitor performance improvement indicators.
- e. Report duty hours, patient outcomes, and clinical experiences (such as Case Logs).

7. GME Program Responsibilities: (6.13-6.15)

- a. Work as a team with the institution on the initiatives described above and incorporate education on those initiatives into the program;
- b. Attention to scheduling, work intensity, and work compression that impacts the well-being of residents;
- c. The allowance of appropriate leaves of absence for residents who are unable to perform their patient care responsibilities, in the absence of negative consequences for residents who are unable to provide the clinical work;
- d. The evaluation of work-place safety data and addressing resident/faculty safety in a timely manner;
- e. Attain policies that encourage resident and faculty well-being, including but not limited to the clinical environment, educational work hours, well-being, moonlighting, professionalism, grievances, and fatigue mitigation, as well as procedures that allow residents to have the opportunity to attend medical, mental health, and dental care appointments;
- f. Endorse a respectful, professional, and civil environment that is free from mistreatment or coercion.

15. Policy Title: Resident Qualifications and Selection Process

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare will ensure that the resident selection, eligibility, and appointment processes comply with the ACGME requirements, the rules of the GMEC, institutional standards, ERAS, and the NRMP. Applications for a position as a resident in SMA Healthcare’s GME program are evaluated in accordance with the established “Residency Recruitment and Selection Process”. (4.1, 4.2)

Procedures:

1. Resident Qualifications and Eligibility: A candidate shall meet one of the following ACGME criteria to be eligible for appointment with SMA Healthcare’s residency program: (4.2.a-3)
 - a. Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or
 - b. Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA).
 - c. Graduation from a medical school outside of the United States, and meeting one of the following additional qualifications:
 - i. Holds a current valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or,
 - ii. Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program/.
2. Additionally, the applicant must meet the following qualifications or credentials:
 - a. Satisfy all institutional, departmental, and specialty eligibility requirements for the program;
 - b. Possess essential technical and educational standards;
 - c. Successfully pass USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX- USA). Results must be submitted to the Program Director and GME department before beginning training; and,
 - d. Meet federal regulations for work authorization. Residents will have a valid social security number prior to beginning training. In the case of residents on employment visas, they are responsible for meeting all guidelines for lawful entry and continued stay in the United States. Failure to maintain the legal right to work in the United States will result in termination of employment.

- e. Accomplish a criminal background check and pass a drug screen prior to final appointment.
 - f. Obtain a National Provider Identification (NPI) number.
 - g. Acquire Basic Life Support (BLS) certification and Advanced Cardiac Life Support (ACLS) certification.
3. Residency Recruitment and Selection Process
- a. The program will select from among the pool of eligible applicants, evaluating each applicant based on their preparedness, ability, aptitude, academic credentials, and communication skills. Applicants will be evaluated on their qualities, such as motivation, honesty, integrity, and the individual's contributions to the specialty.
 - b. In determining resident recruitment and appointment criteria, SMA Healthcare will not discriminate regarding a resident's age, gender, race, religion, color, creed, national origin, disability, sexual orientation, veteran status, or any other applicable legally protected status. The process meets all requirements of the Equal Employment Opportunity and the Americans with Disabilities Act (ADA).
 - c. In selecting qualified applicants, SMA Healthcare will participate in an organized matching program, such as the National Resident Matching Program (NRMP), and will receive credentials through the Electronic Residency Application Service (ERAS). All documents received by the program from ERAS that meet the resident eligibility criteria will be reviewed by the Residency Recruitment and Selection Committee (RRSC).
 - d. The RRSC will be composed of the Program Director, two faculty members, the DIO, two residents (including a Senior Resident and Chief Resident), and one executive board member who will serve as Counselor. Members will serve for a period of one year and review candidates and their credentials for acceptance into the GME program.
 - e. A limited number of applicants will be designated by the RRSC and requested to participate in an interview. Selected applicants will be interviewed by the Program Director and at least two faculty members. They will meet with the Chief Resident, if possible. Applicants will also participate in a brief tour through the facilities.
 - f. The status of the applicant will be reviewed by the RRSC on a steady basis during the pre-Match period until a final meeting generates the final Rank Order List.
 - g. After final selection, the Program Director will submit the list electronically to the NRMP early to mid-February.
 - h. Following the release of the Match results, successful applicants will be

communicated to the GME leadership to accomplish the remaining application procedures.

- i. When the program slots are not filled through the Match, residents may subsequently be appointed to unfilled positions from the pool of unmatched applicants, or other sources, if they meet the institutional standards.
 - j. Interviews are required of all candidates for inclusion in the NRMP Match Rank Order List, and to select candidates through other circumstances.
 - k. Programs will follow state laws regarding licenses to practice medicine.
4. Candidate's Responsibilities in the Residency Recruitment and Selection Process
- a. Apply through the Electronic Residency Application Service (ERAS).
 - b. Participate in the National Residency Matching Program (NRMP).
 - c. Provide a head shot (passport type) picture taken within the past six months.
 - d. Provide a personal statement, curriculum vita (CV) and three letters of recommendation.
 - e. Provide a dean's letter (for international medical graduates, the designated dean's office is the ECFMG).
 - f. Valid official medical school transcripts and official evidence of medical school diplomas.
 - g. When applicable, provide the Educational Commission for Foreign Graduate Medical Education (ECFMG) certificate or valid and active full/unrestricted medical license, as appropriate.
 - h. Provide medical school performance evaluation, as appropriate.
 - i. For International Medical Graduates, the Medical Student Performance Evaluation is provided through the ECFMG including Evidence of approval of the USMLE Part I and Part II.
 - j. Other requirements may apply at the discretion of the RRSC.
5. Resident Appointment Process
- a. The GME leadership will provide nominated residents with a written agreement of appointment/contract that outlines the terms and conditions of their appointment.
 - b. The Program Director oversees that appointed residents are informed of and adhere to established educational rules, policies, and procedures in all participating sites to which residents are assigned, as defined in their employment agreement and GME Program Manual.
 - c. Residents are employees of SMA Healthcare and will follow the organization's rules and regulations related to employment and visas where applicable. Residents are required to review the SMA Employee Handbook and HR Policies and Procedures Manual.

- d. Residents are required to successfully complete the process of employment credentialing procedures prior to starting employment.
- e. Appointed residents are required to register for medical licensure as a resident physician-in-training, with the State of Florida Department of Health and Board of Medicine, and to provide the information mandatory by associated agencies.

16. Policy Title: Information Provided to Applicants

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare’s GME program will inform, in writing or by electronic means, all applicants or candidates invited to interview regarding the terms, conditions, and benefits of appointment to the specific program that applicants are applying for, either in effect at the time of the interview, or that will be in effect at the time of his/her eventual appointment. (4.2.b)

The information that is provided will include the following elements: (4.2.b.1-.3)

1. Stipends and benefits;
2. Professional liability coverage;
3. Updated institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence;
4. Information regarding the health and disability insurance that is available to residents and their eligible dependents; and,
5. General information about the GME program.

17. Policy Title: Resident Contract/Agreement of Appointment
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare will ensure that residents are provided with a contract for employment, which will define the terms and conditions of their appointment to the residency program. SMA Healthcare will monitor the program's implementation of the terms and conditions of the appointment. (4.3)

1. The Resident Contract Agreements of Appointment shall directly include reference to: (4.3.a-12)
 - a. Terms and conditions for reappointment or promotion to a subsequent PGY level;
 - b. Duration of the resident appointment;
 - c. Resident qualifications, eligibility, selection, and appointment;
 - d. Resident renewal or reappointment and promotion;
 - e. Residents' responsibilities;
 - f. Financial support for residents;
 - g. Professional liability insurance, including a summary of pertinent information regarding coverage;
 - h. Disability and health insurance benefits for residents and their eligible dependents;
 - i. Grievance and due process;
 - j. Disability insurance for residents;
 - k. Vacation, parental, sickness, and other leave(s) for residents/fellows, compliant with applicable laws;
 - l. Timely notice of the effect of leave on the ability of residents to satisfy requirements for program completion and board certification;
 - m. Information related to eligibility for specialty board examinations;
 - n. Reference to information on institutional policies regarding:
 - i. Clinical and educational work hours;
 - ii. Moonlighting;
 - iii. Harassment, non-discrimination, non-retaliation;
 - iv. Resident Services;
 - v. Physician impairment;
 - vi. Behavioral health counseling;
 - vii. Well-being and fatigue mitigation;
 - viii. Resident supervision;
 - ix. Grievances, due process, and disciplinary actions;

- x. Vendor interactions and non-competition;
- xi. Support for GME in case of disasters, program closure or reduction;
and,
- xii. Other policies which have been included in the GME Institutional
Policies and Procedures Manual.

18. Policy Title: Resident Transfer

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: To perform a resident transfer, the Program Director will obtain verification of the resident’s educational experiences and a summative competency-based evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (3.5)

Residents are considered “transfer residents” if they are moving from one program to another within the same or between different institutions, and within the same or a different specialty; or, when entering a program requiring a preliminary year at the PGY-2 level, even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the Match. This does not apply to a resident who has completed residency and is then accepted into a subsequent ACGME-accredited program.

Procedures:

1. Resident Transfer from an Outside Program to SMA Healthcare’s Program
 - a. SMA Healthcare’s Program Director will receive a written statement of the resident’s standing status with his/her current program, including the date of when a final competency-based evaluation will be completed and sent.
 - b. The validation will include the resident’s name, institution’s name, residency program’s name, Program Director name/signature, PGY-level, and good standing status.
 - c. This document will notify if the resident has satisfactorily completed his/her rotations and requirements, and the approximate date expected for the resident to complete the current academic year. It will include a summary of the rotations and a summative competency-based performance evaluation prior to acceptance, which will enclose the residents’ Milestone evaluations. SMA Healthcare’s Program Director will discuss the results with the transferring resident’s current Program Director via telephone or email.
 - d. The Resident Contract/Agreement of Appointment cannot be performed until SMA Healthcare’s Program Director obtains the resident’s competency-based summative evaluation. Residents are subject to policies addressing eligibility requirements and the “Residency Selection Process”.

- e. Residents accepted for PGY-3 will demonstrate official written completion of the USMLE/COMLEX or equivalent Step-3. The receiving Program Director should contact the DIO/GMEC to guarantee organizational funding.

2. Resident Transfer from SMA Healthcare's Program to an External Program

- a. SMA Healthcare's Program Director must provide a statement of the resident standing status to the receiving program, and the estimated date to provide the summative evaluation of the resident requesting a transfer to another program.
- b. SMA Healthcare's Program Director provides the receiving Program Director with a summative evaluation of the transferring resident.
- c. The residency program will follow protocols for clinical coverage if a substitution for a vacant resident spot is not available or if the institution's GMEC does not approve the resident transfer.

19. Policy Title: Promotion, Renewal, Non-Renewal, Dismissal
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare requires that its GME program regulates the criteria for promotion and/or renewal of a resident's employment contract/appointment. (4.4)

SMA Healthcare guarantees that the program provides a resident with a written notice of intent when that resident's agreement will not be renewed, when that resident will not be promoted to the next level of training, or when that resident will be dismissed. (4.4.a)

Procedures:

1. Steps to Promotion

- a. The faculty will provide formative evaluations of the resident performance. The Clinical Competency Committee (CCC) collects these evaluations and assesses each resident's Milestones level, providing the Program Director with recommendations regarding promotion. Residents will be promoted to the next level of training based on criteria developed by the CCC and assessment by the Program Director.
- b. The Program Director meets with the resident on a semiannual basis to discuss the criteria for promotion and/or renewal of a resident's appointment, based on performance assessments and the resident's readiness to pass to the next year of training. These assessments include the achievement of rotations and educational assignments, attendance to didactics, clinics, ACGME Core Competencies, specialty Milestones, attitudes, and clinical performance.
- c. The Program Director will consider the recommendation of the Residency Review Committee (RRC), findings of any specialty review, institutional resources such as productivity, compliance with agency requirements, and the merit of the individual compared to other residents.
- d. If upon review poor performance is indicated, The Program Director will offer the resident time to allow for remediation. The resident will prepare his/her plan for improvement, which will be reviewed by the Program Director and or the Clinical Competency Committee (CCC).
- e. SMA Healthcare will ensure that the program implements the terms and conditions of appointments as required by the ACGME and that the residents are trained in clinical practice regarding the policies and procedures in all sites to which residents will be assigned.

- f. The renewal of contracts will occur by the end of the ninth month of the training year.
2. Steps to Non-Promotion/Non-Renewal/Dismissal
- a. Resident(s) will obtain a written notice of intent not to promote, renew, or dismissal from the program 120 days prior to the end of the contract year. If a resident is on probation or in remediation, the 120-day written notice of intent will not apply.
 - b. Decisions resulting in suspension, non-promotion, non-renewal, or dismissal are subject to the due process procedures set forth in the GME policies.
 - c. A resident may choose to implement SMA's "Dispute Resolution Policy" upon receipt of written notice of intent of non-promotion/non-renewal.
 - d. The notice must include a copy of the resident's right to due process that will have language relating to the related activities when the action is taken during the appointment period: suspension, non-renewal, non-promotion, or dismissal.

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR005 Dispute Resolution.

20. Policy Title: Progressive Discipline and Due Process
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: Formal disciplinary action may be undertaken as the result of academic deficiency or misconduct. The procedures below are established as institutional guidelines to address disciplinary actions of residents at SMA Healthcare. SMA Healthcare has the right to appropriately discipline a resident following a major incident of inappropriate conduct without being required to progress through these levels of discipline.

SMA Healthcare ensures that residents are provided with due process, regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (4.4.b)

Procedures:

1. Types of Deficiencies

- a. Academic Deficiency: The resident is not meeting one or more of the ACGME Core Competencies, which may include: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and/or systems-based practice. Examples of academic deficiencies include, but are not limited to:
 - i. Issues involving knowledge, skills, job performance, or scholarship;
 - ii. Failure to accomplish acceptable exam scores within the time identified by the training program;
 - iii. Unprofessional conduct; and,
 - iv. Professional incompetence, including conduct that could prove detrimental to the institution's patients, employees, staff, volunteers, visitors, or operations.
- b. Misconduct: Conduct by a resident that violates workplace rules or policies, applicable law, or widely accepted societal norms. Examples of misconduct include, but are not limited to:
 - i. Unethical conduct, such as falsification of records;
 - ii. Illegal conduct (regardless of filing of criminal charges or criminal conviction);
 - iii. Sexual misconduct or sexual harassment;
 - iv. Workplace violence;
 - v. Unauthorized use or disclosure of patient information; and,
 - vi. Violation of institutional or other applicable policies or procedures, including, the Code of Ethical Conduct and or Scientific Misconduct.

2. Types of Disciplinary Action

a. Coaching

- i. A conversation between the resident and his/her supervising physician, intended to improve the overall resident's performance or professional behavior. The supervising physician may coach when work/academic performance or other work-related conduct is not satisfactory.
- ii. The supervising physician should point out examples of inappropriate conduct or academic deficits, suggesting corrective actions, and requesting the resident improve the issue.

b. Level I-Letter of Counseling

- i. A Level I Letter of Counseling creates an opportunity for the immediate supervisor to bring attention to the existing performance, conduct, or attendance issue. The supervisor should approach corrective measures in an objective manner. There should be a discussion with the resident about the nature of the problem or the violation of the company's policies and procedures.
- ii. The supervisor is expected to clearly describe the expectations and steps the resident must take to improve his/her performance or resolve the problem.
- iii. The supervisor will use the SMA Progressive Discipline Form to document the discussion, noting the date, event, and recommended action. The residents will be asked to sign the document to demonstrate his/her understanding of the issues and the corrective action. The Program Director should be expected to sign the document, as well.
- iv. A copy will be placed in the resident's personnel file for future reference. A copy shall also be provided to the DIO.

c. Level II-Written Warning

- i. The Level II Written Warning is used for behavior or performance that is either more serious than can be addressed with a Letter of Counseling or when a Letter of Counseling has not helped change unacceptable behavior or performance.
- ii. The Written Warning will be documented using the approved SMA Progressive Discipline Form. The written warning will include a statement indicating that the employee may be subject to additional discipline, up to and including termination, if immediate and sustained corrective action is not taken. The Progressive Discipline Form should also include immediate goals and expectations relating to the corrective action and time for completion. The resident will be asked

- to sign the Progressive Discipline Form as demonstration of his or her understanding of the issues and the required corrective action. A copy will be maintained in the resident's personnel file for future reference.
- iii. At this point, a resident may be placed on a Concern Status by the Program Director for a period of up to six months. The types of clinical concerns include:
 - a) Unsatisfactory performance: Poor performance in clinical matters of the resident's program.
 - b) Academic Concern Status: Unsatisfactory performance on knowledge-based portions of learning.
 - c) Professional Concern Status: Behaviors which call into question the clinical, personal, or moral qualities of the resident as they relate to fitness to practice of medicine.
 - iv. The Program Director shall evaluate a resident on Concern Status monthly and provide information regarding the deficiencies and expectations for remediation. The Program Director may remove the resident from this status by writing, with copies to the DIO.
- d. Level III-Suspension/Probation: The supervisor along with the Director of Risk management/Patient Safety if appropriate, should prepare their case with adequate documentation and submit it to the Human Resources department through the VP of their division, prior to review with the resident.
- i. Probation may be preceded by Concern Status but may be imposed without such if warranted by the seriousness of the precipitating circumstances.
 - ii. Probation can be imposed for up to three months and may be extended for additional periods upon recommendation of the Program Director and DIO.
 - iii. Any extended probation period will be reviewed at the end of each rotation.
 - iv. The Program Director or designee shall evaluate the resident monthly and inform the resident, in writing, of the deficiencies and expectations, and may remove the resident from the Probation Status by written notice.
 - v. Suspension is a period in which the resident is not allowed to take part in all or some of the activities of the program. During this period, time may not be counted towards the completion of program requirements and the resident will be placed on administrative leave with or without pro-rated pay as appropriate, depending on the circumstances.
- e. Termination for Cause: Generally, SMA Healthcare will try to exercise the

progressive nature of this policy by first providing counseling and/or written warning or suspending the resident from the workplace before proceeding with a recommendation to terminate employment. However, SMA Healthcare reserves the right to combine and skip steps depending on the circumstances of each situation and the nature of the offense. Furthermore, residents may be terminated without prior notice or disciplinary action.

3. **Appealable Disciplinary Actions:** Termination of the resident from the program or employment contract for cause is the only disciplinary action level that may be appealed and is separate and different from other forms of discipline.
4. **Appeals Procedure**
 - a. **The CCC Actions:** The CCC will meet within ten working days of receipt of an appeal request. The CCC will consider all pertinent information regarding termination. The CCC will make a recommendation regarding the appeal and notify the affected resident within ten working days of the CCC's conclusion. The appeal shall be considered filed when received by the CHRO. The resident's appeal shall state the facts upon which it is based, and the action requested.
 - b. All relevant issues will be addressed by the CCC. Only pertinent evidence and testimonies shall be considered by the CCC.

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR027 Progressive Discipline.

21. Policy Title: Resident Grievance/Dispute Resolution Process
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: Occasionally, any employee, including residents, may experience dissatisfaction with the job or misunderstandings may arise. SMA Healthcare prohibits any form of retaliation against individuals who, in good faith, report a concern or actively participate in its review or resolution process.

The Dispute Resolution Process offers a positive format to effectively address work-related concerns and minimize conflict at the program and institutional level. (4.5)

Procedures:

1. Resident concerns should first be discussed with the resident's immediate supervisor. Many concerns can be resolved informally when a resident and supervisor take time to review the concern and discuss options to address the issue.
2. If the resident is not satisfied with the results of the informal discussion with the immediate supervisor, the resident may submit a written complaint within five days to the immediate supervisor, which must include:
 - a. The nature of the dispute;
 - b. Detailed information including evidence of the issue, witnesses, related policies, etc.; and,
 - c. The remedy or outcome desired.

The immediate supervisor will have five working days to respond to the resident in writing.

3. If the resident complaint is regarding illegal harassment, discrimination, or retaliation, the employee should submit a written complaint directly to the Corporate Compliance Officer and the Chief Human Resources Officer. Note that claims or concerns about harassment or discrimination will be handled through separate institutional policies and procedures.
4. If the employee is not satisfied with the response from the immediate supervisor, the employee may submit a written Dispute Resolution Request to the Program Director, or the DIO if the Program Director is the immediate supervisor, for

review and respond within fourteen days. A copy should be sent to HR, as well. The request should include:

- a. An explanation of the nature of the dispute and details of all previous efforts to resolve the issues;
 - b. A copy of the written complaint submitted to the immediate supervisor;
 - c. A copy of the immediate supervisor's written response to the resident's complaint; and,
 - d. Detailed information regarding the residents' dissatisfaction with the immediate supervisor's response.
5. The Program Director or DIO will consult with the resident's immediate supervisor, Human Resources, and any other relevant parties to evaluate the dispute and provide a written response to the employee within five days. The outcome of the review by the CHRO will be final unless new evidence or other circumstances warrant an additional review of the complaint.
6. Human Resources will maintain records of the Dispute Resolution Process as confidentially, fairly, and expeditiously as possible.

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR005 Dispute Resolution.

22. Policy Title: Professional Liability Insurance

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare will provide and maintain professional and general liability for residents to cover their activities onsite within SMA Healthcare's GME program, and when residents are rotating at participating or affiliated facilities.

Liability coverage includes legal defense and protection against awards from claims reported or filed during or after the accomplishment of the program, if the alleged acts or omissions of a resident are performed within the scope of the program. (4.6)

1. Liability insurance coverage will not be provided for responsibilities that are not assigned as part of the training program. External moonlighting of the residents will not be covered by this insurance. Consequently, residents shall obtain their own professional insurance coverage for any moonlighting activity.
2. Residents will be provided with official documentation of the details of their professional liability insurance prior to the start date of their appointment, as well as advanced written notice of substantial change to their coverage. (4.6.a, 4.6.b)

23. Policy Title: Health and Disability Insurance
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare will ensure that residents are provided with health and disability insurance benefits for themselves and their eligible dependents. (4.7)

1. It will be expected that the residents will be responsible for a portion of the premium of the type of health coverage selected.
2. SMA Healthcare will offer health insurance benefits for residents starting on the first day of health insurance eligibility. If the first day of health insurance eligibility is not the first day that residents are required to report, then the residents shall be given advanced access to information regarding interim coverage so that they can purchase coverage, if desired. (4.7.a)
3. SMA Healthcare will offer disability insurance benefits for residents starting on the first day of disability insurance eligibility. If the first day of disability insurance eligibility is not the first day that residents are required to report, then the residents shall be given advanced access to information regarding interim coverage, so that they can purchase coverage if desired. (4.7.b,4.7.b.1)
4. SMA Healthcare will offer dental health insurance.

24. Policy Title: Personal Leave

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare will provide residents with paid time off and other leaves of absence, in compliance with applicable laws. (4.8)

At the time of a leave request, the program must provide the resident with information regarding how extended leave may impact their criteria for satisfactory completion of the program eligibility to participate in examination by the relevant certifying board. (4.8.g)

SMA Healthcare will provide up to six weeks of 100% paid leave for a qualifying reason that is consistent with FMLA, such as parental leave (maternity, paternity, or adoption of a child), caregiver leave (to care for a spouse, son, daughter, or parent that has a “serious health condition”), or medical leave (resident has own “serious health condition”). Residents will be eligible starting the first day they are required to report. During leave, residents and their qualifying dependents will remain eligible for health and disability insurance. (4.8.-.d)

Procedures:

Paid Leave: Residents will accrue paid leave for vacation and/or sick days per SMA Healthcare’s Personal Leave (PL) policy:

Rates of Accumulation:

3 months completed employment = 20 hours available (2.5 days)

4 months-1 year of employment = 3.08 hours/pay period (7.5 days)

1-3 years of service = 4.62 hours/pay period (15 days/year)

3 years and beyond = 7.69 hours/pay period (25 days/year)

Paid Time Off requests are completed in SMA Healthcare’s Human Resources Information System and submitted to the Program Coordinator for approval. Requests for vacation time requires at least ten days in advance and should not be scheduled on vital service rotations such as emergency or night float. As possible, vacations may be scheduled for a maximum of five business days off per rotation. Residents may accrue more personal leave than they are able to use at times due to timing of vital service rotations and requests may be denied during these times.

Residents are permitted to carry a negative Personal Leave balance of up to 80 hours. This is intended to provide flexibility in support of program and personal needs and is treated as a loan against future accruals. If a Resident separates from employment before the balance is repaid, the value of the negative leave may be deducted from final pay, as permitted by law.

At times designated and approved by the CEO, SMA Healthcare, Inc. may offer a sell back provision with the opportunity to sell back unused Personal Leave for 100% of its cash value at the time of sell back.

1. Residents who are considering leaves of absence will give at least 30 days of notice when the leave is predictable or provide as much notice as possible. Residents are required to notify the Program Director and Chief Resident (when applicable) of their request for leave in writing via the SMA “Request for Leave of Absence Form” or the “FMLA Form” as appropriate. Residents requesting FMLA leave must provide any additional required documentation. The form will then be submitted to Human Resources to determine eligibility. Residents are subject to the policies and procedures enclosed in SMA Healthcare’s HR Policies and Procedures Manual, entitled “Family/Medical Leaves of Absence”. Leave may not be taken during dates that are blocked on the schedule. (4.8.e)
2. Unpaid Leaves: Residents will be allowed unpaid leaves of absence in the occurrence of a personal emergency that does not meet FMLA criteria. The resident will inform, in writing and in advance, the Program Director for approval. The notice will state the reason and predictable number of days.
3. If for any reason the resident is absent for a total of seven or more days from one rotation, or for more than twenty business days per academic year, the resident must make up the unused academic time and must demonstrate achievement of the ACGME requirements to complete educational assignments or appointment. Minor absences will be made up by the resident at the discretion of the DIO, Program Director and/or the Chief of the Department. Missed time will be recommended to be used during vacation time or during times as agreed to by the Program Director. Unjustified leaves of absence will be uncompensated and may affect the accomplishment of the residency program.
4. CME Time: SMA Healthcare supports time off for off-site Continuing Medical Education (CME) of high value (national meetings, presentation of research, etc.) allowing five days away per year.
5. Bereavement/Funeral Leave: Bereavement leave is granted to full-time employees with full pay in the event of a death in their immediate family in accordance with the following guidelines:
 - a. SMA Healthcare will grant up to 24 hours of paid in the event of the death of a spouse, domestic partner, child, stepchild, parent, stepparent, brother, stepbrother, sister, or stepsister, grandparent, grandparent-in-law, father-

in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or grandchild. (Domestic partner is defined as a person with whom the employee's life is interdependent, with whom the employee maintains a committed relationship and with whom the employee shares a mutual residence.)

- b. SMA Healthcare will grant up to an additional sixteen hours for travel distances greater than 500 miles.
 - c. SMA Healthcare reserves the right, at its discretion, to require an employee to provide documentation establishing proof of death and relationship of the deceased.
6. Holidays: Paid holiday time is provided for all eligible full-time employees, consistent with the HR Policies and Procedures HR009 Policy "Holidays", which varies for 24-hour programs. Holiday pay is calculated based on the resident's straight time pay rate as of the date of the holiday and based on an eight-hour workday. (For residents completing rotations

The following holidays are observed at SMA:

- a. New Year's Day - January 1
 - b. Martin Luther King Day - Third Monday in January
 - c. Memorial Day - Last Monday in May
 - d. Independence Day - July 4
 - e. Labor Day - First Monday in September
 - f. Thanksgiving - Fourth Thursday in November
 - g. Friday after Thanksgiving
 - h. Christmas Eve or the day after Christmas, as directed by the CEO
 - i. Christmas - December 25
 - j. Floating Holiday - One per year
8. Jury Duty: Jury duty must be approved by the Program Director in advance. Residents on Jury duty are granted full pay and benefits for the period of jury duty that overlaps with the employee's regularly scheduled workdays/hours, provided the employee submits a copy of the summons to his/her supervisor as soon as it is received. If an employee is selected to serve in a jury trial, a letter from the Clerk of the Court stating the dates served must also be submitted to his/her supervisor.
9. Military Leaves: Residents will be approved to attend a regularly scheduled training period or a call-to-duty under a military obligation related to the United States Armed Forces. In addition, employees who are spouse, parent, child, or

next of kin of a service member who has incurred severe injury or illness on active duty in the Armed Forces may take up to 26 weeks (about six months) of leave in one twelve-month period to care for the injured service members.
Consistent with FMLA military leaves

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR 009 Holidays; HR013 Unpaid Leaves of Absence; HR014 Family/Medical Leaves of Absence; HR015 Military Leave.

25. Policy Title: Confidential Counseling/Behavioral Health Services
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare seeks to alleviate some of the stressful effects of participation in the GME program by providing residents with access to appropriate confidential mental health assessments, counseling, and psychological support. (4.9.a)

1. Residents are offered behavioral health benefits through their health insurance benefits, which include mental health and counseling services.
2. Residents are provided with access to SMA Healthcare's Employee Assistance Program (EAP). The EAP provides free and confidential evaluation and treatment via psychotherapy/counseling services. The EAP assists with a variety of concerns, such as stress management, emotional issues, relationship problems, life transitions, grief, academic stress, job pressure, and other needs.
3. Supplementary Services: 24-hour emergencies, on-site medical/mental health evaluations, treatment, and access to free transportation.
4. SMA Healthcare offers institutional well-being activities and encourages residents to recognize signs of stress and fatigue, caring for themselves, and caring for their patients.
5. For more information, please refer to the GME Department, Program Coordinator, or HR Department.

26. Policy Title: Resident/Physician Impairment

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare's GME program is required to provide education to the staff and residents in recognizing signs of physician impairment. Residents who notice any overload, fatigue or stress are responsible for directly notifying the attending, the Chief Resident (when applicable), and the Program Director, without fear of retaliation. (4.9.b)

Procedures:

1. Warning signs and symptoms, while not specific to problems of substance abuse, may include:
 - a. Physical signs of exhaustion, fatigue, poor personal hygiene, grooming or unusual appearance, frequent physical complaints, accidents, eating disorder, and personal emotional stability;
 - b. Social changes, such as isolation from activities, separation from peers, uncomfortable or inappropriate behavior at professional and social events, frequent interactions with the police, driving while intoxicated, unreliability, unpredictability, aggressivity, argumentativeness and irritability;
 - c. History of secretive absences, spending unnecessary time at the hospital, lateness, decreasing quality or interest in work, inappropriate orders, sudden emotional and behavioral changes, challenging interactions with staff members, and insufficient professional performance;
 - d. Sudden behavioral and mood changes, depressive mood, slowness, altered mental status, attention and concentration difficulties, risky behaviors, disinhibition, excessive happiness, or flat affect;
 - e. Potential signs of substance use, such as bizarre behavior, psychomotor agitation, anxiety, dilated or pinpoint pupils, maladaptive behaviors, history of self-medication with psychotropic drugs, stereotypical behaviors, alcohol on breath at work, uncontrolled drinking during social events, blackouts, binge drinking, changes in attire, such as wearing of long sleeve garments due to parenteral drug use, and other personal changes.
2. Any employee, medical staff member, or resident who has reasonable concern or substantial information that patient care is/could be adversely affected by a resident who may be impaired has the responsibility to report the concerns to the program leadership.
3. The DIO, the Program Director, Human Resources, and faculty will confidentially maintain records, files, and other information related to issues of impairment.

4. Institutional Services to Support the Physician Impairment Policy
 - a. Education: The program provides education to minimize the risk of physician impairment and to encourage reporting of incidents, including substance abuse issues. Education on physician impairment includes regular didactic sessions on recognizing the signs and symptoms of impairment, with a focus on detecting abnormal behavior associated with the use of psychoactive drugs, non-prescribed medications, and alcohol.
 - b. Behavioral/Mental Health Counseling: SMA Healthcare provides individual counseling to the GME staff through the Employee Assistance Program, as appropriate. Confidentiality will be preserved to the highest degree possible.
 - c. Physician Impairment Assessment: An evaluation will be offered for residents who experience impairment or signs of substance abuse. The personnel in charge are the Program Director and the DIO. Consultation and support will also be available involving the appropriate personnel and the GMEC.

5. Procedures to Address Physician Impairment
 - a. If the resident identifies fatigue and/or stress in any other resident, they have the responsibility to report those observations to the attending physician, Chief Resident, GME team, and/or Program Director.
 - b. After the segregation of a resident from clinical activities due to fatigue or impairment, the Program Director and Program Coordinator will determine the need for a quick adjustment in assignments for the remaining residents in the program, will review the resident call schedule, and rotations. They will also seek to identify any personal problems or stressful conditions that are contributing to the issue related to impairment.
 - c. The Program Director will report the issue to the clinical rotation supervisor or the Department Chair and/or Site Director of the rotation, as appropriate, to discuss methods for reducing resident fatigue or impairment. The Program Director will also meet with the affected resident personally, as soon as possible.
 - d. If counseling by the Program Director is unsatisfactory, the Program Director will refer the resident to a Physician Recovery Network or Resident Assistance Program for physician impairment.
 - e. All employees who may have violated SMA Healthcare's Drug-free workplace program based upon reasonable suspicion shall be tested for the presence of illegal drugs and alcohol. For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR006 "Drug Free Workplace Policy".
 - f. If the problem is recurrent or not resolved, the Program Director will release the resident indefinitely from patient care duties pending evaluation from an individual nominated by the program. This could influence academics, as described in the institution's policies.
 - g. The Program Director will release the resident to recommended patient care duties, after advisement from the program for impaired physicians, and will

be responsible for informing the resident and attending physician of the resident's current rotation.

- h. If the program feels that the resident should undergo continued counseling, the Program Director will be notified and will request a progressive status of the resident.
- i. An extended period of release from duty that surpasses the requirements for completion of training will be made up to meet accreditation body guidelines.
- j. Residents are also subject to institutional policies related to physician impairment, which will include factors related to fatigue, stress, and substance abuse. These procedures include mental illness, behavioral and personality disorder, and/or medical illness evidenced by the inability to practice with reasonable skill and safety, without jeopardy to patient care.

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR006 Drug Free Workplace.

27. Policy Title: Non-Harassment, Non-Discrimination, Non-Retaliation
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare ensures residents may fulfill their training within an environment free from all forms of discrimination, harassment, or intimidating behavior. (4.9.C, 4.9.E)

Discrimination is prohibited: SMA Healthcare does not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, color, ethnicity, religion, sex (including pregnancy, gender identity and sexual orientation), national origin, age, mental or physical disability, genetic information, veteran status, marital status, political belief, citizenship, or any other class protected by law, rule, or regulation. All staff shall work to eliminate unlawful discrimination wherever it may exist. (HR Policies and Procedures Manual HR001 “Code of Ethical Conduct Policy” and HR004 “Non-Harassment Policy.”)

It is the policy of SMA Healthcare that all employees should be able to enjoy themselves and work in an environment free from harassment of any nature. Therefore, harassment based on personal characteristics such as race, color, ethnicity, religion, sex (including pregnancy, gender identity and sexual orientation), national origin, age, mental or physical disability, genetic information, veteran status, marital status, political belief, citizenship, or any other category protected by law, rule, or regulation violates this policy.

Harassment is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual, and that has the purpose or effect of creating an intimidating, hostile or offensive employment environment; or, has the purpose or effect of unreasonably interfering with an individual's employment performance. Harassment or the improper interference with the ability of SMA Healthcare’s employees to perform their expected job duties shall not be tolerated. (HR Policies and Procedures Manual HR003 non-harassment)

Procedures:

1. GME Department Procedures
 - a. SMA Healthcare and the GME program will not tolerate any form of harassment and/or discriminatory or intimidating behaviors and remarks, whether overt or covert.
 - b. Any type of retaliation against a resident or staff member who may raise a complaint in good faith related to harassment and/or discrimination will not be tolerated.
 - c. Any resident who has been subject to, or feels that they have been subjected to, harassment, discrimination, or retaliation should advise the

DIO and/or Human Resources. Additionally, complaints should be submitted per the (HR 004) SMA "Complaint of Discrimination Policy," so that the investigation of the event can occur, and proper actions can be taken to cease such behavior.

- d. SMA Healthcare employees are required to cooperate with any investigation related to the violation of this policy.
- e. Individuals making false statements will be exposed to corrective disciplinary actions.
- f. Patient or visitor complaints of discrimination and/or harassment should be reported to Risk Management or administration via the SMA Dispute Resolution Policy.
- g. The Program Director and the DIO involved will inform the CHRO regarding any associated accusation that relates to the investigation.
- h. HR Department leadership is responsible for the investigation process for complaints of harassment and discrimination and for taking institutional steps to prevent any recurrence, such as positively raising the issue, expressing disapproval, proceeding with appropriate sanctions, and educating employees regarding their rights to raise issues of harassment or discrimination and developing methods of prevention of further issues.
- i. After the completion of the investigation, determination will be made, in writing, by the appropriate management staff and the HR representative of the case. If warranted, corrective and disciplinary actions will be taken, including possible discharge from employment.

28. Policy Title: Cultural Diversity

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: Non-Discrimination: HR004. SMA, operated from the belief that the most valuable resource is people with a diversity of backgrounds, ideas, options, and life experiences. We hire smart, creative, passionate professionals who are always learning and teaching; experts who understand the big picture. Our culture is one that encourages, supports, and celebrates our diversity and looks to expand and build it constantly. There's a dedication to one another that's palpable.

These procedures were established to improve efforts to recruit and appoint a diverse staff. (1.7)

Procedures:

1. SMA Healthcare and the GME program implement an interview process, on a fully non-discriminatory basis, without regard to race, age, color, religion, sex, national origin, disability, or sexual orientation. Candidates are accepted based on their board scores and educational accomplishments. All interviewers and decision makers in the selection of employees, residents and fellows are required to complete training regarding diversity and inclusion. Efforts to advance an appropriate recruitment and retention process are evaluated regularly to ensure effectiveness.
2. The curriculum of the program shall include didactic sessions to instruct Program Directors, faculty, and residents to maintain a lifelong methodology based on QI, professionalism, and cultural diversity.
3. The program's Annual Program Evaluation shall contain an assessment of the program's efforts to recruit and retain a diverse workforce.
4. The program maintains a clinical, educational, and professional environment free from discrimination, harassment, mistreatment, abuse, or coercion, in which residents can raise concerns without fear of intimidation or retaliation.
5. The program uses an approach that encourages candidates to speak about their point of view on diversity and inclusion.

29. Policy Title: Accommodations for Residents with Disabilities
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare will consider requests for reasonable accommodation(s) for residents with disabilities who meet the clinical and academic requirements of the residency program and will provide fair and equal employment/training for residents who have a disability. SMA Healthcare shall comply with and be guided by the Americans with Disabilities Act (ADA), case law construing the ADA, the Florida Civil Rights Act, and any other applicable state and local laws. (4.9.d)

A reasonable accommodation is a practical modification or adjustment to a job, employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity.

SMA Healthcare shall engage in the interactive process to determine if reasonable accommodation(s) can be provided to enable a qualified applicant to perform the essential functions of the desired job and to enable a qualified employee with a disability to perform the essential functions of a job currently held. In the event of any conflict between the definitions in the ADA and the definitions in this policy, the legal definitions will take precedence.

Procedures:

1. The residents must be able to successfully complete all requirements for the specialty as defined by the ACGME Residency Review Committee.
2. Requesting Reasonable Accommodation(s)
 - a. Residents with physical or mental impairment that substantially limit a major life activity and would like to be considered for accommodation under SMA Healthcare's HR 007 "Accommodation of Individuals with Disabilities" are invited to self-identify as part of the formal application process and by contacting the HR Department. The resident and his/her personal physician will need to complete the ADA application with the required documentation.
 - b. When the qualified resident with a disability has requested an accommodation, the HR Department, in consultation with the individual, will discuss the purpose and the essential functions of the job involved and the precise job-related limitation, identifying reasonable accommodations, assessing operative methods for the individual to perform the vital functions of the job, and determining if the accommodation would impose an undue hardship on the operation of the organization.

- c. The resident is responsible for submitting, in a timely manner, all required documentation or information to the Residency Review Committee and HR for review and consideration of the accommodation requested.
- d. Residents who pose a direct threat to the health or safety of other individuals in the workplace, and in which this threat cannot be eliminated by reasonable accommodation, will not be hired. Current residents who pose a direct threat to the health or safety of other individuals in the workplace will be placed on appropriate leave until an organizational decision has been made regarding the resident(s)' immediate employment situation.
- e. The resident should maintain regular communication with the Residency Review Committee, the HR department, and the GME leadership.

Note: For additional information, see SMA Healthcare's HR Policies and Procedures Manual HR007 Accommodation of Individuals with Disabilities or Communication Barriers.

30. Policy Title: Work Hours

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements, Common Program Requirements, and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare will maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with AGME clinical and educational work hour requirements. (4.11)

The program will ensure that the residents are provided with appropriate schedules and workloads that can be accomplished during the scheduled work hours. This includes ensuring that a resident's allocated direct patient load is manageable, that residents have appropriate support from teaching clinical teams, and that residents are not overburdened with clerical work and/or other non-physician tasks.

Procedures:

1. Maximum Hours of Clinical and Educational Work per Week (6.20)
 - a. 80 hours/week: Clinical and educational work hours must be limited to no more than 80 hours per week, averaging over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
 - b. Residents and programs utilizing any flexibility of work hours will be required to adjust the work schedules to achieve the 80-hour maximum weekly limit, when averaged over a four-week period. Residents and programs will not violate the 80-hour requirement.
 - c. The ACGME Review Committees will monitor and enforce compliance with the 80-hour requirement. When any violations of the 80-hour requirement are identified, the program will be subject to institutional actions, citations, and at risk for an adverse accreditation action.
 - d. Work from home must be counted toward the 80-hour maximum weekly limit, however the expectation remains that scheduling should be structured so that residents are able to complete most work on site during scheduled clinical work hours if needed, without requiring them to take work home. Residents are required to track and report to the program the time they spend on clinical work from home. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual resident.

2. Mandatory Time Free of Clinical Work and Education (6.21)

- a. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- b. Residents shall be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home calls cannot be assigned on these free days.
- c. Residents should have eight hours off between scheduled clinical work and education periods. There may be some circumstances when residents select to stay to care for specific patients or return to the hospital or facility with fewer than eight hours free of clinical experience and education. This shall happen within the context of the 80-hour and the one day-off-in-seven days requirements.

The program is encouraged to distribute days off in a fashion that optimizes resident well-being, educational, and personal goals. A “day off” is defined in the ACGME Glossary of Terms as “one continuous 24-hour period free from all administrative, clinical, and educational activities.”

3. Maximum Clinical Work and Educational Period Length (6.22)

- a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- b. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time. This shall occur within the context of 80-hour weekly limit, averaged over four weeks.

4. Clinical and Educational Work Hour Exceptions (6.23)

- a. In uncommon circumstances, after transitioning all other responsibilities, a resident, on their own incentive, may choose to remain up to four hours at the clinical site in the following circumstances:
 - i. To provide care to a single acutely ill or unstable patient, or to continue assisting an emergency;
 - ii. To provide human-centered attention to the needs of a patient or family; or,
 - iii. To attend an important and unique educational event.
- b. The procedures for residents to remain beyond their scheduled hours are as follows:
 - i. The resident will notify the Program Director, who will discuss the conditions that require the resident to remain at the facility, assess the situation, and provide appropriate feedback.

- ii. The program will ensure that the decision was initiated by the resident, and that this time is counted within the 80-hour maximum weekly limit.
 - iii. The Program Director will review and track each incident of additional service hours that have been counted within the maximum 80-hour weekly limit.
 - iv. The resident will notify the Program Director, who will discuss the conditions that required the resident to remain at the facility, assess the situation, and provide appropriate feedback.
- c. The Specialty Review Committee may grant rotation-specific exceptions for up to 10% or a maximum of 88 clinical and educational hours to individual programs based on a sound educational rationale. In preparing a request for an exception, the Program Director must follow the “Clinical and Educational Work Hour Exception Policy” from the ACGME Program Requirements. Prior to submitting the request to the Review Committee, the Program Director must obtain approval from the GMCEC and DIO. *(The Review Committee for Psychiatry will not consider requests for exceptions to the 80-hour limit to the residents’ work week).*

5. Maximum In-House On-Call Frequency (6.27)

- a. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). *(Residents on psychiatry rotations will be scheduled for in-house calls no more frequently than every fourth night (when averaged over a four-week period).*

6. In-House Night Float (6.26)

- a. Night float shall occur within the setting of the 80-hour and one-day-off-in-seven requirements. (Residents will not be scheduled for more than four consecutive weeks or a total of eight weeks of night float during the required one-year, full-time outpatient psychiatry experience.)

7. At-Home Call (6.28)

- a. Time spent on patient care activities by residents on at-home call shall count toward the 80-hour maximum weekly limit. The frequency of at-home calls is not subject to the every-third night limitation but shall achieve the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks.
- b. At-home calls shall not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

- c. Residents are permitted to return to the inpatient unit while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be within the 80-hour maximum weekly.

31. Policy Title: Monitoring Work Hours

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements, Common Program Requirements, and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare's GMEC will monitor and track residents' hours and ensure substantial compliance with the ACGME guidelines. (4.11, continued)

Procedures:

1. The GMEC will review ACGME Resident Surveys for work hour compliance reports as well as review institutional monitoring of hours worked.
2. Residents are required to complete surveys within the GME online Work Hour Module (New Innovations). Work-hour surveys typically are distributed to each resident monthly.
3. Work Hours Quarterly Reviews: The program will send a quarterly summary report to the GMEC for review. If compliance cannot be obtained by modification of the residents' schedules, the Program Director will develop a plan of action with the GMEC.
3. AIR Report Review: The AIR report completed by the DIO, includes information related to the program's achievement of compliance with requirements concerning work hours as provided by the Program Director, Institutional hourly records as well as the survey reports from New Innovations.
4. APE Report: The GMEC supervises Annual Program Evaluation (APE) reports, including program compliance with work hour requirements.
5. Forums: The GMEC will review any work hour grievances raised by the resident forum or from anonymous complaints. Evidence of non-compliance will be reviewed by an "Ad-Hoc Committee" to involve the Program Director and DIO. A report will be submitted to the GMEC with the recommended actions. The GMEC will review and approve by majority vote. Monthly follow-up reports will be monitored by the GMEC until resolution of the issue is achieved.
6. Monitoring Work Hours at the Program Level
 - a. The residents are required to log work hours at the end of each shift and

to report issues to the Program Director. If residents do not log their hours by the 7th of each month, the institutional coordinator will inform the Program Director and Program Coordinator. The Program Director will have five working days to correct issues of compliance.

- b. The Program Coordinator will assess the program's work hours monthly and will follow procedures to contact the Program Director if there are residents in violation of work hours rules.
 - c. Program Directors shall review the program work hours summary on a quarterly basis, documenting any issues via the Work Hour Review Module (New Innovations) with a report to the GMEC.
7. Non-compliance: If a resident violates the work hour requirements, the Program Director will provide a written report to the GMEC, recognizing areas of non-compliance, performing a root cause analysis, a plan of remediation, and period of follow-up. The GMEC will monitor the action plan monthly, over a six-month period, until a definitive resolution is achieved.

32. Policy Title: Moonlighting

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements, Common Program Requirements, and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: Moonlighting is an independent clinical activity as an independent physician. The resident must be credentialed by the specific site. The moonlighting activity is not covered by SMA Healthcare's GME liability insurance, as these activities are outside the scope of the training program. Moonlighting activities are not counted toward meeting training requirements of the program.

Moonlighting activities must not interfere with the resident's ability to achieve the goals and objectives of the program, and must not interfere with the resident's fitness for work nor compromise patient safety (6.25)

Residents are not required to engage in moonlighting and will need written permission from their Program Director to moonlight. The program will monitor the effects of moonlighting activities on their residents' performance in the program, including adverse effects that may lead to withdrawal of permission to moonlight. Residents must be in good standing in the program to be allowed to moonlight. (4.11.a.1-4)

Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit. PGY-1 residents are not permitted to moonlight. (6.25.a, 6.25.b)

Procedures:

1. The Program Director will monitor moonlighting hours and the effect it has on the residents. Occasionally, SMA Healthcare and the GME program may prohibit moonlighting of residents. If there is evidence that the moonlighting activities are unfavorably impacting the resident's academic experience or patient care, the Program Director must withdraw permission to moonlight, as applicable, and to perform a period of observation and remediation. The resident could resume moonlighting activities after the Program Director and DIO reapproval.
2. The Procedure to Request Approval for Moonlighting
 - a. Each resident must obtain permission from his/her Program Director prior to engaging in any moonlighting activity.
 - b. To submit a request for permission to engage in moonlighting, the resident must fill out the moonlighting request form and submit it to the Program Director.

- c. If the request is approved by the Program Director, it is then forwarded to the DIO for review/approval.
- d. Once the internal moonlighting activity is approved, residents may begin the process of requesting to participate.

33. Policy Title: Vendor Interactions

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: GME activities at SMA Healthcare and participating sites shall not be compromised by the effects of vendor activities. Vendor activities/relationships must be based on ethical principles and cannot generate conflicts of interests that could imperil patient safety, honesty, and/or the morality of the program's teams. (4.12)

A vendor is defined as a company, its representative, or the agent of a company that either produces or markets drugs, devices, nutritional products, or other products or services. Typically, receiving gifts from industry vendors is discouraged, and gifts accepted by residents should not be of substantial value.

Procedures:

1. A courtesy textbook, guide, or other minor educational gifts are appropriate only if they serve a genuine, instructive function.
2. Cash payments should not be accepted.
3. Residents may not accept gifts or compensation for listening to a sales talk by a representative.
4. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription.
5. Residents must separate clinical care decisions from any benefits expected from any company.
6. It is unacceptable to be influenced by the possibility of personal financial gain.
7. Industry vendors are not permitted in patient care areas, except for by appointment to provide in-service training on devices and other equipment.
8. SMA Healthcare must not be subject to implicit or explicit expectations of providing something in return for any information or support. The content of the meeting or lecture must be determined by the speaker and is expected to provide a balanced assessment of therapeutic options, and to promote objective scientific and educational activities and discourse.

9. Residents should receive training from the faculty concerning potential conflicts of interest in interactions with industry vendors.
10. The acceptance by a resident of free pharmaceutical samples is not allowed except when approved explicitly by the medical/Program Director, pharmacy and therapeutics committees, or institutional equivalent at a clinical site, and when reviewed with a supervising faculty physician.
11. Food and beverages may be accepted when they are provided at an event that the resident is attending. The food and beverages are expected to be provided to all attendees of the event as a courtesy of the official educational program.
12. Any conflict of interest shall be adequately addressed by the program and the GME department.

34. Policy Title: Non-Restrictive Covenants

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare will remain in compliance with the ACGME Program Requirements, which state that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant. (4.13)

1. A restrictive covenant, in its widest meaning, prevents an employee or resident from competing with the employer and/or from working for a competitor of the employer for some period after the employment has finished.
2. Physicians in training at SMA Healthcare will not be required or requested to sign restrictive covenants not to compete as a covenant of entry into any residency or fellowship program.

35. Policy Title: Experimentation and Innovation

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare

Regulatory Standard for: ACGME Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: Residents in SMA Healthcare’s GME program that participate in educational projects deviating from the Common Program or Institutional Requirements are considered “Experimentation or Innovation”, and will require the DIO’s signature and authorization, representative of the review, and approval from the GMEC.

Procedures:

1. The Program Director should document all information in the “Advancing Innovation in Residency Education (AIRE),” Requests For Proposals” form and follow ACGME procedures for approval.
2. Institutional approval must be obtained via the GMEC and DIO. The DIO must sign the proposal, demonstrating the review and approval of SMA Healthcare’s GMEC. Applications should not surpass five pages.
3. Submission to the ACGME Specialty Review Committee: Following approval by the DIO and GMEC, the proposal must be submitted to the ACGME Residency Review Committee.
4. Get IRB approval, if applicable and/or appropriate.
5. When the ACGME Review Committee approves a project, SMA Healthcare and the program are equally responsible for monitoring the quality of education offered to residents for the duration of the project or innovation/research.
6. Procedures for approving proposals, including eligibility criteria, proposal content, templates, and monitoring, are available at acgme.org: “Advancing Innovation in Residency Education (AIRE)”.

36. Policy Title: Disruption in Patient Care or Education/Disaster Plan
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare guarantees administrative support for its GME program and residents in the event of a disaster or disruption in patient care, including assistance with the continuation of salary, benefits, and residents' assignments. SMA Healthcare has procedures to transfer the GME staff and residents in the event of an unpredicted disaster that results in long term program closure. SMA Healthcare will assist the GMEC in arranging the proper administrative and financial provisions to assist the GME residents. (4.14)

If the situation is a catastrophe or egregious disaster, SMA Healthcare will continue providing an appropriate level of financial and administrative support and insurance coverage to residents. The continuity of financial support in the event of a disaster will depend on the short-term and long-term impact on the training program and the institution and will be in accordance with the policies related to reimbursement. For residents provisionally being relocated to an affiliated training site, SMA Healthcare will work with the associated site to maintain the residents' salary and benefits. (4.14.a)

Procedures:

1. In case of a disaster, if SMA Healthcare and its program are incapable of providing an adequate GME experience, the institutional governing body and the GMEC will organize a temporary solution, such as a transfer to different ACGME-accredited program or to other institutions, until SMA Healthcare's residency program is able to deliver an adequate learning experience; or to assist the GME staff in permanent transfers to other programs/institutions (for example, linking to other ACGME-accredited programs in which SMA Healthcare's residents can continue their education).
2. The GMEC will complete the following:
 - a. Gather the appropriate information from the facilities and the program regarding the extent of the impact of the disaster on the short-term and long-term functions;
 - b. The GMEC will communicate with the Executive Committee to determine the impact on clinical operations at sites affected by the disaster; and,
 - c. Refer to SMA Healthcare's clinical departments and governing body.
3. The GMEC will hold an emergency meeting, as needed, to deliberate the impact or effect on clinical operations and the program. In some occurrences, mitigating

circumstances surrounding a disaster may require immediate decisions and introductory preparation.

4. The GMEC will act in conjunction with the Executive Committee. The Executive Committee will deliberate with the GMEC and meet frequently to assess the situation and to decide the proper actions to resolve the status of the training program's operations.
5. The Executive Committee may determine whether the program or the institution is unable to provide adequate educational experience as a result of the disaster. In this case, the program and the institution will discuss the issue and organize solutions to provisionally coordinate other sites of training, or to organize a temporary transfer of residents to another ACGME-accredited program until the institution is able to provide a satisfactory educational experience.
6. The program will inform the resident(s) being transferred concerning the expected minimum duration of the transfer and total duration of the transfer. In some instances, SMA Healthcare and the GMEC may permit permanent transfer of a resident to another program or institution.
7. SMA Healthcare's GME leadership will work with the Executive Board and the receiving institution to provide the resident's salary (conferring with the institution's stipend schedules). Some benefits may need to be synchronized with the temporary training site related to the distance from the current program's location.
8. Before the end of the academic year's contract, the program will inform the resident(s) of the status for the next academic year.
9. If the program is not permanently closed, but a resident chooses to be transferred permanently to another institution, the costs of salary and benefits will be covered by the accepting institution as of the date of transfer. SMA Healthcare will not cover salary and benefits for any residents that are permanently transferred to another institution.
10. DIO will contact the ACGME as soon as possible to provide an update on the disaster and the early steps that have been taken by SMA Healthcare and the GMEC.
11. The DIO will interconnect with the ACGME frequently to provide updates and

reports on issues regarding the program or institution. The DIO will contact the ACGME, Executive Officers, and CEO about the ultimate plans that will define the status of the institution's program.

37. Policy Title: Program Closures or Reductions

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: In the case of reduction or closure of the institution or its GME program, significant efforts will be made by SMA Healthcare, the GMEC, the DIO, and the Program Director to avoid closure/achieve the reduction without causing adverse effects on the residents who are presently registered in the program. (4.15)

Procedures:

1. SMA Healthcare shall inform the ACGME, GMEC, and DIO, and affected residents within thirty business days, or as soon as possible, following a decision to reduce or close one or more programs, or when SMA Healthcare intends to close. (4.15.a)
2. If a training program decreases in size, the Program Director, DIO, and GMEC will inform the residents within thirty business days, or as soon as possible that the reduction must occur. SMA Healthcare will prepare a plan to reduce the resident positions by first reducing the number of spots for incoming residents. If the reduction needs to include residents currently in the training program, the Program Director and DIO will assist affected residents in enrolling in another ACGME-accredited program. (4.15.b)
3. Program closure: In the event of closure of the program, the Program Director, DIO, and the GMEC will inform the residents within thirty business days of the decision, or as soon as possible. SMA Healthcare will preferentially structure a closure, when reasonable, which will allow enrolled residents to complete the program. If a program is closed before one or more residents can complete their training, the Program Director and DIO will assist them in enrolling in other programs in which they can continue their education.
4. This procedure will be followed if the ACGME withdraws accreditation from one program, reduces the number of resident positions, or withdraws the Sponsoring Institution's accreditation status.

38. Policy Title: Annual Institutional Review (AIR)

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: The GMEC demonstrates effective oversight of SMA Healthcare’s institutional accreditation through its Annual Institutional Review (AIR). (1.14)

Procedures:

1. AIR Process

- a. The AIR is supported by the Institutional Review GMEC Subcommittee. This subcommittee includes the DIO, program director and Institutional Coordinator.
- b. The period of review for the AIR will be represented by the previous academic year (July-June). The AIR will be conducted annually at the end of each academic year, based on the institutional performance indicators.
- c. Upon analysis of these performance indicators and other significant institutional reports, action plans will be developed for determined areas of improvement.
- d. The actions plans will be discussed, reviewed, followed, and approved at subsequent GMEC meetings at intervals to be determined in each action plan, and will be documented in the GMEC minutes.
- e. Within 60 days, the DIO will prepare a written executive summary of the AIR to be presented to SMA Healthcare’s governing body (annually) that includes a summary of institutional performance indicators for the AIR, action plans, and performance monitoring procedures resulting from the AIR. (1.14.b.-.2)
- f. The AIR executive summary is maintained for records by the GME Program.

2. Institutional Performance Indicators-The AIR will include the review of established performance indicators, including but not limited to:

- a. GME structure (organizational chart) and GMEC responsibilities (GME operational calendar);
- b. Update of the Sponsoring Institution’s GME mission and commitment to the residency program;
- c. Institutional requirements checklist, areas of non-compliance, action plans if needed;
- d. ACGME institutional letter of notification/accreditation status; (1.14.a.1)
- e. ACGME program letter of notification/accreditation status;
- f. Core faculty and resident ACGME Survey reports; (1.14.a.2)
- g. The program’s ACGME accreditation information, including accreditation / recognition statuses (if applicable), citations, and responses; (1.14.a.3.)

- h. Most recent institutional Self-Study visit report and new changes (if applicable/available);
- i. Special Reviews of underperforming programs (if applicable);
- j. Most recent CLER review report with the six focus areas/action plans;
- k. Most recent AIR to the governing body and remediation process;
- l. AIR survey results;
- m. Summary of other performance indicators as determined by the GMEC;
- n. GME manual, list of policies, updates on policy changes (Work Hours, Supervision, Well-being) if any in the last year;
- o. Previous Institutional Site Visit citations and responses;
- p. Board passing, graduate's track program and feedback (if applicable or available);
- q. The results from the APEs with action plans;
- r. Residents' research and QI/patient safety initiatives or projects;
- s. Diversity, selection, recruitment, and retention;
- t. AIR conclusions and general monitoring/action plan moving forward;
- u. ERAS and NRMP results (if applicable);
- v. Institutional wellness initiatives; and,
- w. GME Division resources, resident benefits, and funding.

39. Policy Title: Special Review

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: If the program meets underperforming criteria, the GMEC shall address the program through a Special Review. (1.15)

Procedures:

1. The Special Review process is managed by the Special Review GMEC Subcommittee, which includes the DIO, a faculty voting member of the GMEC (who is not a member of the program under review), a resident member of the GMEC, and other members who are not members of the program under review.
2. Special Reviews are conducted within 120 days of a program being identified as underperforming.
3. Special Review Areas of Investigation / Criteria For Reviews to Take Place
 - a. A severe and uncommon deficit in any one or more criteria (focused to full review).
 - b. A considerable complaint against the underperforming program.
 - c. For a newly accredited program, in the second six months of its initial training year (complete review).
 - d. Transferred program(s) from another SI (full review).
 - e. As requested by the DIO or GMEC.
 - f. When the program has one or more of the following accreditation statuses: (1.15.a.1)
 - i. Initial Accreditation with Warning;
 - ii. Continued Accreditation with Warning; or,
 - iii. Other Adverse Accreditation statuses.
 - g. Attrition:
 - i. Change in Program Director more frequently than every two years;
 - ii. Greater than one resident/year, resident attrition (withdrawal or dismissal) over two consecutive years;
 - iii. Major education provisions;
 - iv. Changes in major participating sites;
 - v. Incomplete resident complement;
 - vi. Major program structural change.
 - h. Resident recruitment issues (unfilled positions over three years).

- i. General deficit in scholarly activities/QI projects and faculty development. Examples may include:
 - i. Lack of evidence of sufficient scholarly activity of graduating residents;
 - ii. Lack of evidence of sufficient scholarly activity of faculty.
 - j. Board pass rate (should be maintained within the ACGME specialty-specific standards).
 - k. Case Logs and clinical experience (as per ACGME specialty-specific standards).
 - l. ACGME Resident Survey: Resident overall discontent with the program, including but not limited to issues with an egregious year and issues that spread to more than one year.
 - m. Less than 70% completion rate of ACGME Faculty Surveys.
 - n. Non-compliance with program responsibilities.
 - o. Failure to submit the specialty Milestones information to the ACGME.
 - p. Failure to submit the appropriate information to the GMEC and/or requesting organizations (such as the ACGME/ABMS).
 - q. Failure to meet established ACGME Common and specialty-specific Program Requirements.
 - r. Inability to demonstrate achievement in the CLER focus areas.
 - s. Notification from the RRC requests for progress reports and site visits, unanswered citations or new citations, or other actions by the ACGME resulting from APEs or other activities.
4. The Special Review Process: The Special Review Subcommittee will conduct the preliminary evaluation of the program materials and will interview identified individuals. Types of Special Reviews:
- a. Focused review consists of a meeting with the Program Director, DIO, and panel to address specific issues, such as criteria that is in danger of being characterized as “underperforming” and/or that would benefit from DIO/Program Director discussion.
 - b. Full review follows the protocol listed below and is like the former internal review process.
5. Special Review Interviews: Personnel interviews shall include the Program Director, Associate Program Director, Program Coordinator, other key faculty members, and peer-selected residents from each year of training.
6. A written report must be completed within two weeks of the start of the process. The Special Review Report will include the following:
- a. Name of the program, the date the review was completed, and a date when the report was accepted by the GMEC;

- b. The names and titles of the Special Review Committee and the level of training of the participating residents;
 - c. A summary of how the review process was conducted and a list of documents reviewed;
 - d. A list of the findings and recommendations from the Special Review Committee;
 - e. A description of the quality improvement goals, any recommended corrective action; and,
 - f. Actions to address the identified concerns and the process for GME monitoring of the outcomes, including need for progress reports at GMEC meetings in the future.
7. Special Review Report Presentation: The report will be presented by the Chair of the Special Review Committee at the subsequent GMEC meeting, where they will review and discuss the findings. The Program Director will have the opportunity to respond to the findings in the report. A copy of the final report, including modifications by the GMEC, will be provided to the Program Director.
8. Special Review Monitoring: The GMEC will monitor the outcomes of the Special Review, including actions taken by the program and/or institution. The Program Director will be asked to provide progress reports to the GMEC, addressing areas of concern identified by the Special Review Panel, and at a frequency determined by the GMEC, until it is felt that the issues have been adequately addressed.
9. Upon completion of the Special Review process and addressing concerns identified during the review, a letter from the DIO to the Program Director will be provided for verification by site visitors. This letter will not cover information from, or conclusions drawn, in the report other than the names and credentials of the Special Review Committee members.

40. Policy Title: Program Resources

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare's GME program, in partnership with SMA Healthcare's governing body, will ensure the availability of adequate resources for the residents' education. This includes but is not limited to: (1.8)

1. A healthy and safe learning and working environment that fosters resident well-being; (1.9)
2. Access to food while residents are working or on call duty. Residents should have access to refrigeration where food may be stored. Food should be available when residents are required to be on hospital responsibilities overnight. (1.9.a)
3. Access to safe, quiet, clean, and private sleep/rest facilities available and accessible for residents within proximity appropriate for safe patient care, even when overnight calls are not required; (1.9.b)
4. Access to clean and private facilities for lactation that have cooling capabilities, with proximity appropriate for safe patient care. SMA Healthcare's program's clinical settings and participating sites provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be near clinical responsibilities, with a computer and a phone. While space is significant, the time required for lactation is also critical for the well-being of the residents and the residents' families. (1.9.c)
5. Access to security and safety measures appropriate to the participating site. (1.9.d)
6. Reasonable accommodation as requested by residents with disabilities per SMA Healthcare's policies. (1.9.e)
7. Access to rest facilities even when overnight calls are not required.
8. Readily available access to specialty-specific reference materials in print or electronic formats, including access to an electronic medical literature database

with full text capabilities. (1.10)

9. The program's educational and clinical resources shall be satisfactory to support the number of residents appointed to the program.

10. The presence of other learners and other care providers, such as residents from other programs and other advanced practice providers, must enrich the appointed residents' education. SMA Healthcare's residency program will report circumstances to the DIO and GMEC when the presence of other learners has any interference with the residents' education. It is the goal of the program that the presence of other learners will supplement the learning environment for SMA Healthcare's program's learners. The program has a responsibility to monitor the learning environment to ensure that the residents' education is not negatively affected by the presence of other providers or learners. (1.11)

41. Policy Title: Support for Program administrators and staff
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare’s GME program must follow the ACGME requirements and institutional policies to select, appoint, and monitor the program’s employee personnel, including the Program Director, faculty members, and coordinators. The program’s leadership will be provided with adequate support for the administration of the program based upon its size and configuration. (2.4)

Procedures:

1. Program Director
 - a. Program Directors Requirements
 - i. SMA Healthcare supports the position of the Program Director and Assistant Program Director.
 - ii. Program Director nominations and changes are reviewed and approved by the GMEC. (2.2.)
 - iii. The final approval of Program Directors’ appointments and changes will be authorized by the specialty-specific ACGME Review Committee. (2.2.a)
 - iv. The Program Director will have authority and accountability for the overall program, including program compliance with the ACGME program requirements. (2.1)
 - v. The Program Director will have dedicated time to the leadership of the training program, and it is this individual’s responsibility to communicate with the residents, faculty members, DIO, GMEC, and the ACGME.
 - vi. The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (2.3)
 - b. Qualifications of the Program Director
 - i. Demonstrate specialty knowledge and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee. (2.5)
 - ii. Current board certification (ABMS) in the specialty for which they are the Program Director by the specific American Board of specific specialty or by the American Osteopathic Board of one specialty, and/or qualifications that are acceptable to the Review Committee. (2.5.a)

- iii. Current medical licensure and appropriate medical staff appointment.
 - iv. Ongoing clinical activity. (2.5.b)
 - v. To be a role model for faculty members and residents, and to participate in clinical activity consistent with the specialty.
- c. Responsibilities of the Program Director
- i. Maintain a role model of professionalism and academic standard. (2.6)
 - ii. Design and conduct the program in a style consistent with the needs of the community, the missions of SMA Healthcare, and the missions of the program. (2.6.b)
 - iii. Administer a learning environment that educates the residents in the ACGME Competencies. (2.6.c)
 - iv. Develop and oversee the process of evaluating candidates prior to approval, as well as the program's faculty members' participation in the graduate medical education of the program (at least annually). Review and approval of program faculty members; removing program faculty members from participating in the residency program. (2.6.d)
 - v. Maintain the authority to remove residents from supervising interactions or learning environments that do not meet the standards of the program. (2.6.e)
 - vi. Submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (2.6.f)
 - vii. Provide applicants with data related to the program, terms, conditions, and applicant's eligibility for the relevant specialty board examinations.
 - viii. Ensure a learning environment in which residents can raise concerns and provide feedback in a confidential manner without fear of intimidation or retaliation. (2.6.g)
 - ix. Guarantee the program's compliance with the ACGME requirements and with all SMA Healthcare's policies and procedures, including those related to grievances and due process. (2.6.h)
 - x. Ensure the program follows SMA Healthcare's policies for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of residents, and within the SMA Healthcare policies regarding employment and non-discrimination. (2.6.i)
 - xi. The Program Director is to meet with the residents semiannually to assess each resident's progress in the program.
 - xii. Document the authentication of program completion for graduating residents within 30 days; provide verification of the resident(s)' education upon request within 30 days; obtain review and approval by SMA Healthcare's DIO before submitting information or requests to

- the ACGME. (2.6.j, 2.6.k)
- xiii. Supervise the role of the faculty to ensure they demonstrate role models of the Core Competencies.
 - xiv. Create a leadership team to assist in the accomplishment of the program's goals.

2. Faculty

a. Faculty Requirements

- i. At each participating site, there must be enough faculty members with competence to teach and supervise all the residents at that location. (2.7)
- ii. The recruitment of the faculty and other personnel working in the program must be conducted with respect to the values of diversity and inclusion.

b. Faculty Qualifications

- i. The faculty members will demonstrate appropriate credentials in their medical specialty and hold appropriate institutional appointments and medical licensing. (2.9)
- ii. Physician faculty members must have current certification in the specialty by the American Board of the specific specialty or the American Osteopathic Board of the specific specialty, or possess qualifications judged acceptable to the Review Committee. (2.10)
- iii. Core faculty must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. Core faculty members must complete the annual ACGME Faculty Survey. (2.11, 2.11.a)

c. Faculty Responsibilities

- i. Serve as role models of professionalism and high academic/clinical values. (2.8)
- ii. Establish a commitment to the delivery of safe, quality, cost-effective, patient-centered care. (2.8.a)
- iii. Display a strong interest in participating in the education, supervision, and evaluation process of residents. (2.8.b)
- iv. Dedicate time to the educational program to fulfill their supervisory and teaching responsibilities.
- v. Maintain an environment favorable to educating residents. (2.8.c)
- vi. Participate in clinical discussions, clinical rounds, journal clubs, and conferences. (2.8.d)

- vii. Pursue faculty development intended to enhance their skills at least annually as educators; in quality improvement and patient safety; in developing their own and their residents' well-being; and, in patient care based on their practice-based learning and improvement efforts. (2.8.e-4)
- viii. Discuss the goals and objectives of rotations with residents before starting the assignment.
- ix. Provide formative evaluations of the resident accompanied by the appropriate feedback.
- x. Provide evaluations of the program.
- xi. Demonstrate professional role modeling in the education and supervision of residents and dedicate a substantial portion of their effort to resident education and/or administration as a component of their activities. Teach, evaluate, and provide formative feedback to residents. Core faculty members shall be designated by the Program Director and complete the annual ACGME Faculty Survey.

3. Program Coordinator

a. Program Coordinator Requirements

- i. There must be a Program Coordinator for SMA Healthcare's GME program. (2.12)
- ii. The program shall follow the ACGME requirements to support this position.
- iii. The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (2.12.a)

- 4. The program, in cooperation with SMA Healthcare, shall jointly ensure the availability of necessary personnel for the effective administration of the program. (2.13)

42. Policy Title: Program Letters of Agreements (PLA)
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: SMA Healthcare establishes its GME “Program Letters of Agreement (PLA) Policy” when resident education occurs in an external participating facility/site, in accordance with ACGME requirements. There must be a PLA, signed by the DIO, between the GME program and each participating site that provides a required assignment (rotation) and must be renewed at least every ten years. (1.3-b)

Procedures:

1. While SMA Healthcare holds responsibility for the quality of educational experiences at external participating sites and maintains authority over the house staff’s activities, the program will monitor the clinical learning and working environment at all participating sites. (1.4)
2. SMA Healthcare’s program shall use the institutional template of PLAs to conduct their affiliations with participating sites. Originally signed PLAs should be obtained by the Institutional Coordinator and kept on file.
3. At each affiliated site, there will be one faculty member, selected by the Program Director as the Site Director, who is responsible for resident education, in collaboration with the Program Director. (1.5)
4. The Program Director will submit any additions or deletions of participating sites that provide an educational experience required for all residents, of one-month full time equivalent (FTE) or more, through the ACGME’s Accreditation Data System (ADS). (1.6)
5. The PLA segments shall include the following information:
 - a. The names of the faculty members who will assume educational and supervisory responsibility for residents;
 - b. Responsibilities for teaching, supervision, and formal evaluation of the residents;
 - c. Duration and content of the educational experience and PGY level;
 - d. State the policies and procedures that will govern resident education during the assignment;
 - e. The goals and objectives of the rotation; and,

- f. Signature page, including the signature of the Program Director and the participating site director or supervisor.

43. Policy Title: Clinical Competency Committee (CCC)
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: The Clinical Competency Committee (CCC) provides input from several individuals to assist the Program Director in making evaluative decisions regarding the abilities of residents. Semiannually, the CCC reviews all resident evaluations of performance and assessment, as well as prepare and ensure reporting of Milestone evaluations on each resident to the ACGME. The CCC shall advise the Program Director regarding resident progress, including promotion, remediation, and dismissal. All Milestone evaluations of resident performance compiled by the CCC will be secured and maintained in cloud-based storage of educational data.

CCC Membership: [\(5.3-.b\)](#)

- The CCC of each program is composed of, at minimum, three program faculty members, at least one being a core faculty member.
- The Committee Chair may either be appointed by the Program Director or elected from the membership. The degree of participation by the Program Director on this committee is at the discretion of the program.
- Other members may also be appointed to the committee.
- Residents may not serve as members of the CCC.

Procedures:

1. CCC Responsibilities
 - a. Monitor each resident's progress by reviewing evaluations and performance assessments, including Milestones assessments, and provide recommendations to the Program Director. Identify gaps in resident assessment by analyzing evaluation methods and processes, using the Milestones as a guide, to enhance performance reviews, ensure comprehensive evaluation, improve evaluation tools, and better the program as a whole. [\(5.3.c,5.3.d\)](#)
 - b. Review patient panel data (patient encounters as required by the Program Requirements)
 - c. Support the preparation of individualized learning plans for residents with requirements for successful remediation of a sub-competency or Milestone, as determined by the individual program.
 - d. Guarantee the submission of Milestone evaluations for each resident to the ACGME through the ADS system, prior to each deadline.

- e. Aggregate data, which is non-identifiable, regarding resident performance evaluations is sent to the Program Evaluation Committee (PEC) to include in the annual review process.
 - f. Act as a disciplinary panel, as needed.
2. CCC Meetings (5.3.e)
- a. The CCC must meet at least semiannually, prior to the residents' semiannual evaluations.
 - b. Ad hoc meetings may be called to address pressing resident issues that may include, but are not limited to the following:
 - i. Recommendations by the Program Director for any reason;
 - ii. Constantly low or unsatisfactory evaluation scores;
 - iii. Reliable lack of adherence to program requirements; and,
 - iv. A specific egregious incident for possible probation or dismissal.
3. Due Process
- a. Should a resident disagree with the recommendation of the CCC, the resident may request to meet and address the CCC.
 - b. The CCC shall follow the Due Process Procedures as indicated in SMA's "Dispute Resolution Policy HR005".
 - c. The DIO shall receive notification of the action of the resident filing a grievance and exercising Due Process

44. Policy Title: Annual Program Evaluation and Program Evaluation Committee
Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards
Effective Date: 7/25/2023
Date Last Revised: 4/11/2025

Policy: The Program Evaluation Committee (PEC) of each program conducts and documents the Annual Program Evaluation (APE) as part of the program's continuous improvement process and plan. The Program Director is responsible for assigning a PEC. (5.5)

PEC Membership: (5.5.a)

- Two program faculty members, at least one being core faculty;
- The Program Director; and,
- At least one resident.

Procedures:

1. PEC Responsibilities
 - a. Program planning, developing, implementing, and evaluating educational activities of the program and acting as an advisor to the Program Director through program oversight.
 - b. Reviews and make recommendations for meeting competency-based curriculum and self-determined goals and objectives of the program. (5.5.b)
 - c. Address areas of non-compliance, in accordance with ACGME standards.
 - d. Guiding ongoing program improvement, including development of new goals, based upon outcomes. (5.5.c)
 - e. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (5.5.d)
 - f. At least annually, documentation of a formal, systematic evaluation of the curriculum.
 - g. Submit the APE to the GMEC Office for review.
 - h. Annual Program Evaluation parameters are to be monitored, tracked, and incorporated into the APE include the following:
 - a. Program goals and objectives;
 - b. Non-identifying Resident performance information;
 - c. Faculty development;
 - d. Graduate performance, including performance on the certification examination;

- e. Program quality, as assessed by residents' annual evaluations of the program, faculty evaluations of the program, and previous annual program evaluation outcomes/action plans; (5.5.e)
 - f. If applicable, Special Review reports and corrective action plans.
2. PEC Documentation: The written work product of the PEC includes the following:
- a. APE report (New Innovations);
 - b. Program Evaluation Committee (PEC) Minutes (please see the minute's template attached to this manual) should be documented; and,
 - c. Documentation of faculty/resident review of action plan. The PEC minutes and action plan should be reviewed and approved by the teaching faculty and documented in faculty meeting minutes. It is suggested that the action plan be reviewed with the residents and appropriate staff.
3. The APE, including the action plan, will be distributed to, and discussed with the faculty members and residents. The report must be submitted to the DIO. The outcomes of the documented Annual Program Evaluations will be integrated into the Institution's 10-year Self-Study process. (5.5.g, 5.5.h)

45. Policy Title: Program Curriculum

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare’s GME program has developed an educational curriculum to support the development of knowledgeable and skillful physicians who provide compassionate and safe patient care. The program shall define its specific program’s aims, which should be consistent with the overall mission of SMA Healthcare, the needs of the community it serves (and that its graduates will serve), and the distinctive capabilities of its residents and graduates. It is anticipated that the program aims will reflect the nuanced program-specific goals and the goals of its graduates.

Procedures:

1. SMA Healthcare’s program shall develop a curriculum that contains the following educational components: (4.2)
 - a. A set of program aims, mentioned above. The program’s aims must be available to program applicants, residents, and faculty members. (4.2.a)
 - b. Competency-based goals and objectives for each educational experience and rotation designed to promote progress on a trajectory to autonomous practice. These will be included in the Psychiatry Residency Program Policies Manual. (4.2.b)
 - c. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision. (4.2.c)
 - d. A comprehensive range of structured didactic activities. Residents shall have protected time to participate in core didactic activities. (4.2.d)
 - e. Formal educational activities that promote patient safety-related goals, tools, and techniques. Advancement of residents' knowledge of ethical principles foundational to medical professionalism; advancement in the residents' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care. (4.2.e)

2. Competencies: Competencies provide a conceptual framework of required domains for the graduated resident to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined by the specific specialty. The developmental trajectories in each of the Competencies are articulated through the ACGME Milestones for each specialty, which are available on the ACGME website.
The program must integrate the following ACGME Competencies into their

program's curriculum:

- a. Professionalism (4.3)
 - i. Demonstrate a commitment to professionalism and an adherence to ethical principles.
 - ii. Demonstrate competence concerning compassion, integrity, and respect for others, responsiveness to patient needs that supersedes self-interest, respect for patient privacy, and autonomy.
 - iii. Demonstrate accountability to patients, society, and the profession.
 - iv. Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.
 - v. Demonstrate ability to recognize and develop a plan for one's own personal and professional well-being.
 - vi. Appropriately disclose and address conflict or duality of interest.
- b. Patient Care (4.4)
 - i. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - ii. Perform medical, diagnostic, and surgical procedures considered essential for the area of practice.
- c. Procedural Skills (4.5)
 - i. Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- d. Medical Knowledge (4.6)
 - i. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social behavioral sciences, as well as the incorporation of this knowledge into patient care.
- e. Practice-Based Learning and Improvement (4.7)
 - i. Investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.
 - ii. Demonstrate competence in identifying strengths, deficiencies, and limits in one's knowledge and expertise.
 - iii. Set learning and improvement goals.
 - iv. Identify and perform appropriate learning activities.
 - v. Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement.
 - vi. Incorporate feedback and formative evaluation into daily practice.
 - vii. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

- viii. Use information technology to optimize learning.
- f. Interpersonal and Communication Skills (4.8)
 - i. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
 - ii. Display competency in communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
 - iii. Communicate effectively with physicians, other health professionals, and health-related agencies.
 - iv. Work effectively as a member or leader of a health care team or other professional group.
 - v. Educate patients, families, students, residents, and other health professionals.
 - vi. Act in a consultative role to other physicians and health professionals.
 - vii. Maintain comprehensive, timely, and legible medical records, if applicable.
- g. Systems-Based Practice (4.9)
 - i. Establish an awareness of/responsiveness to the larger context and system of health care, including the social determinants of health and the ability to call effectively on other resources to provide optimal health care.
 - ii. Demonstrate competence in working efficiently in various health care delivery settings and systems relevant to their clinical specialty.
 - iii. Organize patient care across the health care continuum and beyond as relevant to their clinical specialty.
 - iv. Advocate quality patient care and optimal patient care systems.
 - v. Work in interprofessional teams to enhance patient safety and improve the quality of patient care.
 - vi. Participate in identifying system errors and implementation of potential systems solutions.
 - vii. Incorporate considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care, as appropriate.
 - viii. Understand health care finances and their impact on individual patients' health decisions. Residents must learn to support patients within the health care system to achieve each patient's and family's care goals, including, when appropriate, end-of-life goals.

46. Policy Title: Evaluations

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Psychiatry Program Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare shall provide supervision to ensure that its GME program implements evaluation systems and remains in compliance with ACGME requirements.

Procedures:

1. Resident Evaluation Requirements (5.1)
 - a. The In-service Exam (PRIT) is completed annually.
 - b. End-of-Rotation Evaluations of the Residents by the Faculty Members (5.1.a-2)
 - i. Supervising faculty members must document an evaluation at the end of each resident's rotation. For block rotations greater than a duration of three months and longitudinal experiences, such as continuity clinics, there must be documented evaluations at least every three months and at completion.
 - ii. In addition to written evaluations at the end of rotations, faculty members should provide frequent verbal feedback to residents throughout the rotation. Feedback allows the development of trainees to accomplish their Milestones and reinforces well-performed duties and tasks. Feedback is strongly encouraged for residents who have deficiencies.
 - c. Milestone Assessment: Milestones are used to track residents' progress in the program. The CCC reviews each resident's progress in the achievement of their Milestones prior to their semiannual evaluations and advises the Program Director regarding each trainee's progress. The program must provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. The two Milestone reporting windows are typically between November and mid-January, and April and mid-June. (5.1.b.2)
 - d. Multisource Evaluations of Residents: Self-reflection evaluations and evaluations of those who work with the resident, such as nurses, peers, coordinators, therapists, social workers, and patients are completed Semi-annually. (5.1.b.1)
 - e. Semiannual Evaluation of the Residents: The Program Director, with input

from the Clinical Competency Committee (CCC), shall meet semiannually with each resident to review his/her performance, including: (5.1.c)

- i. Progress along the specialty-specific Milestones
 - ii. To assist the residents in developing and individualized learning plans to capitalize on their strengths and identify areas for growth and to be monitored by the Program Director; and, (5.1.d)
 - iii. To develop plans for residents failing to progress, following institutional policies and procedures. (5.1.e)
 - iv. This meeting also collects the evaluations of the residents by the faculty and by multi-source evaluators.
- f. At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program. It is performed at the end of the academic year by the program director, with input from the CCC. The evaluation should be accessible to review by the resident. (5.1.f, 5.1.g)
- g. Final Evaluation of the Resident (5.2)
- i. This evaluation will be utilized to make decisions about program completion. Residents will have a final evaluation completed by the Program Director, which will become part of the resident's permanent record. Specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to guarantee Residents are able to engage in autonomous practice upon completion of the program. (5.2.a, 5.2.b)
 - ii. The assessment confirms that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. (5.2.c)
 - iii. The assessment considers recommendations from the CCC.
 - iv. The assessment will be shared with the resident upon completion of the program. (5.2.d)

2. Faculty Evaluation Requirements (5.4)

- a. Evaluation of the faculty members by the residents (annually).
- b. Evaluation of the faculty members by the ACGME surveys (annually).
- c. Evaluation of the faculty members by the Program Director (annually). Evaluation of the faculty by the Program Director must include: (5.4.a)
 - i. A review of the faculty member's clinical teaching abilities;
 - ii. Engagement with the educational program; and,
 - iii. Participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.

iv. This evaluation will include written, anonymous, and confidential evaluations by the residents. Faculty members shall receive feedback on their evaluations at least annually. The results of the faculty's educational evaluations should be incorporated into program-wide faculty development plans. (5.4.b-d)

3. Program Evaluation Requirements (5.5)

- a. Evaluation of the program by the faculty members (annual).
- b. Evaluation of the program by the residents (annual).
- c. Special Review (when/if a program meets the criteria of underperformance in a program).
- d. Annual Program Evaluation: The program must evaluate its performance and plan for improvement in the Annual Program Evaluation (APE), which is conducted by the Program Evaluation Committee (PEC).

47. Policy Title: Covid Protocols

Area: All ACGME-Accredited Training Programs Supported by SMA Healthcare
Regulatory Standard for: ACGME Institutional Requirements and CARF Standards

Effective Date: 7/25/2023

Date Last Revised: 4/11/2025

Policy: SMA Healthcare, the residents, and the faculty of its GME program will regularly review and stay informed of updates that impact clinical or academic operations by reviewing professional organizations' websites, such as the CDC, AMA, and specialty boards. The program and the institution shall continue to maintain substantial compliance with ACGME requirements.

Procedures:

1. The Program Director will regularly review the ACGME's website for information on the response of the ACGME to the pandemic, and will provide information regarding important ACGME updates, including changes regarding accreditation visits, accreditation priorities, and patient safety to the residents and faculty.
2. The ACGME's requirements regarding work hours remain active during this period. Residents will maintain satisfactory rest and will not work beyond the limits of the requirements. Violations could lead to lapses in infection control, resulting in residents becoming infected with COVID-19.
3. Residents and faculty members providing care shall be trained in infection control protocols, procedures, prevention, and treatments adopted by the health care system, including the use of personal protective equipment (PPE), social distancing, and additional preventive measures.
4. The faculty will provide residents with appropriate supervision according to established policies, clinical circumstances, and their levels of education.
5. Professionalism is expected from all physicians during this time, including arriving rested and fit for duty, practicing at the appropriate level of capability and with appropriate supervision, and training staff and other physicians to provide safe patient care.
6. The program will promote collaborative approaches between interprofessional teams.

Annual Program Evaluation (APE) Minutes & Action Plan

Program:

Date:

Date Minutes & Action Plan were reviewed and approved by teaching faculty _____
Attach the minutes of the meeting where the Minutes & Action Plan was reviewed and approved.

Academic Year reviewed: _____
Faculty members of the PEC in attendance: _____
Resident/Fellow Members of the PEC in attendance: _____
Other Members of the PEC in attendance: _____

Question 1: Provide a brief program description.
Discuss any notable information about this program. (Maximum 300 words)

Question 2: Program aims. Based on information assembled and discussed during the APE, what are the program's aims? (Maximum 150 words)

Question 3: Program activities to advance the aims, that have been or are being initiated to promote or further these aims. (Maximum 250 words)

Areas

Resident performance
Supporting documents:

Faculty development
Supporting documents:

Graduates' performance
Supporting documents:

Program Quality
Supporting documents:

Policies, Protocols and GME Procedures
Supporting documents:

Program Strengths

Program Weaknesses

Educational Opportunities

Potential Risks

Program Information Summary				
Number of Residents				
Residents Graduated (Past Year)				
ACGME Approved Number of Positions				
Accreditation Status				
Cycle Length				
Program Length				
ACGME Citations (Last Site Visit)				
Match Statistics				
Match Fill Rate				
Residents from Top Medical Schools (%)				
Women (%)				
Diversity/Underrepresented Minorities (%)				
International Medical Graduates (%)				
Education/Learning				
In-Service Exams Above National Average (%)				
Compliance				
Duty Hours Compliant vs. Violations (%)				
Duty Hours On-Time Percentage (%)				
Supervision				
Compliance Problems				
Education/Learning				
Didactic Schedule / Attendance / Development				
Research and Publications per Graduating Resident (Avg)				
Presentations per Graduating Resident (Avg)				
Special Awards/Honors (Past Year)				
Organizational Participations (Past Year)				
Satisfaction/Wellness				
Overall Resident Satisfaction				
Overall Wellness Index				
Resident Evaluation of Program Score				
Post-Program Statistics				
Boards Passed on First Attempt (%)				
National Average Board Pass Rate (%)				
Graduates in Academics (past 5 Yrs.)				
Graduates in Fed/State (past 5 Yrs.)				
Tests USMLE or COMLEX				
COMLEX/USMLE Step 3 Passed/Scores				
In-Service Exam (1)				
In-Service Exam (2)				
In-Service Exam (3)				

In-Service Exam (4) if applicable				
ITEM – ISSUE	STRATEGY	RESOURCES	TIMELINE	EVALUATION
Goals (Strengths)				
Weaknesses / Areas for improvement				
Achievement Goals (Opportunities)				
Avoidance Goals (Threats)				